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Patient-Family-Centered Care Initiatives to Improve Patient Experience in a Healthcare System in North Carolina

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has been found to be complete and satisfactory in all respects, and that any and all revisions required by the review committee have been made.

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Patient-Family-Centered Care Initiatives to Improve Patient Experience in a Healthcare System in North Carolina

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Abstract

Background: As the focus of healthcare has changed from quantity to quality, hospitals must align their mission, aiming to achieve an exceptional patient experience. Patient experience scores, impacting perceptions and quality outcomes, are also tied to financial incentives, as value-based reimbursement models link hospital payments to patient satisfaction and performance metrics. Purpose: A comprehensive review focused on this topic is necessary to provide actionable insights for hospital systems to improve their Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. Solving this problem is crucial not only for enhancing patient satisfaction, but also for ensuring financial viability, and creating social change through building trust between patients, community, and providers. Method: Conduct an integrative review of literature published between 2019 and 2024. Results: Thematic analysis identified eight key themes: (a) communication; (b) rounding; (c) commit to sit; (d) bedside shift report; (e) quiet; (f) cleanliness; (g) connection; (h) caring behavior. Conclusions: Extensive research confirms that (PFCC) enhances patient satisfaction, but a wide range of initiatives fall under the PFCC umbrella. Gaining a clearer understanding of which patient-family centered care (PFCC) initiatives are most effective at improving patient experience scores is crucial for driving and sustaining progress in HCAHPS performance. Literature reveals themes and subthemes have an interwoven nature that produces a synergistic effect that magnifies patient experience perceptions. Although dependent subthemes of cultural competence, compassion, and trust are essential, when leveraged together, they can create a catalyst in forming relationships between caregivers, patients, and families, enhancing PFCC and improving patient experience.

Stage 1: Practice-Based Problem

Problem of Interest

The problem of interest is determining patient-family-centered care (PFCC) initiatives to improve the patient experience in a hospital system in North Carolina. This integrative review is necessary to address ongoing challenges in delivering holistic, compassionate, and effective care that meets the needs of patients and their families. While PFCC models are widely acknowledged as crucial to enhancing patient satisfaction, implementing tailored initiatives in a hospital system requires evidence-based guidance. Addressing this problem is essential for improving the quality of care, ensuring patient safety, and fostering financial sustainability.

This review is particularly timely given the increasing emphasis on value-based care models, where patient satisfaction metrics play a significant role in reimbursement frameworks. Akinleye et al. (2019) highlighted the correlation between hospital financial performance and the quality and safety of care, underscoring the need for healthcare systems to balance financial management with robust quality improvement initiatives. Additionally, Hernandez et al. (2020) demonstrated the effectiveness of interprofessional PFCC strategies in enhancing patient and family engagement, which directly influences patient outcomes and overall experience.

This review contributes to the field by synthesizing existing literature on PFCC initiatives and identifying practical strategies for implementation. It expands the body of knowledge by evaluating the intersection of patient experience, quality improvement, and financial management, providing actionable insights for hospital administrators, clinical leaders, and policymakers. Furthermore, this study promotes positive social change by

advocating for care models that respect and prioritize the needs and voices of patients and their families, fostering trust and collaboration within the healthcare system.

Meeting patient experience expectations is an industry-wide concern impacting HSOs across the nation. A recent poll suggested that 54% of Americans believe that the nation's healthcare system is below average with grades of a D or F (*The Patient Experience: Perspectives on Today's Healthcare*, n.d.). These consumer results must raise a red flag and bring a call to action to the healthcare system. Further validation of the concern comes from Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) hospital comparison charts, which reveal that 56% of hospitals completing surveys nationally are not meeting top box scores of 71 or greater for the Hospital Rating category (Centers for Medicare and Medicaid Services [CMS], 2024b).

By bridging gaps in existing research, this integrative review will support hospital systems in North Carolina in developing and implementing effective PFCC initiatives that enhance patient experience while maintaining financial viability and high standards of care. The findings will serve as a resource for designing innovative, family-centered approaches that align with the goals of contemporary healthcare systems.

Healthcare Administration Problem

Improving patient experience scores using PFCC initiatives is a pressing healthcare administration problem. The history of this challenge is rooted in the evolving focus of healthcare systems on value-based care. As hospitals transition from fee-for-service to models emphasizing quality and patient satisfaction, patient experience scores have become critical benchmarks. These scores influence reimbursement rates, public perception, and the financial viability of healthcare organizations. As patient experience

scores influence CMS reimbursements through the Value-Based Purchasing (VBP) program, underperformance in these scores can lead to penalties that exacerbate financial strain (CMS, n.d.-b). Given this fact, hospitals with low HCAHPS scores risk losing up to 2% of Medicare reimbursements annually. Conversely, improved scores can enhance financial viability by attracting higher reimbursements and improving market competitiveness.

Historically, healthcare systems prioritized clinical outcomes and operational efficiency, with less emphasis on the patient and family perspective. However, the shift to patient-centered care highlighted gaps in communication, empathy, and involvement of patients and families in care decisions. The Joint Commission and CMS underscored the importance of PFCC by incorporating patient experience metrics, such as those in the HCAHPS, into quality measures tied to reimbursement. Despite these efforts, many hospitals struggle to implement effective PFCC initiatives consistently, leading to underperformance in patient satisfaction metrics and financial consequences.

Operational Problem

Research confirms the relevance and urgency of improving patient experience scores through PFCC initiatives. The Agency for Healthcare Research and Quality (AHRQ) highlights how programs like the Patient and Family-Centered I-PASS reduce medical errors and enhance family communication, addressing key barriers to patient experience improvements (AHRQ, n.d.). Sterchi et al. (2019) discussed reconnecting nurses with their passion for enhancing the patient-family experience, emphasizing the role of nursing engagement in achieving higher satisfaction scores. Additionally, Johnson and Bravo (2021) examined how improved patient experiences contribute to positive

patient responses and favorable financial outcomes in episode-based payment models, demonstrating the economic incentives tied to quality improvements. These sources collectively show that enhancing patient and family experiences is both a clinical and a financial imperative for healthcare systems.

Furthermore, operational inefficiencies, such as poor communication or low nurse engagement, can lead to increased costs through prolonged lengths of stay, readmissions, and medical errors. For instance, implementing the Patient and Family-Centered I-PASS program has not only demonstrated improved patient satisfaction, but also reduced costly adverse events, with a cost avoidance of 1.2 million annually in some systems (AHRQ Agency for Healthcare Research and Quality, n.d.).

Ideal State of Operations

The ideal state of operations is a healthcare system that consistently achieves high patient experience scores of top box ranking through the sustainable implementation of PFCC initiatives. It is also essential to align PFCC initiatives with National Patient Safety Goals (NPSGs), addressing critical safety issues such as effective communication among caregivers and the prevention of patient harm. For example, bedside shift reports and the I-PASS program improve handoff communication, directly targeting NPSG 2, while strategies like noise reduction and creating quiet environments support patient safety and satisfaction by enhancing rest and recovery. Meth et al. (2020) provided a framework for achieving this goal by deploying cost-effective and repeatable improvement strategies across healthcare organizations.

In the ideal state, patients and families are engaged as partners in care delivery, with clear communication and seamless coordination of services. This not only enhances

satisfaction, but also builds trust, reduces medical errors, and improves health outcomes. Achieving this state requires aligning leadership, workforce training, and resource allocation to embed PFCC principles into daily operations and foster a culture of continuous improvement. By striving toward this ideal, healthcare systems can meet regulatory requirements, improve financial performance, and deliver compassionate, patient-centered care that prioritizes the needs of individuals and their families.

Professional Practice Gap Statement

Patient experience scores are reported by the HCAHPS, and evidence shows that the HCAHPS national top box 95th percentile hospital rating score is 89 (Centers for Medicare and Medicaid Services [CMS], 2024a); however, there is a need for additional research on improving patient experience scores using PFCC initiatives (Kaslow et al., 2020) specifically for North Carolina, where the hospital rating score is 69 (CMS, 2024b). This paper will address research methods using PFCC initiatives to improve hospital patient experience scores and determine which initiatives improve outcomes to reach or exceed the national top box 95th percentile score.

Ideal HSO Desired State of Operations

Given the need for additional research on improving patient experience scores using PFCC initiatives (Kaslow et al., 2020), it is necessary to move the needle of patient experience scores by determining which PFCC initiatives impact patient satisfaction. The ideal state of operations is to implement evidence-based PFCC initiatives that consistently improve patient experience, allowing hospitals to achieve or exceed the national top box HCAHPS score of 89, thereby enhancing patient satisfaction and driving better clinical and financial outcomes.

Summary of Evidence

The evidence demonstrates that implementing PFCC initiatives is a key strategy for improving patient experience scores and aligning healthcare systems with value-based care objectives. Research highlights eight PFCC themes critical to enhancing patient satisfaction: communication, rounding, “Commit to Sit” programs, bedside shift reports, quiet environments, cleanliness, connection, communication, rounding, and caring behaviors. The AHRQ emphasizes programs like Patient and Family-Centered I-PASS for improving communication and reducing medical errors, showcasing how tailored interventions address barriers to care quality. Sterchi et al. (2019) stressed the importance of nursing engagement in enhancing the patient-family experience, while Johnson and Bravo (2021) link improved patient experience metrics to favorable financial outcomes in episode-based payment models. Findings collectively underscore the dual benefits of PFCC initiatives for both clinical and financial performance.

Further evidence suggests that achieving the ideal state—characterized by sustained high patient satisfaction and top box HCAHPS scores—requires repeatable, cost-effective strategies. Meth et al. (2020) provided a framework for embedding PFCC principles into healthcare operations, emphasizing leadership alignment, workforce training, and continuous improvement to foster a culture of collaboration and trust. However, existing gaps in research on PFCC implementation, particularly within North Carolina, highlight the need for focused studies to identify effective practices tailored to regional hospital systems. Addressing this gap will support organizations in achieving national benchmarks for patient satisfaction while promoting positive social change and financial sustainability.

Purpose of the Integrative Review

The purpose of this integrative review is to identify PFCC initiatives that can improve patient experience scores in hospital systems. This review addresses the healthcare administration challenge of aligning patient satisfaction with value-based care models, where patient experience metrics significantly impact reimbursement, organizational reputation, and care quality. By synthesizing evidence on PFCC practices, this review aims to provide actionable insights to healthcare administrators for implementing strategies that enhance communication, engagement, and trust between providers, patients, and families. By identifying cost-effective PFCC initiatives, this review supports hospitals in achieving financial sustainability through enhanced reimbursement rates and reduced operational costs, demonstrating that compassionate, patient-centered care is not only an ethical imperative, but also a strategic financial priority.

Patient-centered care that meets the needs of the individual promotes diversity and inclusion by respecting unique patient backgrounds and preferences. Meeting patients at their level and collaboratively sharing care goals fosters synergy and strengthens relationships between patients and caregivers. Positive patient-caregiver relationships create a safe space for individuals from disadvantaged populations to comfortably seek timely, needed care. By addressing these aspects, this review supports the development of healthcare environments that prioritize inclusivity, build trust, and drive positive social change.

Integrative Review Question

The primary question guiding this integrative review was the following: What patient-family-centered care (PFCC) initiatives can be implemented to improve patient experience scores? This question addresses the key elements of the healthcare administrative problem, which include the need to enhance patient satisfaction, improve communication and engagement between patients, families, and caregivers, and align value-based care models where patient experience metrics significantly impact patient satisfaction reflective in organization reputation and financial reimbursement.

By focusing on actionable PFCC initiatives, this review aims to identify evidence-based strategies that healthcare administrators can implement to bridge gaps in patient satisfaction and care delivery. The review question is designed to explore solutions that improve patient-caregiver relationships, foster trust, and create inclusive, supportive care environments. In doing so, it addresses the critical need for healthcare systems to meet diverse patient needs, promote equity, and achieve sustainable improvements in both care quality and operational outcomes.

Theoretical and/or Conceptual Framework

The Donabedian model provides the theoretical framework for examining declining patient experience scores and identifying PFCC initiatives for improvement. Unlike frameworks that focus solely on outcomes, the Donabedian model emphasizes comprehensive analysis by addressing the broader aspects of healthcare delivery. Developed by Avedis Donabedian in 1966, this well-established model evaluates healthcare quality through three main components: structure, process, and outcome measures (Donabedian, 1988):

- Structure measures include operational factors such as nurse-to-patient ratios, communication about medications, and responsiveness, which directly influence the patient care environment.
- Process measures track the effectiveness of interventions, such as improving communication or response times, in achieving desired outcomes.
- Outcome measures assess the impact of these efforts using HCAHPS scores, providing quantifiable evidence of success. This multifaceted approach is ideal for addressing the complex and multifactorial nature of patient experience scores, offering actionable insights for improvement.

The Donabedian model's focus on process improvement complements the NPSGs of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by emphasizing the systematic implementation of safe care practices. For example, integrating PFCC strategies such as structured rounding into routine workflows supports NPSG 2 (improving caregiver communication) and NPSG 3 (safety of medications), reducing errors and enhancing patient outcomes.

Complementing the Donabedian model, Jean Watson's theory of human caring contributes a vital humanistic dimension to the conceptual framework. Watson's theory emphasizes authentic, empathetic interactions that focus on *caring about the patient* rather than just *caring for the patient* (Watson Caring Science Institute, n.d.). This alignment ensures that PFCC initiatives prioritize compassion, trust, and meaningful patient-provider relationships. The Donabedian model measures care delivery's structural and procedural aspects, while Watson's theory informs the ethical and emotional foundation for patient-centered care. Together, these frameworks provide a holistic basis

for addressing declining patient experience scores, aligning with the review question by integrating quality measurement with humanistic care principles. This dual framework ensures that both the operational and relational components of patient experience are considered, supporting evidence-based improvements that reflect both quantitative and qualitative dimensions of care.

Stage 2: Literature Review, Quality Appraisal, and Project Analysis

Literature Search Strategy

An integrative review of literature published between 2019 and 2024 was conducted using multiple databases, including the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline with Full Text, CINAHL Plus with Full Text, ProQuest ABI/INFORM Collection, ScienceDirect, ProQuest, and PubMed. A structured search strategy was implemented to conduct a comprehensive literature search for studies relevant to patient-centered care and patient experience improvements. This search involved hand searching as the primary approach, utilizing techniques such as Boolean operators (AND, OR) and quotation marks to refine and target specific phrase matches.

Keywords and key phrases used in the search included the following: *patient experience*, *patient satisfaction*, or *patient perception*; *HCAHPS scores* or *improvement*; *patient-centered care* or *patient- and family-centered care*; *patient-centered care initiatives* and *patient experience*; *patient-centered care initiatives*, and *patient satisfaction*. For a focused dataset, the inclusion criteria for the literature were completed and are represented in the outline in Table 1. These parameters helped ensure relevance by filtering for recent, full-text studies focused on patient-centered care improvements in U.S.-based acute care settings.

Table 1

Inclusion and Exclusion Search Criteria

Inclusion search criteria	Exclusion search criteria
• Patient experience, patient satisfaction, or patient perception • HCAHPS scores or improvement • Patient-centered care or patient- and family-centered care • Patient-centered care initiatives and patient experience • Patient-centered care initiatives and patient satisfaction • Language: English • Date range: 2019–2024 • Location: United States, America, USA, or U.S. • Availability: Full-text articles • Setting: Acute care, hospital, or inpatient	• Settings that do not include the United States • Non-English publication • Non-English language • Out patient or outpatient

A total of 389 articles were relevant for review. Further review revealed 32 duplicate articles, and they were removed. The remaining 357 articles were further examined for relevance by analyzing titles and abstracts. After the removal of 292 articles, 65 remained for final analysis for inclusion. See Appendix B: Review Question Search Log for more information on search results. The Institutional Review Board (IRB) was not required for this integrative review.

Quality Appraisal

For this integrative review project, a total of 62 articles were selected and assessed for quality using the Johns Hopkins Nursing Evidence-Based Practice Model (JHNEBP). The findings are categorized as follows:

- Level 1: Four articles, all of which are rated as high quality.
- Level 3: Forty-two articles, with quality ratings as follows—three rated high quality, four rated high/good quality, 14 rated good quality, and one rated low quality.
- Level 4: Five articles, with three rated high quality and two rated good quality.
- Level 5: Eleven articles, with six rated high quality and five rated good quality.

The reviewed articles identify key challenges hospitals encounter in achieving top-box patient experience scores. Taken together, the evidence-based recommendations and conclusions establish a clear framework for identifying critical themes and guiding the selection of patient- and family-centered care initiatives that may enhance patient experience within a North Carolina hospital system.

Thematic Analysis of Literature

The majority of the articles reviewed were quasi-experimental and quality improvement projects, highlighting the strong desire of healthcare facilities to enhance patient experience scores. Other study types included phenomenological studies, qualitative and quantitative descriptive research, and retrospective analyses. The authors expressed concerns about patient experiences and explored various approaches to

improve these experiences, yielding mixed results. Colimore et al. (2020) described several improvement projects aimed at better communication and connection among patients, families, and staff. Actions and behaviors reflecting care were prominent in the literature, further supporting the framework of Watson's caring theory (Watson Caring Science Institute, n.d.). Noteworthy approaches to exploring care include that of Kostich et al. (2020), who utilized the Caring Assessment Tool to gain deeper insights into perceptions of caring behavior.

Initial coding revealed diverse findings such as communication, rounding, bedside shift reports, scripting, commit to sit, quiet, caring, pain, staff behavior, leader rounding, courtesy, AIDET, listening, and cultural competence, among others. Despite the variety of codes, clear themes emerged: communication, rounding, commit to sit, bedside shift reports, quiet, cleanliness, connection, and caring behavior.

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Stage 3: Presentation of Results

The thematic analysis identified eight main themes: communication, rounding, commit to sit, bedside shift reports, quiet, cleanliness, connection, and caring behavior. These themes represent consistent focus areas across the literature reviewed, underscoring their importance in improving PFCC and enhancing patient experience scores. Each theme is supported by a range of subthemes that clarify specific actions or processes within each area.

Communication

The theme of communication is an important one and ties into many other themes and subthemes within the review. Additionally, communication has links to most strategies because successful application requires appropriate communication in planning, education, and implementation. For example, Sterchi et al. (2019) described training nurses on Watson's caritas, and Colimore et al. (2020) highlighted strategies Johns Hopkins Medicine created, both to improve communication through behaviors to build on connections with patients and families, creating relationships and trust. Although both demonstrate how the themes of communication and connection are interdependent of each other, they also tie into subthemes of authenticity, scripting, trust, and relationship building.

Overall subthemes of communication include authenticity, scripting, cultural competence, and listening. Mayfield et al (2020), brings to light a tie between the themes of communication and connection with linked subthemes of cultural competence and empathy that promote perceptions of courtesy and respect. .

Bedside Shift Report

Bedside shift report is important because it creates a care team that includes the patient and family and ensures that there is transparency in the plan and the patient's understanding and expectations. Colimore et al. (2020) aided in understanding how bedside shift report also ties into other themes and subthemes, including communication and commit to sit. Subthemes of bedside shift report include transparency and patient involvement.

Rounding

Rounding refers to either the leader or staff making intentional visits to the patient and family to fulfill needs. Rounding is considered a staple in patient care and patient experience and is commonly measured in perceptions of responsiveness in HCAHPS scores. The benefit of rounding and the correlating subthemes of leader rounding and responsiveness are discussed in studies such as those of Littleton et al. (2019), Gormley et al. (2019, and Nepal et al. (2020). Whether making improvements through use of communication or survey tools, or interviews, determining what patients want and perceive as excellent care remains top on the list for facilities.

Commit to Sit

The theme of commit to sit can be utilized by all care providers and entails sitting at eye level and creating meaningful communication and engagement with the patient. Although the direct subtheme of commit to sit is patient engagement, one can find interconnectedness to other themes and subthemes peppered through the literature. Themes of commit to sit, connection, and communication are linked in an effort to make improvements during challenges, particularly noted during the pandemic (Gin et al.,

2023). Adding a low-cost prop such as a chair is a strategy that offers an opportunity in relationship building, another important subtheme. Such action is seen in the literature from Iyer et al. (2023) as benefits of improving patient and family engagement and involvement, which add to improved relationships in their commit to sit tactic. Other connections to commit to sit include the main themes of caring and connection. Through commit to sit, one can create a connection and perception of caring, which further expands into the subthemes of empathy, trust, authenticity, and compassion.

Quiet

The theme of quiet is often coupled with subthemes of noise reduction and restful environments. Kemp et al. (2023) showed that a quiet atmosphere in the hospital improves patient experience scores and offers personified results when coupled with other themes such as cleanliness. Quiet and cleanliness are environmental measures worth considering for improving patient experience. Hedges et al. (2019) indicated that their successful project to make improvements in quiet scores included incorporating subthemes of rounding and scripting as well.

Cleanliness

Patient perceptions of cleanliness remain an important factor, and hence cleanliness earns a spot as a theme in this review. As discussed above, cleanliness is often paired with quiet and has outcomes in patient experience and quality. When one is considering what the patient wants, a significant theme of a clean hospital environment, and the subtheme of environment hygiene, shine through on the list. Cleanliness concerns and perceptions are directly linked to quality and patient experience scores (Nepal et al., 2020) and thus must not be overlooked.

Connection

Connection occurs when patient and caregiver come together in the moment of mutual respect and understanding, permitting a two-way relationship. The theme of connection remains essential to patient care. Understanding the intricacies of forming connections through ties of subthemes of relationship building, empathy, and trust promotes patient-centered care (Kim et al., 2024). As discussed earlier, connection and communication are interrelated. There are similar connections between caring, communication, and connection.

Caring

Caring as a theme is a caregiver behavior perceived by the patient. Caring alone is throughout the literature and is commonly seen with its subtheme of compassion. Watson (n.d.) not only discussed caring, but also based a nursing theory upon it. There is no one thing the caregiver can do that defines caring; instead, it is described in actions throughout other themes and subthemes. Loos (2021) described how nurses are perceived as caring based on their listening and trust, which further ties into the theme of commit to sit.

Connections, Relationships, and Accountability of Themes and Subthemes

One of the key insights from the analysis is the interconnectivity of these themes. For example, it was discussed how effective communication, such as during bedside shift report, not only enhances understanding, but also directly influences the "connection" theme by fostering trust between patients and providers. Considering that the act of "committing to sit" reinforces the theme of "caring behavior," it is understood that showing empathy creates a more personal and attentive experience for the patient.

Additionally, themes like "quiet" and "cleanliness" are linked, as both contribute to the creation of a peaceful, organized, and healing environment, which positively influences patient perceptions of care.

There is no single item strategy alone that will move the needle. Instead, understanding the interwoven nature of the connections in the themes and subthemes and leveraging them together creates synergy and reaches the patients on multiple levels of their experience journey. These interrelationships underscore the importance of integrating these elements into a cohesive, multifaceted, and synergistic strategy. Each theme holds its own significance, but together, they form a unified approach that emphasizes PFCC. Actively working to improve the care environment is good. Including the themes described provides a better experience. However, to capitalize on creating an optimal care experience, one must implement and entwine themes and subthemes to offer the best possible outcome.

Interpretation of the Findings

Confirming Knowledge in the Discipline

The studies' findings confirm several principles in current literature regarding PFCC. Communication initiatives, such as I-PASS programs (AHRQ Agency for Healthcare Research and Quality, n.d.), bedside shift reports, and leader rounding, are consistently discussed as critical to improving patient satisfaction (Gormley et al., 2019; Littleton et al., 2019). These practices not only streamline communication and information transfer, but also create a space for building trust, ensuring that patients feel informed and valued.

The findings also reinforce the relevance of Watson's caring science theory, which underscores the importance of compassionate, empathetic engagement in healthcare settings. The results confirm that patient-care-provider relationships, built on trust, communication, and caring behavior, are central to improving patient satisfaction and experience scores. Furthermore, these findings support the use of structured models like Donabedian's framework, which provides a comprehensive approach to evaluating healthcare quality by integrating structural, process, and outcome measures (Donabedian, 1988). The connection between patient satisfaction and healthcare outcomes, as demonstrated by studies such as Akinleye et al. (2019) and Hernandez et al. (2020), further validates the relevance of these frameworks in achieving improved patient experiences.

Disconfirming Knowledge in the Discipline

While many findings support current practices, some reveal challenges to widely accepted assumptions. For instance, communication strategies like bedside shift reports are often effective, but studies (e.g., Colimore et al., 2020; Hernandez et al., 2020) show that their success can vary. This suggests that cultural and demographic differences, such as language barriers, health literacy, or family dynamics, influence how these strategies are perceived and implemented. Tailoring these approaches to the unique needs of diverse patient populations, such as including offering translation services or incorporating family preferences, may enhance the effectiveness of these initiatives.

Similarly, leader rounding, which is widely recommended, may not work as well in high-stress environments like emergency departments without adjustments. McFarlan et al. (2019) highlighted the need to adapt leader rounding to account for the fast-paced

nature of such settings, ensuring that it meets both staff and patient needs without disrupting workflows. These findings emphasize the importance of customizing strategies to fit the unique demands to different healthcare environments, contexts, and populations.

Extending Knowledge in the Discipline

The review also contributes to extending existing knowledge of PFCC by exploring underrepresented strategies and themes. For instance, Asuncion et al. (2022) highlighted the innovative use of family members as faculty in educational simulations. This approach not only enhances communication skills, but also strengthens cultural competence among healthcare providers, ensuring more personalized and culturally sensitive care. Similarly, studies such as Sze et al. (2019) suggest the integration of unconventional frameworks, like Disney's customer service strategies, to improve family and patient engagement. These innovative practices offer fresh perspectives on enhancing the patient experience, suggesting that PFCC initiatives could benefit from cross-disciplinary ideas that place a premium on empathy, personalized care, and customer service excellence.

These findings highlight the importance of incorporating culturally sensitive approaches into PFCC programs, ensuring that care delivery is adaptable to diverse patient needs. For example, integrating cultural competency training for healthcare providers or offering personalized care plans based on patients' cultural preferences could improve both the quality of care and patient satisfaction. These strategies not only meet patient needs, but also foster deeper connections between patients, families, and healthcare providers.

Conclusion

This integrative review confirms the continued relevance of frameworks like Watson's caring science theory and the Donabedian model in enhancing patient care. While Donabedian's model provides a structured approach to quality improvement, Watson's theory focuses on the relational elements that make patient care meaningful. The combination of these two approaches enables healthcare providers to meet the practical and emotional needs of patients, promoting both the technical and human aspects of care. It is essential to consider individual nuances to care and continue embracing new ideas and flexible approaches, ensuring that PFCC remains responsive to the ever-changing needs of diverse patient populations.

Stage 4: Recommendation for Professional Practice and Implications for Social Change

Recommendations for Professional Practice

1. Integrating Communication Across the Care Continuum

- **Recommendation:** Strengthen communication processes (e.g., bedside shift reports, leader rounding, and patient-family-centered focus rounding) by ensuring that they are seamlessly integrated into daily workflows and are appropriately culturally and demographically adapted to meet diverse patient needs.
- **Thematic Map Link:** The map places communication as central, connecting it to themes like connection and caring behaviors. The recommendation reflects the need for communication to serve as the foundation for trust and engagement.
- **Implementation Example:** Develop department-specific scripts for bedside reporting that include prompts for addressing cultural or demographic preferences.

2. Holistic Patient and Family Engagement

- **Recommendation:** Expand family inclusion in care to strengthen the connection between caregivers and patients as patients permit. Strategies like "commit to sit" should be utilized not only with patients, but also with families as they are included in decision-making.
- **Thematic Map Link:** The map links connection and caring behaviors, emphasizing that building relationships with both patients and families enhances the overall experience.

- **Implementation Example:** Schedule family-centered meetings as a standard part of weekly care planning, ensuring a focus on emotional and relational needs.

3. Promoting Trust Through Empathy and Caring Behaviors

- **Recommendation:** Embed visible caring behaviors into interactions to build trust.
- **Thematic Map Link:** Caring behaviors on the map connect to both communication and connection, demonstrating their role in creating a holistic care experience.
- **Implementation Example:** Train staff in comprehending what caring behaviors are and how to use them. A specific example would be having staff sit at the bedside at eye level and lean in during discussions with the patient and family.

4. Enhancing the Care Environment

- **Recommendation:** Prioritize quietness and cleanliness as part of the healing environment, with clear protocols to minimize noise and disruptions.
- **Thematic Map Link:** These elements appear on the map as key contributors to patient satisfaction, supported by structural improvements.
- **Implementation Example:** Use noise-monitoring technology and set unit-specific noise thresholds, accompanied by staff training on quiet practices.

5. Cultural and Demographic Customization of PFCC Strategies

- **Recommendation:** Adapt PFCC initiatives to reflect the cultural and demographic diversity of patients, ensuring that care strategies resonate with individual patient needs.
- **Thematic Map Link:** Cultural competence is woven through the map, impacting communication, caring behaviors, and connection.
- **Implementation Example:** Develop cultural competence training sessions tailored to the specific demographics of the patient population served by the facility.

Alignment With Theoretical Framework

- **Watson's Theory of Human Caring:** Emphasized through caring behaviors like empathy, compassion, and relationship-building.
- **Donabedian Model:** Reflected in structural improvements (e.g., environmental hygiene) and processes (e.g., communication strategies) that lead to enhanced outcomes (patient experience scores).

The map's interconnections reinforce the dynamic interplay of individualized planning and use of these recommendations, ensuring that the guidelines remain holistic and adaptable to evolving healthcare needs.

Implications for Social Change

To conclude the integrative review, it is essential to consider the implications of the findings in relation to the social determinants of health (SDOH)**,** as these factors significantly influence the patient's experience and healthcare outcomes. This discussion links the findings of this review with broader social issues, with the recognition that

patient satisfaction and care delivery are not just clinical concerns, but are deeply intertwined with patients' social, cultural, demographic, and economic backgrounds.

Significance of the Study in Relation to Social Determinants of Health

Improving patient experience scores, a central theme in this review, has the potential to affect not just patient satisfaction, but also patient engagement, which can contribute to improved health outcomes. These outcomes are influenced by several social determinants, including socioeconomic status, access to healthcare, education, race, ethnicity, and social support (U.S. Department of Health and Human Services, n.d.). The findings from the studies in this review confirm that communication**,** caring behavior**,** cultural competence**,** and patient engagement are essential components that impact how patients perceive their care.

Social Determinants of Health in the Context of Patient Experience

Research such as Akinleye et al. (2019) emphasizes the intersection between healthcare finances and quality, noting that socioeconomic status impacts healthcare delivery and quality. This aligns with the findings in the integrative review, where caring behaviors and communication were shown to improve patient experience scores. However, these strategies alone may not be enough to address disparities fully. There is a growing need for culturally competent care and culturally competent care strategies (examples include bedside shift reports, leader rounding, and commit to sit), particularly for underserved communities. Healthcare systems must customize these interventions to meet the diverse needs of patients from different racial, cultural, and economic backgrounds. For example, language barriers or a lack of understanding of healthcare norms might hinder the effectiveness of standardized communication strategies unless

they are adapted to be more inclusive to the specific patient demographics and cultural backgrounds.

Influence of Social Support and Community Networks

One critical SDOH is social support, which can affect how patients perceive and engage with their healthcare. Studies like Kaslow et al. (2020) highlight the importance of family involvement in care, which has been shown to improve patient experiences and outcomes. This is especially true in contexts where patients lack strong family networks. Programs that incorporate family-centered care (such as those explored by Asuncion et al., 2022) can mitigate the negative effects of lack of strong family networks by encouraging the active participation of patients' families in the care process. The findings from this review underscore the importance of involving families in care delivery and decision-making, which can provide a support system that contributes to better overall patient satisfaction and health outcomes.

Implications for Healthcare Policies and Practices

Incorporating the findings of this review into healthcare policies and practices can help address the social disparities that contribute to uneven patient experiences. For example, healthcare systems could enhance cultural competence training for staff, ensuring that care is delivered in a way that respects patients' cultural values, backgrounds, and social contexts. As shown in Watson's theory of human caring (Watson Caring Science Institute, n.d.), fostering emotional and relational support through compassionate, patient-centered care can contribute to reducing health disparities. The Donabedian model further reinforces that addressing SDOH requires improving both the

structure and process of care delivery, from the physical environment to the interpersonal relationships between providers and patients.

Addressing SDOH Through the Framework of Patient-Centered Care

A critical takeaway from this review is the need to approach patient experience through a holistic lens, integrating both clinical and nonclinical aspects of care. Social determinants like access to healthcare, education, and support networks play a central role in shaping patient outcomes and experiences (Gottlieb et al., 2019). By incorporating effective communication, cultural competence, and empathy, healthcare providers can improve patient engagement, which ultimately leads to better health outcomes. Furthermore, integrating a PFCC framework within the healthcare system can reduce the effects of negative SDOH by offering care that acknowledges the broader context of a patient's life, including their social and economic challenges.

A Holistic Approach to Patient Experience

The findings of this review strongly suggest that improving patient experience scores can contribute to positive health outcomes, but these improvements must be framed within the context of SDOH. Policies and practices to improve the patient's experience should focus on clinical practices and reflect consideration of the broader social, economic, and cultural factors that influence patients and their care. This approach requires culturally tailored interventions and a system-wide commitment to addressing healthcare disparities related to their area. By grounding patient experience initiatives in frameworks like Watson's theory of human caring and the Donabedian model, healthcare organizations can create a comprehensive strategy for improving care delivery, with particular attention to the social contexts that shape each patient's experience.

By addressing these SDOH through targeted interventions, healthcare systems will be better positioned to provide equitable, compassionate care that meets the diverse needs of all patients, ultimately leading to improved patient satisfaction and better health outcomes.

Limitations

This integrative review's limitations include limited generalizability as findings are primarily drawn from healthcare settings that may not represent all populations. Additionally, many studies included were quasi-experimental or quality improvement projects, which may lack the rigor of randomized controlled trials.

Conclusion

The key takeaway from this integrative review is that improving patient experience requires a holistic and adaptive approach that prioritizes communication, cultural competence, and compassionate care. While established strategies like bedside shift reports and leader rounding are valuable, their effectiveness depends on tailoring them to meet diverse patient populations' unique cultural, demographic, and social needs. By aligning interventions with theoretical frameworks such as Watson’s theory of human caring and the Donabedian model, healthcare systems can create a structured yet flexible foundation for fostering trust, connection, and quality care. Ultimately, the findings emphasize the need for PFCC practices that address clinical outcomes and the social determinants of health, ensuring equitable and meaningful healthcare experiences for all.

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Appendix A: DHA Practice-Based Problem Literature Review Matrix

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Method-ology	Analysis & Results	Conclusions	Implications For Future Research	Implications For Practice	Empirical Research (Yes/No)
Akinleye et al., 2019	N/A	The authors aim to answer whether quality and patient safety metrics are related to hospital financial performance by examining various measures of financial performance and multiple indicators of patient quality of care and patient safety.	The study population includes med/surg hospitals in New York State that participate in CMS IPPS. 46 quality indicators are used. Financial data from CMS costs reports is used for financial performance. Data was broken into standardized scores using the SAS Factor Procedure with varimax rotation.	Their analyses found strong evidence that financially stable hospitals have better patient experience, lower readmission rates, and show evidence of decreased risk of adverse patient quality and safety outcomes.	The study supports the notion that hospitals under greater financial distress have less favorable patient experience of care, higher readmission rates, and increased risk of adverse patient quality and safety outcomes.	Further research needs done since this is completed only in the state of New York and is prior to the launch of the Delivery System Reform Incentive Payment (SSRIP) Program funded by Section 1115 Demonstration Waiver.	An important quality implication is that as policymakers consider action to achieve the triple aim, the interrelatedness of cutting healthcare costs and achieving quality needs addressed because cost-cutting affects the ability of fiscally distressed facilities serving vulnerable patients to engage in quality improvement.	Yes
Asuncion et al., 2022	N/A	The SMART aim is to improve the percentage of respondents who answered "Always" to doctor communication domains from 72% to 75.6% in HCAHPS by December 2020.	The team designed a QI project involving the house staff, hospitalists, nurses, and the Patient and Family Advisory Council (PFAC). They created checklists of communication	Using a statistical process chart, HCAHPS scores showed that the group exceeded their aim with a> 5% increase in physician communicatio n performance.	The article concludes that family as faculty simulation led to improved physician communication, translating to improved performance in the HCAHPS score and PFCR	During the study timeframe other interventions were in place to improve patient and family experience, which may contribute to improving HCAPHS scores. Generalizability is limited due to the	Although the plan was successful in improving the providers' communication in PFCC competency and patient and family experience in HCAHPS scores, there was no improvement in	Yes

			topics. Outcomes are measured with HCAHPS and broken down and analyzed using a statistical process control chart. They measured competency quarterly and used a Fisher's exact test with results considered statistically significant at the P<0.05 level of significance. Data analysis tools include Microsoft Excel, AgreeStat version 2015.6.1, and SAS version 9.4.	Additionally, the pre-post intervention data showed improvement in PFCR competency.	competency7 communication domains.	small size of the setting.	MD communication with a child domain.	
Bumpers et al, 2019	N/A	The aim of this quality improvement project was to determine whether a communication bundle would impact parents' ratings of nurse-child communication.	The QI project occurred on a 24-bed orthopedic/ hematology unit in a children's hospital in the Mid-South United States. A convenience sample of the staff participated in the project.	Following the implementation of the communication bundle, the unit's patient satisfaction scores for both questions exceeded the 75th-percentile benchmark	This project enhanced nurse communication at the bedside and the parent's perception of nurse-child communication.	The results of this QI project may have been different if the sample size had been larger, occurred facility-wide, or had been monitored for a longer time frame	Research demonstrates that bundling evidence-based communication strategies such as nurse bedside reporting, whiteboard usage, and scripting at the bedside have been effective in improving communication and impacting the	Yes

							hospital experience.	
Centers for Medicare and Medicaid Services, n.d.-a	N/A	N/A	N/A	N/A	This is an overview of the HCAHPS survey and the three broad goals that have shaped it. The discussion includes the content of the survey, how it was developed, and the public reporting aspects.	N/A	N/A	No
Centers for Medicare and Medicaid Services, n.d.	N/A	N/A	N/A	The analysis and results of the HCAHPS Hospital Characteristics Comparison Charts for hospitals are broken down into each domain, region, bed size, teaching status, ownership, and location.	Individual conclusions can be made based on looking at the filtered topic and accompanying graph.	N/A	The implied implications for practice include availability of determining where your organization ranks and compares with the national averages.	No
Centers for Medicare and Medicaid Services (CMS), 2023	N/A	N/A	N/A	This source provides a graphic representation of hospital characteristics and where they are at meeting top	N/A	N/A	This tool is useful because it permits a view of where we sit nationally categorically in all domains of HCAHPS questions.	No

				box based upon national averages.				
Centers for Medicare and Medicaid Services [CMS], 2024a	N/A	N/A	N/A	HCAHPS percentile rankings are separated into groups of top-box and bottom-box scores. The data is further separated by percentile rank from near best to near worst of both categories.	N/A	N/A	The article is useful for facilities to determine the scores needed to reach the top box score they wish to attain.	No
Centers for Medicare and Medicaid Services [CMS], 2024b	N/A	N/A	N/A	Conclusions are not drawn within this paper. However, one can determine where they stand as compared to a state ranking within each domain.	N/A	N/A	The article is useful to facilities to determine if they are in line with the norm of their state or how they may compare to other states. The tool can also be used to compare state-to-state rankings of each domain.	No
Colimore et al., 2020	N/A	N/A	N/A	N/A	The authors discuss their intent to maintain a commitment to patient- and family-centered care. It describes approaches taken by the health	N/A	The study offers multiple helpful patient and family-centered care initiative ideas.	No

					system's patient experience leadership team to develop resources to educate patients, loved ones, and staff about the process changes and how to create new ways to communicate and connect.			
Di Tosto et al., 2023	Modified group concept mapping (GCM) process	The specific goal for this study was to develop a conceptual model of patient engagement that reflects the shared perspective of patients and providers about engagement and takes into account the context in which engagement occurs.	GCM process consists of the five traditional steps of preparation, generation, structuring, analysis, and interpretation.	The study offers specific insight into areas that can be targeted for intervention by healthcare systems to improve patient engagement.	PE can be highly perspective or context dependent, and thus lacks reliability. Our concept map, developed via a modified GCM approach, addresses these deficits and offers a guide for researchers and practitioners aiming to measure PE.		The concept map developed in this study advances the existing literature by providing a conceptualization of the dimensions of patient engagement. It also specifies ideas for clinician-patient relationship building through reassurance and encouraging questions, explaining results, avoiding judgmental language and behavior, and asking patients about their treatment goals and preferences.	Yes

Donabedian, 1988	N/A	N/A	N/A	N/A	This is the original discussion from Donabedian's review attempted to give an impression of the various approaches and methods used for evaluating the quality of medical care and the issues and problems with them. It also introduces his framework to discuss the structure, process, and outcome measures approach.	N/A	Donabedian requests to shift emphasis from preoccupation with evaluating quality to concentrating on understanding the medical care process itself.	No
Eamranond et al., 2021	N/A	The purpose of the study is to demonstrate how one hospital made a journey from average patient experience to becoming a regional leader in the experience of patient care for nationally recognized quality and safety metrics.	A t-test is used to determine differences between the mean "Recommend the Hospital (RTH) scores between the hospital and the United States between 2010 and 2019.	Over the better part of the decade, RTH scores steadily improved year to year with a shift in culture. The RTH scores increased from a baseline of 72% to 83%, placing the hospital in the top 3 positions in	The article does not describe a set of initiatives, but a culture change in the units emerges, creating sustained change.	Due to the multiple interventions and revisions over the course of several years, there are many influential factors impacting the RTH scores. Other things that may influence .	Not only does the initiative offer insight into improving patient experience scores, but it also shows a correlation between care experience and other important metrics such as patient safety and quality.	Yes

				Connecticut. The scores between Connecticut and the United States were not significantly different during the time frame.				
Fareed, 2022	N/A	Our study sought to investigate how patient portals are associated with patient satisfaction in both inpatient and outpatient settings.	Retrospective, pooled cross-sectional study. Methods: Data from the patient satisfaction surveys were linked to portal account status at a large academic medical center. The used fractional logistic regression.	Patients with an activated outpatient portal account reported higher patient satisfaction across a subset of the CG-CAHPS dimensions, and patients with an activated inpatient portal account reported higher patient satisfaction across a subset of the HCAHPS dimensions, compared with patients without the respective portal accounts.	Our study suggests the potential for patient portals to enhance patient satisfaction, especially in areas such as care coordination and care transitions. In both inpatient and outpatient settings, portal use may improve the patient-centeredness of care	Future work should evaluate the impact of patient portal functions and their use as mediating factors of the effect of patient portals on patient experience	Our findings indicate important considerations for both health care organizations and their patients to promote patient portal use as a means of improving patient satisfaction, especially in the context of potential impacts on reimbursement and reputation.	Yes

Gin et al., 2023	CQI Model Plan-Do-Study-Act	The purpose of this project was to increase the nursing communication HCAHPS score by 1.5% from a baseline of 74.4% and to sustain or exceed it in the following year.	Quantitative study after educating staff and making change to commit to sit.	Results of a study suggested nurses sitting at the patient's bedside increased patient satisfaction. Staff members also had a greater sense of pride and ownership in their work	Committing to sit illustrates to patients and their families the nurse is available and values their concerns. When a provider sits at the patient's bedside, the patient perceives the interaction as longer and more meaningful.	Due to the pandemic restrictions, commit to sit had to change mid-way through because of isolation with some patients.	Using different methods to improve the patient communication experience can increase overall HCAHPS communication scores. The Commit to Sit, Sit to Connect, and Connect with Technology initiatives helped connect nurses with patients.	Yes
Gormley et al., 2019	The QI design for this project was the Plan-Do-Study-Act (PDSA) model.	The purpose of this QI project was to implement nurse-led interprofessional bedside rounds that aimed to decrease fragmentation and improve communication among providers, patients, and their families.	The study takes place on a 24-bed surgical unit at a midwestern, urban academic level 1 trauma center.	HCAHPS domain scores for communication with nurses, communication with doctors, communication about medicines, and discharge information from calendar years 2014 and 2015 were compared with scores from calendar years 2016 and 2017. After nearly 3 years of implementatio	This project demonstrated that nurse-led interprofessional bedside rounds that include multiple professions can improve communication between providers, patients, and families. This improved communication decreases fragmented care through all professions working toward the same patient goals.	Nurse-led interprofessional bedside rounds was a QI project that is not generalizable; however, the nurse-led interprofessional bedside rounds process can be replicated in similar organizations.	The surgical oncology rounding team that participated in nurse-led interprofessional bedside rounds exceeded patient experience benchmarks in all 4 of the targeted domains.	Yes

				n, all 4 of these domains in HCAHPS for the surgical oncology service increased.				
Gottlieb et al, 2019	N/A	N/A	N/A	N/A	The authors describe four complementary strategies that healthcare leaders can use based on patient care and community-level approaches. Understanding the different approaches and the challenges and benefits they offer gives leaders an informed choice for what is best for them.	N/A	Giving leaders ideas for options of different types of approaches and understanding not only increases their knowledge but also offers tools for use to make decisions.	No
Hedges et al., 2019		The aims were to 1. Develop, implement, and test QT on two medicine units with multidisciplinary stakeholder engagement. 2. Create a QT toolkit to share best practices. 3. Facilitate the spread of QT	The site is the University of North Carolina Medical Centers two 41-bed medical units. A multidisciplinary team used Lean methods and the Model for Improvement to test interventions for quiet time and used HCAHPS	Quiet scores improved on both units after 11 months.	Noise in hospitals is often beyond the scope of nurse-driven improvement; however, a QT protocol led by nurses, developed by multiple stakeholders, and focused on changing expectations for quiet can lead to	There is always the possibility of patients responding to questionnaires in a socially biased manner, and this may account for the more favorable quietness scores on the RCSQ that was administered in-person versus	Much of the noise in hospitals is beyond the scope of nurse-driven improvement; however, a QT protocol led by nurses, developed by multiple stakeholders, and focused on changing expectations for quiet can lead to	Yes

		across a diverse healthcare organization.	"always quiet" scores as the primary outcome measure.		measurable improvements in patient perception of quiet.	the responses to the HCAHPS survey.	measurable improvements in patient perception of quiet and quality of sleep.	
Hernandez et al., 2020	Learning by doing, an experiential learning model is used.	A goal of the planned intervention is a new plan of care meeting designed to promote an improved model of communication among physicians, nurses, and social workers with patients and families.	Mixed methods are used in the study. A quantitative analysis is used to review the pre-post data. The qualitative portion includes a multi-question semi-structured interview for those involved in the care meetings.	The quantitative data shows the statistical significance of improved scores from the year prior to the pilot. The qualitative data reveals improved patient experience secondary to care team meetings.	Patient and family-centered plan of care meetings result in a positive trend in care coordination and patient/family experiences.	More research is needed on what may be the most efficient approach to embrace the culture and timing of care team meetings in an adult acute care inpatient unit. Another opportunity for future research includes scaling up the sample size across multiple floors and expanding data collection to include quantitative metrics of mortality, morbidity, and readmissions to determine if patient/family meetings influenced clinical and quality life outcomes.	The overall impact of the pilot study intervention exemplifies using existing clinical resources to create a positive clinical environment among the collaborators and assure everyone in the room with the patient and their families are focused on communicating coordinating the best possible care outcomes for patients and families.	Yes
Indovina et al, 2021	N/A	The aim is to: (1) understand whether factors known to impact	The study design is a retrospective analysis of administrative	Both nurse and doctor communicatio n scores highly	Nurse and doctor communication scores most impacted overall	The study was not designed to detect unmeasured factors such as	Communication is key to excellent inpatient care.	Yes

		scores at the interhospital comparison level also impact scores at the intrahospital level, (2) determine which, if any, patient-level variables are associated with top-box scores for overall hospital rating, and nurse and doctor communication composites, and (3) determine which HCAHPS questions most impact overall hospital rating.	and clinical data from adult med/surg patients hospitalized between 10/1/10-9/30/14 who completed the HCAHPS survey. The study took place at Denver Health, a 525-bed university-affiliated regional hospital. Data were analyzed with SAS Enterprise Guide 5.1.	correlated with overall hospital rating. Interpersonal factors such as communication and managing expectations likely influence patient satisfaction.	hospital rating. It is likely that unmeasured factors pertaining to communication and interpersonal interactions influence a patient's hospital experience more strongly than measured variables.	expectations or the provider-patient interaction, and future research should target these areas.		
Institute of Medicine, 2001	N/A	N/A	N/A	The IOM came out with a book highlighting six great needs in healthcare to change and improve our landscape.	Improving being more patient-centered is listed as one of the needed initiatives that tie into this review.	Further research is needed to find methods to bridge the gap of the listed initiatives.	Creating change to meet the needed goals listed will change our approach to improvement in patient care.	No
Iyer et al., 2023	N/A	This study aims to evaluate the effect of chair placement on the time physicians sit during a bedside consultation and	Single-center, double-blind, randomized controlled deception trial. County hospital in Texas, USA, with 51 hospitalists and	The intervention was associated with 3.9% greater TAISCH scores (effect estimate 3.9, 95%	Chair placement is a simple, no-cost, low-tech intervention that increases a physician's likelihood of sitting during a bedside	Limitations include concern about generalizable results d/t the study size, and responses may differ because of	A simple, low-cost nudge, such as placing a chair at a patient's bedside, can increase a physician's likelihood to sit by 20-fold. Such a	Yes

		patients' satisfaction.	125 observed encounters for patients between 4/22-2/23.	confidence interval 0.9 to 7.0; P=0.01) and 5.1 greater odds of complete scores on HCAHPS (95% confidence interval 1.06 to 24.9, P=0.04).	consultation and results in higher patient scores for both satisfaction and communication.	the collection method.	nudge can also improve patients' perceptions of their physician.	
Johnson & Bravo, 2021	The authors propose a new health system-driven framework to systematically evaluate the impact of adopting Episode Based Payments (EBPs for episodes of care.	The objectives are to develop a mechanism to quantify the impact on stakeholder finances of adopting an EBP and inform value-based care redesign efforts by quantifying the impact of clinical cost drivers.	The authors discuss their process for collecting and analyzing episode-specific clinical and financial data describe their simulation model for predicting financial outcomes and illustrate uses of the methodology to gain perspective insights on the financial implications of EBP.	The authors successfully created an interactive, web-based interface that allows stakeholders to dynamically evaluate financial outcomes under a range of payment model parameters and clinical scenarios.	The new framework offers a solution to several knowledge gaps and could address strategic hurdles that are impeding the adoption of EBP models.	This study focuses primarily on financial outcomes and replication may be difficult due to the institution-specific nature of the internal production costs and reimbursement structure.	The simulation demonstrates that both financial parameters and clinical cost drivers significantly affect the expected financial outcomes for stakeholders in value-based payment models.	Yes
Kaslow, et al. 2020	The framework for this collaborative model is a biopsychosocial -cultural framework	N/A	The article contains principles for systemically informed collaborative, interprofessional,	There is limited available research, thus a consensus statement of the need to	There is a demand for leaders to commit to patient-centered and family-centered missions with	Further research is needed.	Patient-family-centered care initiative recommendations are given based on collegial consensus in the	Yes

	rooted in general systems theory.		contextually respectful care that build upon the literature.	create a culture shift and create performance expectations focused on patient-family-centered care.	shared vision and committees to provide input on care experience, measurement and reporting, and feedback from patients and families.		absence of adequate literature.	
Kemp et al., 2023	N/A	This research aims to ascertain the factors that contribute to positive inpatient experiences by using empirical evidence from national databases and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data.	This quantitative study collects data from four publicly available U.S. government datasets with the bulk from HCAHPS. A linear regression equation is used.	The study results reveal hospital quietness, nurse communicatio n, and care transition positively affected patient experience ratings and the patient's likelihood to recommend. T he results also revealed that hospitals with better clinical outcomes received better patient experience ratings and recommendati on scores, whereas hospitals that serve more vulnerable	The findings show that cultivating a care experience continuum that consists of such elements leads to higher ratings of patient experience as well as a greater likelihood of recommending the hospital. Implications from this research provide guidance for creating positive inpatient experiences in hospitals.	Future studies could consider information from these instruments to learn how patient experiences might be improved. Researchers also can investigate whether vulnerable patients should use different instruments to evaluate their inpatient experience.	Findings from this research demonstrate that managing the physical surroundings by providing a clean and quiet environment, providing relationship-centered care through interactions with medical personnel, and engaging patients in their health as they transition out of care contributed to positive inpatient experiences.	

				populations received worse patient experience ratings and recommendation scores.				
Kim et al., 2024	N/A	The research questions, derived from the study purpose, are as follows: 1. What are the Patient Experience (PE) factors that influence the improvement of Patient Centered Care (PCC)? 2. What PE factors do patients and healthcare providers consider important, and what are the differences in their perspectives? 3. How can a PCC delivery model be structured based on the roles and interactions of the PE factors and stakeholders?	For this systematic review the Preferred Reporting Items for Systematic Reviews (PRISMA) guidelines and reported the review results based on the PRISMA 2020 checklist. Sources were sourced from four electronic databases, three scientific databases, and a publisher's database. The authors searched for papers published between 2015-2023. The MMAT checklist is used to assess the risk of bias.	Physical needs reveals patients and healthcare providers view minimizing pain, emergency care, and physical symptoms as essential for PCC. For psychological needs, it is agreed that assistance and psychological symptoms related to patients' emotions and relationships as most critical. The social needs category supports forming trusting relationships. For practical needs, items	The authors conclude that it is necessary to understand the interactions among various PE factors.	The paper makes a unique contribution as it goes beyond simply analyzing and synthesizing the results of the systematic review and incorporates key elements into a visual structure PCC model.	The paper serves as a helpful tool leading to deep understanding and active stakeholders in analyzing problems and seeking solutions to improve PCC services in actual medical settings.	Yes

				including waiting noise, hygiene, and transportation are highlighted.				
Kostich et al., 2021	Duffy's Quality-Caring Model (QCM) was used to frame the study.	The objective of this study was to explore the relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience.	A cross-sectional, correlational design was used to examine the relationship between staff nurses' perceptions of nurse manager caring behaviors as measured by the Caring Assessment Tool–Administration (CAT-Adm) and acute-care patient experience using the HCAHPS scores.	There was a positive relationship between the staff nurses' perceptions of nurse manager caring behaviors and patients' HCAHPS overall hospital rating. There also was a positive relationship between the CAT-Adm scores and nurse manager visibility.	Departments had higher HCAHPS overall hospital rating when the staff nurses perceived their unit manager as caring. In addition, the more staff nurses actually visualized their nurse manager during a shift, the more they perceived their nurse manager as caring.	Although the results indicate that there is a positive relationship between staff nurses' perceptions of nurse manager caring behaviors and the patient experience, because of the insufficient sample size to reach the desired power of 0.80, the results should be interpreted with caution.	The positive association between the overall patient experience hospital rating and staff nurses' perceptions of nurse manager caring behaviors has implications for nurse leaders; more specifically, caring interactions with staff nurses are important aspects of the role that may be tied to valued patient outcomes.	Yes
Lee et al., 2021	Donabedian framework.	The authors' objective is to identify existing quality indicators that measure palliative care delivery in seriously ill surgical patients, characterize their development, and assess their	A PRISMA-guided systematic review is used. Measures are categorized into the National Consensus Project domains of palliative care and the Donabedian quality framework.	Indicators addressing care of the patient near the end of life and physical aspects of care were the most common. Indicators addressing spiritual and cultural	Few indicators addressed non-physical aspects of suffering, and no indicators were identified addressing palliative surgery.	Future attention is needed toward the development and practical application of palliative care quality indicators in surgical patients.	This review was a key step that informed efforts to develop quality indicators for seriously ill surgical patients.	Yes

		methodological quality.		aspects of care were the least common.				
Littleton, et al., 2019	N/A	This quality improvement (QI) project explored the relationship between the percentage of patients on the unit who were rounded on by a nurse leader and the results of a discharge survey reflective of patient satisfaction with care transitions	A 37-bed med-surg unit of a 1,100-bed academic teaching Magnet-recognized hospital on the U.S. East Coast created and used a 3-Item Care Transition Measure (CTM-3) survey tool. 677 surveys were collected. A random sample generator was used to determine the convenience sample for each phase with 104 surveys analyzed. SPSS Syntax scoring criteria and t-testing are used.	Increased quantity of nurse leader rounding resulted in a statistically significant improvement in patient satisfaction with care transitions.	Quantity of rounding improved patient satisfaction results.	N/A, however, this study is completed only in one hospital, on one unit.	The findings of this QI project should be of considerable interest for nurse leaders who wish to optimize their efforts to improve employee performance and patient satisfaction within their organizations.	Yes
Loos, 2021	N/A	The purpose of this qualitative research study was to ascertain which nurse behaviors a subsection of adults 50 years and older who had had a recent inpatient	The research includes a qualitative study using interpretative phenomenological analysis undertaken to elicit a rich description of patients' lived	Verbal and nonverbal behaviors of the nurse is identified as making patients feel as if the nurse is listening to them or not. These	Embracing the behaviors the patients identified as making them feel listened to could significantly impact patients' safety and recovery.	The study is limited to English-speaking adults older than 50 years and recently hospitalized in an acute care setting, which limits the transferability of the results to a	Listening-identified behaviors should be taught in nursing school and reinforced in practice. Listening behaviors should be intentional in the practice	Yes

		admission believed conveyed nurse listening.	experiences related to nurse listening behaviors.	perceptions affected the patient's sense of safety and ability to trust.		broader population.	environment, supported by nursing administrations who should endeavor to model the behaviors and set the expectations in their practice.	
Lopez et al., 2023	N/A	The aim of the study is to improve the organizational and educational gaps identified in assisting nurses in recognizing and mitigating medication-associated side effects that may predispose hospitalized older adults to falls.	This pre and post-test quality improvement project is implemented in a medical unit. A patient teach-back guide and a nurse medication fall risks facilitator guide are created and used.	RNs reported a 95% increase in confidence in recognizing medication fall risks in the immediate post-survey and 100% in a 4-week post-survey.	Patient satisfaction scores increased from 47.2% to 63.8%. Falls decreased from 67% to 46%. It is noted that 40% of patients who fell had another primary language, suggesting the importance of RNs in recognizing linguistic differences to prevent health disparities regarding communication.	The study is completed only on one unit of a hospital; thus generalization is not established. Future work is needed to find creative methods of medication safety education, unitizing projects that address health disparities, and the role that language plays among all age groups.	It is essential to create partnerships with team experts and families to promote clinically effective, evidence-based quality care utilizing a patient-centric approach.	Yes
Mayfield et al., 2020	N/A	1. How do nurses describe courtesy and respect? 2. How do patients describe courtesy and respect? 3. Are there differences in	In a qualitative review, audio-recorded interviews were collected with semi-structured, open-ended questions.	Six themes are revealed that relate to courtesy and respect and include: 1. the importance of being	The stories contributed toward a better understanding of what it means to treat patients with courtesy and respect, and they	The small convenience sampling from a single setting prevents generalizing the findings to a larger population.	Despite the study's limitations, clinical and educational implications should be considered.	Yes

		how nurses and patients describe courtesy and respect?		attentive, physical care, and proactive engagement; 2. giving empathetic support; 3. honoring culture and beliefs; 4. recognizing the family; 5. recognizing patient space; and 6. recognizing personhood, showing politeness, and honoring choices.	created a context for interpreting HCAHPS results.	Further research is warranted.	Findings may increase individual RNs' awareness of how they may be more courteous and respectful in their practice.	
McDonald, 2024	Watson's theory of human caring	The purpose of the research is to understand how nurses were educated to support the spiritual needs of patients. The research question that guided the study was, "How do nurses describe preparation regarding the provision of spiritual care to patients?"	The author uses a qualitative narrative study with open-ended interview questions. Rosenthal and Fischer-Rosenthal's data analysis method was used, which includes participant storytelling, thematic analysis, reconstruction of the story, analysis of individual text,	Four themes emerged from the data analysis: relational development through connectedness, caring consciousness treating the whole person, acknowledgin g the human need, and faith foundation versus educational support.	Nurses do not feel adequately trained in spiritual education to best assist their patients. Undergraduate curricula faculty should consider adding content related to spirituality so nursing students learn that the patient's spiritual welfare is as important as their physical and	Further studies related to spiritual education are needed.	Although nurses believe that the spiritual aspect of nursing plays a significant component in their roles and responsibilities in administering care to patients, numerous nurses expressed they lack the education needed to address the needs of their patients adequately.	Yes

			and formation of the narrative.		psychological well-being.			
McFarlan et al., 2019	N/A	The purpose of this practice improvement project is to improve patient experience in the ED setting.	A pre- and postintervention evaluation of HCAHPS survey scores is used.	During the pilot period, the five measured survey questions for patient experience scores all improved.	The primary outcome of the practice improvement project is that hourly bedside and daily leader rounding improved ED patient experience. The project was not sustained due to a lack of rounding continuation because of competing tasks.	Because the project was a short-term MSN student project, it was not sustained. Unless individuals take on the mantle of responsibility permanently, it will remain as short-term success only.	Key implications from the project are that rounding proactively meets patients' needs and improves the quality of care and patient satisfaction.	Yes
Meth et al, 2020	N/A	The aim of the paper is to develop a framework for improvement that was implemented successfully for enhancing provider-patient communication and will be utilized again as future needs are prioritized.	Outcome measures are monitored through HCAHPS scores for the domains of Communication with Nurses, Communication with Doctors, and Staff Responsiveness. Communication approaches were created from local counterparts and peer-reviewed journals. The team trained those involved in	The SYSTEM experienced strong year-over-year improvement and the work was sustained. Top-box scores were achieved in Overall Rating and Staff Responsivenes s. Complaints and grievances also had a 30% reduction.	An eight-phase plan was created that is well-generalizable. The content can be interchangeable, and this broad framework can be used to execute any improvement program within an organization of any size.	N/A	Hospitals and health systems can benefit from simply following the specific eight-phase plan described in the plan to follow the key framework for improving patient experience.	No

			relationship-building conversations and phrases.					
Molina-Mula & Gallo-Estrada, 2020	N/A	The aim of the study is to analyze the nurse-patient relationship and explore its implications for clinical practice, the impact on the quality of care, and the decision-making capacity of patients.	A phenomenological qualitative study was conducted. Thirteen in-depth interviews with nurses and 61,484 nursing records from internal medicine and specialty departments in a general hospital from 2015-2015 is used. A discourse analysis and triangulation for sources was conducted.	From the data analysis it is discerned that a good nurse patient relationship reduces the length of stay and improves quality and satisfaction of both parties. In contrast, good relationships are conditioned by the patient's submissive role.	An equal distribution of power allows decisions about health and disease processes to be acquired by patients. The nurse-patient relationship should not pursue the change in values and customs of the patient but position the professional as a witness of the experience of the health and illness process in the patient and family.	Further policy influence, research, and education include: (1) New implementation methods to understand the management of HSOs improving the relationship between the team and patient in clinical settings. (2) Innovation of ways to promote good relationships between nurse and patient. (3) Nursing documentation and the nurse-patient relationship. (4) Greater education aimed at patient-centered care models needs emphasis.	This paper adds to the literature in the following ways: (1) The absence of the patient's autonomy in decision making about their care is related to the nurse-patient relationship. (2) Nurses prefer a submissive patient, who assumes care without discussion and respecting the work for the nurse. (3) The patient is labelled, both in nursing records and in the interviews, as a good or bad patient according to the relationship with the nurse	Yes
Nepal et al., 2020	The authors completed a qualitative study	The aim of the study is to explore concepts identified by hospitalized patients as being important to them	The location of the study is a 525-bed hospital in Denver, Colorado. Stratified, purposeful,	Patients described 4 domains that are important to them: (1) hospital environment	Participants described a desire for their hospital care providers to honor their preferences regarding	Results may not be applicable in other settings. There is also a potential for participation bias due to the	Patients perceive that exceptional care is looking beyond the tubes and machines to recognize that there is a human	Yes

		during hospitalization, explore concepts believed by healthcare workers to be important to patients during hospitalization, and identify gaps and similarities between patient and healthcare professional perceptions and expectations.	typical case sampling is used to identify eligible patients. The study uses semi-structured interviews with 45 hospitalized English and Spanish-speaking patients and six focus groups with healthcare workers. The study timeframe is from October 2015 to August 2018.	including cleanliness and impact of hospital policies on patient autonomy, (2) whole-person care, (3) communicatio n with and across care teams with words that patients can understand, and (4) responsiveness and attentiveness.	autonomy. They also desire to make a human connection with their healthcare workers and reveal that even small gestures of kindness are important.	convenience sample. Additionally, conducting patient interviews while the patients were still hospitalized may have inhibited patients' willingness to fully disclose their perceptions regarding their experience.	being behind them and treating patients like more than just numbers. Certain vulnerable populations may be less inclined to self-advocate regarding their needs, and additional measures may need to be taken to ensure the needs are met.	
O'Donnell et al., 2023		The objective of this multihospital study was to investigate how the intervention of coaching to BSSR correlates with HCAHPS outcomes and relates to CMS Hospital VBP Program points over a 4-year period for an acute care hospital health system.	Coaching to BSSR was implemented at 16 adult acute care hospitals. Patient-reported BSSR rates were collected in tandem with HCAHPS. Statistical correlations were assessed between patient-reported BSSR and HCAHPS and consequential effect on VBP dimension scores.	Coaching to BSR had a significant impact on top- and bottom-box "rate the hospital" HCAHPS scores at a system and hospital level.	The implementation and sustainability of coaching to BSR may result in improved patient experience ratings.	The BSR was implemented at the same time as other process improvement efforts. It is not possible to isolate the HCAHPS effects of BSR alone.	Leaders must mandate consistent performance of the new behaviors and then routinely validate that the behaviors are occurring on a consistent basis.	Yes

Prochnow et al., 2019	Ottawa Model of Research Use	The purpose of this project was to improve patient outcomes using a tailored, evidence-based intervention to develop, encourage, and support RNs' abilities to educate and monitor patient and caregiver knowledge of new medications.	This QI project, guided by the Ottawa Model of Research Use and the Always Use Teach-back! innovative toolkit, used a 1-group pre- and post-education design with RNs, patients, and caregivers.	RNs reported significant increases in conviction in the importance of ($P < .0001$), confidence in using ($P < .0001$), and frequency in using ($P < .0001$) teach-back. With teach-back, both patients and caregivers recalled the purpose and side effects of new medications. Specific HCAHPS scores increased from 6% to 10%.	Increases in HCAHPS scores and other outcomes from this project confirm that teach-back is an effective method to educate patients and caregivers about new medications. It is also important to note that since caregivers recalled medication purposes and side effects more often than patients, caregivers or family members should be included in patient education	Although all patients and caregivers received the teach-back method in new medication education, there was no control group to compare effectiveness. However, this can also be a strength in that all patients and caregivers received the same intervention (high-quality education) about their new medications.	This article provides ideas for implementing the Always Use Teach-back! toolkit in other healthcare settings and provides creative evaluation techniques that may help measure success. Teach-back is a proven strategy that improves the quality of care. Teach-back also ensures that healthcare professionals educate patients and caregivers in a way they understand to improve efficacy with new medications.	Yes
Puppala et al., 2020	Interventions began at the end of 2016 included bedside care coordination rounds (BCCR), medications best practices alert (BPA), connect transitions post-	To identify inpatient satisfaction determinants, assess their relationships with hospital variables, and improve patient satisfaction through interventions.	Inpatients of an eight-hospital tertiary medical center in the U.S. used a retrospective medical record retrieval. There were 26,324 medical admissions, with 4,740 survey	The multivariate regression analysis of patient satisfaction revealed positive, negative, and neutral correlations with the	This study has helped us obtain useful information for healthcare workers, health managers, and executives to devise policies and measures for addressing patients'	A limitation of this study is that we only analyzed data from our 8-hospital system whose patient mix may differ from other hospitals. Second, we only used the HCAHPS results as an indicator of	Deeper analysis on the post-implementation satisfaction scores was also beyond the scope of this study. A more comprehensive study addressing these limitations is being planned.	Yes

	discharge calls (CONNECT Transitions) and a framework for provider-patient interactions called AIDET (Acknowledge, Introduce, Duration, Explain, and Thank).		respondents. Descriptive analysis and statistics presenting a quantitative description are used. Data analysis was completed using the Stata software package v.9. Answers are converted into a linear mean average. Multivariate linear regression analysis was used to assess the relationship between independent variables.	variables analyzed.	satisfaction. Equally important is the need to address patients' perception and expectations of medical service. Treating patients with high levels of respect and dignity and getting them involved in their treatment decisions are aspects that patients value highly.	patient satisfaction. . There may be unmeasured differences that we were unable to control.		
Sterchi et al., 2019	Watson's Caring Theory	This article teaches the reader how they accomplished developing a program to integrate an organization's values and culture, Watson's Caring Theory, and personal motivators, resulting in transforming nursing theory	A 2-hour educational program was developed and implemented during nursing clinical orientation. A crosswalk was developed to highlight the connection between the behaviors associated with Watson's Caritas	Using the New World Kirkpatrick model of training evaluation, key outcome measurements included participant engagement, the degree to which intended knowledge/skills are	The organizational goal for HCAHPS question Hospital Rating of 9 or 10 in the survey had been set at 76% or higher. This score increased over a 2-year period from a preintervention score of 74.6% to a high of 81.5%	N/A	By reconnecting staff to their passion and motivation for nursing, educating in the desired caring behaviors and listening skills, and aligning with nursing theory and organizational values and culture, nurse leaders can reenergize and	No

		into practice and an improvement in the patient experience.	Processes and the organizational Promise values.	acquired and applied, and to which targeted results occur.	post-intervention period.		refocus staff in caring behaviors and achieve a more fulfilling nursing practice.	
Sturdivant et al., 2020	N/A	N/A	34-bed med-surg unit in an academic medical center in the southeastern U.S. A nurse-physician bedside rounding tool is used. 104 patients participated, with an 88.14% adherence rate.	Of the 104 patients, 34 reported an issue directly related to nursing care, 27 patients reported issues directly related to physician care.	For the 30-day implementation period, they experienced a 1.95% increase in scores.	Scheduling conflicts made it difficult to complete the rounds together. The rounding is only offered to the internal medicine service on one unit.	Despite the lack of statistical significance, there was an improvement in the patient's perception of nursing communication and physician communication after the implementation of the nurse leader-physician bedside rounding protocol.	Yes
Surani et al., 2022	N/A	The trial's purpose was to evaluate the effectiveness of daily email-based feedback, with peer and benchmark comparison, on improving top-box scores on the three provider-specific communication questions on the HCAHPS survey.	This is a randomized study at a 550-bed tertiary care center. The intervention and control group is providers. 1,110 patients were interviewed over seven months and asked three communication-specific HCAHPS survey questions. The intervention is a daily email	The proportion of "always" responses to the three questions related to provider communicatio n was statistically significantly higher in the intervention group compared to the control group (86% vs	Real-time patients' feedback to inpatient providers with peer comparison via email has a positive impact on the provider-specific HCAHPS scores.	Ours was a single-center study and this limits generalizability. Furthermore, as we are a large hospital medicine group at an academic medical center attached to a level 1 tertiary care hospital, we cannot generalize our results to dissimilar groups and centers.	This intervention is a pragmatic model for academic centers to promote patient-centered care, enhance providers' communication skills, and improve revenue in the era of value-based purchasing	Yes

			alerting providers of their performance on the questions.	80.5%, p-value 0.00001).				
Sze et al., 2019	N/A	N/A	N/A	N/A	Having focused significant energy on technology, workflow, and efficiency, radiology leaders and departments seek to apply established patient- and family-centered care models and quality-improvement methods to elevate patient experience and satisfaction.	N/A	While previous approaches are valuable, they should be supplemented with more qualitative, humanistic, and empathetic approaches.	No
Tiperneni et al., 2022	QI project.	Our goal was to improve performance in the 'communication with doctors to at least 50% from baseline over a 6-month period.	Single 513-bed hospital over a 6-month period. The population is adult non-ICU inpatients.	Communication with doctors domain improved from 8th percentile rank in December to as high as 78%. Doctors treat you with courtesy/respect improved from 24th percentile rank in December to as high as 90%. Doctors listen carefully	Our results suggest that HCAHPS scores in the communication with doctors can be improved when employing the AIDET approach with each patient encounter and the addition of afternoon rounds.	N/A	There appears to be a direct proportional correlation between the percentage of afternoon rounds being performed (as reflected in the number of PM notes documented) and patient satisfaction, as seen on HCAHPS scores.	Yes

				to you improved from 13th percentile rank in December to as high as 88%. Doctors explain in a way you understand improved from 2nd percentile rank in December to as high as 72%.				
U.S. Department of Health and Human Services, n.d.	N/A	N/A	N/A	N/A	Healthy People 2030 offers insight into social determinants of health and how they currently trend.	N/A	Understanding factors that go into social determinants of health is a stepping stone to creating programs and planning to intervene and make change.	No
Watson Caring Science Institute, n.d.	The Theory of Human Caring, which includes the carative factors framework.	N/A	Practices of human caring are geared toward the subjective inner healing processes of the experiencing person, requiring unique caring arts.	N/A	The human caring theory teaches 10 caritas, or measures that improve patient-centered care	N/A	Practitioners' caring/healing consciousness and skills will be required to engage in the spiritual, non-physical, and energetic dimensions of caring/healing.	No

Appendix B: DHA Review Question(s) Search Log

Database or location name	Search Terms	Results	Notes
	Patient Experience		
CINAHL Plus with Full Text	• Patient experience or patient satisfaction or patient perception • HCAHPS scores or improvement • Full text • From Jan 2019 • English language • USA geographic subset • inpatients	73 Results	• Littleton et al., 2019. QI project to measure the effect of increased nurse leader rounding on patient experience care transition score. Found improvement with increased rounds. • Sturdivant et all., 2020. A project of nurse leader-physician bedside rounding to increase scores. • Puppala et al., 2020. A multi-hospital system assesses variables to patient experience.
Medline with Full Text	• Patient experience or patient satisfaction or patient perception • HCAHPS scores or improvement • United States or America or USA or U.S. • Full text • From Jan 2019 • English language • inpatients	40 Results	• Surani et al., 2022. Provider communication randomized control trial.
	Patient-Centered Care or Patient Family Centered Care		

Database or location name	Search Terms	Results	Notes
CINAHL Plus with Full Text	• Patient centered care or patient family centered care • Acute care setting or hospital or inpatient • United States or America or USA or U.S. • Full Text • From Jan 2019 • Peer Reviewed scholarly journals • English language • Inpatients	10 Results	Limited results and not pertinent for our study.
Medline with Full Text	• Patient-centered care or patient family-centered care • Acute care setting or hospital or inpatient • United States or America or USA or U.S. • Full Text • From Jan 2019 • Peer Reviewed scholarly journals • English language • Inpatients	189 Results	*Many results were either already found in other databases or did not relate to the study.* • Sze et al., 2019. Disney model for radiology to use PCC for increasing patient experience improvements.

Database or location name	Search Terms	Results	Notes
	Patient-Centered Care Initiatives and Patient Experience		
ABI/INFORM Collection	• Patient-centered care initiatives and patient experience or patient satisfaction • Limit to full text • Source type scholarly journals, trade journals, wire feeds, other sources • Publication date after 1/1/2019 • Location US • Language English	14 Results	• Di Tosto et al., 2023 . Concept map study with results for improving clinician-patient relationship-building initiatives.
Science Direct	• Patient-centered care initiative and patient experience and the United States and acute care or hospital • Years 2019-2025 • Research articles • Subject areas: Nursing and Health Professions • Language English • Publication of nursing and medical • Access type: open	11 Results	Did not yield useful results

Database or location name	Search Terms	Results	Notes
Science Direct	• Patient-centered care initiatives that improve patient experience scores, and the United States, and acute care or hospital	16 results	Did not yield useful results
CINAHL Plus with Full Text	• Patient-centered care initiative, and patient experience or patient satisfaction or patient perception • Publication date 1/1/2019 – • English language • Geographical Subset USA • Research Articles	4 results	Somewhat useful results but not generalizable.
CINAHL Plus with Full Text	• Patient-centered care initiative to improve patient experience scores • Full text • Publication 1/2019 and after • English language • Geographic subset USA	62results	• Loos, 2021. Nurse listening initiative to improve scores • Gin et al., 2023. Commit to sit improved HCAHPS scores. • Kemp et al., 2023. Findings show that a clean and quiet environment and engaging patients in their health add to positive inpatient experiences. • O'Donnell et al, 2023. Coaching to BSSR improves HCAHPS. • Eamranond et al., 2022. Trinity Hospital journeys with different initiatives to improve and sustain better scores. • Kostich et al., 2021. Nurse leader presence increases scores. • Hedges et al., 2019. Quiet at night success with interventions, including fixing squeaky wheels.

Database or location name	Search Terms	Results	Notes
	• Research Article and peer-reviewed journals, USA subset		• Bumpers et al, 2019. Score improvements using a communication bundle of BSSR, whiteboard use, and scripting. • Mayfield et al., 2020. Attentiveness, empathy, honoring culture and beliefs, and recognizing family. • McFarlan et al., 2019. Rounding in the ED to improve scores.
Medline with Full Text	• Patient-centered care initiative to improve patient experience or HCAHPS scores, and United States, or America, or USA or U.S., and acute care setting or hospital, or inpatient, or hospitalization • English Language • Publication data January 2019	44 results	• Iyer et al., 2023. Chair placement at bedside increased likelihood for provider to sit and increased scores. • Tipirneni et al., 2022. AIDET communication and afternoon provider rounding improved scores. • Indovina et al., 2021. Communication and managing expectations increase satisfaction and scores. • Prochnow et al., 2019 Teach-back medication kit improves scores.
Proquest	• Patient centered care initiatives to improve hcahps scores or patient experience scores and acute care or inpatient or hospital AND United States or U.S. or America • Scholarly journals	40 results	• Fareed, 2022. Portal use increases scores.

Database or location name	Search Terms	Results	Notes
	• English language		
Pub Med	• Patient centered care initiatives to improve patient experience scores or hcahps scores • Free full text • Publication date 5 years • Language English • Article type Clinical trial, meta-analysis, randomized controlled trial, review, systematic review	8 results	Nice visual of list and filtering. Results offered same sources previously found in other data bases.

Appendix C: DHA Appraisal Results Log

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
Akinleye et al., 2019. Correlation between hospital finances and quality and safety of patient care	Level IV, B good	HSO type is hospital. Research domain is financial management and quality improvement.	Strong financial performance is associated with improved patient reported experience, the strongest component distinguishing quality and safety.	The study uses a cross-sectional study with statistical analysis and standardized correlation coefficient.	N/A
Asuncion et al., 2022. Utilization of family as faculty: A patient directed simulation education to improve patient and family communication during patient-family centered rounds	Level III, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is improving patient and family communication.	There was a statistical improvement in four of six competencies after the intervention. The team exceeded their goal by improving from a baseline of 72% to 892.2% sustained over two years.	A checklist is used while evaluators observe rounds. Fisher's exact test for analysis and a statistical process chart are also used.	The evaluators had other responsibilities, impacting their availability to gather data during PRCR and simulation, limiting the number of observations. Nurses had workflow issues that affected participation during PFCR. Other interventions were in place to improve patient and family experience, which may contribute to score improvements.
Bumpers et al., 2019. Impacting the patient's experience in a children's hospital using a	Level III, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is the need to improve patient	Using the scripted info the unit improved HCAHPS communication scores and sustained the improvement for a 15-	A convenience sample of the unit's staff is used.	The results may have been different if the sample size had been larger, occurred facility-wide, or had been monitored for a longer time frame.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
communication bundle strategy		experience scores related to communication.	week period while they continued to monitor.		
Centers for Medicare and Medicaid Services, n.d.-a, *Hcahps: Patients' perspectives of care survey*	Level V, A-High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is a lack of national, standardized, publicly reported survey of patients' perspectives of hospital care.	The article helps with the review question because it gives an understanding of what the HCAHPS survey is about.	N/A	N/A
Centers for Medicare and Medicaid Services, (n.d.-b). *Hospital value-based purchasing*	Level V, A-High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is the lack of understanding of the hospital value-based purchasing program.	The article helps with the review question because it offers an understanding of the value-based purchasing program and the financial impact it may have on facilities.	N/A	N/A
Centers for Medicare and Medicaid Services [CMS], 2024a, *Percentiles public report*	Level V, A-High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is a lack of knowledge of which HCAHP domains to focus on.	This document is essential to our EBP question because it brings insight to top-box and bottom-box percentile rankings so we can better understand where our own standing is and which domains to	N/A	N/A

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
			focus PFCC initiatives on.		
Centers for Medicare and Medicaid Services [CMS], (2024b). *April 2024 public report july 2022 - june 2023*	Level V, A-High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is failure to recognize current ranking and categories to focus on.	The information in the document is helpful in answering the EBP question because it offers a view of where we rank to better understand the need of which categories we must focus PFCC initiatives to positively effect our patient experience scores.	N/A	N/A
Colimore et al., 2020. Johns Hopkins Medicine responds to COVID-19: Adjusting patient family- and staff-centered care	Evidence Level V. Quality Level: A-high quality	HSO Type is hospital. Research domain is quality improvement. Specific problem is Changes in communication and patient experience during the COVID-19 pandemic	The group created new and inventive ways to communicate and connect staff members, staff, and patients that are patient-centered approaches of care in the effort and success of improved patient experience scores.	N/A	Description of what the organization implemented for improvement with their statement of improvements made, but no measurable results.
Di Tosto et al., 2023. Development of a conceptual model of the capacity for patients	Level III, B - Good	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is a lack of concept mapping	The authors created a concept map to improve patient experience related to engagement and actions to build trust	A five-step modified Group Concept Mapping methodology of preparation,	The study sample may differ from other samples. Because of a national recruitment approach, bias cannot be ruled out.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
to engage in their health care: a group concept mapping study		conceptual models for patients engagement in their health care.	promoting patient centered care.	generation, structuring, analysis and interpretation. Surveys are used for patients and clinicians from three separate samples. Concept mapping software is used.	Demographic characteristics of participants is not collected, therefore not comparable.
Donabedian, 1988. The quality of care. How can it be assessed?	Evidence Level IV. Quality Level: A-high	HSO Type: N/A Research domain is quality improvement. Specific problem is the author addresses the lack of specific framework for addressing quality and offers this paper as such.	Donabedian's work helps my study because it provides the framework for the study in its practical application through ensuring quality outcomes.	N/A	N/A
Eamranond et al., 2021. Decade of patient experience improvement at a tertiary care urban hospital	Evidence Level V. Quality Level: A-high quality	HSO type is hospital. Research Domain: Quality Specific Problem: Stagnant and failing patient experience scores.	This quality management study demonstrates how they made a journey from average patient experience to become a regional leader.	Press Ganey sruveys and HCAHPS scores with SFHMC a top performer with an RHN score of 83%, with the state average being 71% and the national average being 72%.	Due to the multiple interventions and revisions over the course of several years, there are many influential factors impacting the RTH scores. Other things that may influence the outcome of the study include socioeconomic background, provider/hospital characteristics, and

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
					temporal trends in disease states.
Fareed, 2022. Relationships between patient portal activation and patient satisfaction scores among CG-CAHPS and HCAHPS respondents	Level III, B – good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is determining if portal activation improves patient satisfaction scores related to increased and more accessible information.	Conclusions of the study suggests that patient portal use enhances patient satisfaction and improves patient-centeredness care.	A retrospective, pooled cross-sectional study is used. Fractional logistic regression tools are used.	The primary study predictors focused on activated patient portal accounts and did not measure overall portal use.
Gin et al., 2023. Persevering with nursing communication improvements despite COVID-19 challenges	Level III, B – good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is poor nurse communication patient experience scores.	The study reveals an increase in HCAHPS scores after implementing a commit to sit program with nursing.	PDSA and audits are used. Statistical process control chart is used for analysis.	During the pandemic safety protocols were placed and in-person meetings were changed to virtual options with poor attendance.
Gormley et al., 2019.Impact of nurse-led interprofessional rounding on patient experience	Level V, A - High quality	HSO type is hospital. Research domain is quality improvement. Specific problem being addressed is fragmentation in rounds and to improve communication among providers, patients, and their families.	The findings demonstrate a significant impact on patient experience as indicated in HCAHPS domain scores of Communication with Nurses, Communication with Doctors, Communication about	HCAHPS comparison charts	The realities of providing patient care could at times interfere with the rounding process. Such realities included keeping the round process confined to a restricted time limit, differences in staff expectations based on discipline, and the dynamics

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			Medications, and Discharge Information.		of inclusion of the patient voice in rounding.
Gottlieb et al, (2019). Social determinants of health	Level IV, B – Good Quality	HSO type is hospital. Research domain is quality improvement. Specific problem being addressed is a lack of knowledge about community level strategies to address social determinants of health.	The article is helpful related to the review question because it offers strategies that at the heart are patient-centered actions.	N/A	N/A
Hedges et al., 2019. Quiet time improves the patient experience	Level III, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is low scores around quiet at night.	This study is helpful for my research because it uses patient-centered techniques without describing them as such and also discusses the importance of using multiple disciplines.	A multidisciplinary team used lean methods and the Model for Improvement.	In-person questioning may have created bias in how the patients answered vs the HCAAHPS survey. Those in the hospital sample were not the same as those in the HCAHPS survey. Pre-existing issues to sleep issues were not taken into consideration.
Hernandez et al., 2020. Implementing inter-professional patient-family centered plan of care meetings on an inpatient hospital unit	Level V, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is a need for improved communication and patient care transitions based on	Study findings describing methods and importance of including patients and families in discussion and decision making is helpful because this is a patient-centered care activity.	Qualitative data analysis is used to breakdown a multi-question semi-structured interview tool. Further data analysis is used in breaking down the	Limitations include inability to describe patients and families who participated and the opportunity to survey patients and their families on thoughts due to time constraints and fear of not wanting to interfere

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		external data and reports of past low HCAHPS scores.	Additionally, the actions of the group lead to increases in patient experience scores.	HCAHPS domain scoring.	with their anonymous responses post-discharge.
Indovina et al., 2021. Predictors of a top-box patient experience: A retrospective observational study of HCAHPS data at a safety net institution	Level III, A – High quality		Study findings of interest that support my EBP question are that both nurse and doctor communication scores were highly correlated with overall hospital rating at the intrahospital level. This is helpful information because one can deduce that finding patient-centered care initiatives that correlate with nurse and doctor communication scores are likely to better move the needle on patient experience scores.	A retrospective observational cohort study is used. Variables were selected a priori. Data were analyzed with SASS Enterprise Guide 5.1. A 10-point Likert scale is used.	Because only dichotomized top-box vs not-top-box scores were analyzed variable could have affected patient experience without being detected in the analysis. The data used came from a data warehouse, which offers limitations. The study is a single-hospital study and there may not be enough variability in some of the processes studied to determine whether they affect patient experience.
Institute of Medicine, 2001. Crossing the quality chasm	Level IV, A – High quality	HSO Type is NA. Research domain is quality improvement. The specific problem being addressed is the need for improvement in patient quality care.	This evidence is important for my study because it shows results of the high importance of improving patient-centeredness.	N/A	N/A

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
Iyer et al., 2023. Effect of chair placement on physicians' behavior and patients' satisfaction: randomized deception trial	Level 1, A – High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is to determine if a behavioral change of sitting improves patient satisfaction scores.	The study finds that a simple, no cost, low-tech intervention of placing a chair in the room for physicians to sit in during r0ounds resulted in increased patient experience scores. This is important because this is a simple patient-centered initiatives, although it is not labeled as such in this study.	This single center, double blind, randomized controlled deception trial used statistical analysis. Logistic regression models and linear and logistic regression models were used to estimate the effect on TAISCH and HCAHPS scores. Sensitivity analysis using generalized estimating questions and generalized linear mixed models were constructed and used.	The study is performed in a single county hospital with single occupancy rooms and may not be generalizable to other hospitals. Their findings on satisfaction scores may be less generalizable because the data collection is not the same as HCAHPS surveys.
Kaslow, et al. 2020. Collaborative patient- and family-centered care for hospitalized individuals: Best practices for hospitalist care teams	Level IV, B – Good quality	HSO type is hospital. Research domain is quality improvements. The specific problem being addressed is breaking down barriers to patient- and family-centered care.	The article offers guiding principles and best practices to improve patient- and family-centered care for hospitalized patients. The guidance offers multiple suggestions of patient centered care techniques	N/A	N/A

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
			that may alter patient experience scores.		
Kaslow, et al. 2020. Collaborative patient- and family-centered care for hospitalized individuals: Best practices for hospitalist care teams	Level IV, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is breaking down barriers to patient- and family-centered care.	The article offers guiding principles and best practices to improve patient- and family-centered care for hospitalized patients. The guidance offers multiple suggestions of patient-centered care techniques that may alter patient experience scores.	N/A	N/A
Kim et al., 2024. Patients and healthcare providers' perspectives on patient experience factors and a model of patient-centered care communication: A systematic review	Level I, A – High quality	HSO type is N/A. Research domain is quality improvement. The specific problem being addressed is to better understand the relative differences and common perspectives between stakeholders, including patients, medical staff, and hospital administrators, on perceptions of patient-centered care and creating a framework for future use.	Study findings that aid my EBP question include results of importance of patient involvement, caring for psychological aspects, ADL assistance, including family, empathy, timing, noise, quiet, and a need for education. All of these aspects have roots in patient-centered care and will be helpful to my research.	The 2018 version of the MMAT checklist is used. Data is separated out into a system map and they employ Shostack's service blueprint for visualization.	Only four databases and papers published over a limited period are reviewed. Thus, other studies that met the criteria of the review may have been omitted. Field testing of the PCC model has not been completed. The care delivery models, healthcare settings, financial burden of patients, or patient-physician relationships identified in the review may be influenced by different

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
					factors depending on the country or setting.
Kostich et al., 2021. The relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience	Level III, C low quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is to determine if the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience has a relationship.	Initial thought is this paper is beneficial to my research in answering my EBP question because the results indicate a positive relationship between staff nurses perceptions of nurse manager caring behaviors and patient experiences cores. Activities related to caring behaviors may be perceived as patient-centered care. Because there is only a 10% survey response and the sample size is insufficient to reach the desired power of 0.80, I am cautios of the results and this study and thus, rating it a C – low quality.	A convenience sample is used. A questionnaire, the CAT-Adm, and the HCAHPS survey are utilized with a 5-point Likert scale.	The study was a single setting, which is a limitation. Additionally, the study site is a Magnet-designated health system, which may have higher patient experience and nurse satisfaction scores.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
Lee et al., 2021. Quality indicators in surgical palliative care: A systematic review	Level I, A – High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is determining gaps to measure palliative care delivery to surgical patients.	The study finding that helps answer my research EBP question is that physical symptoms are a key factor for quality improvement efforts. With this thought in mind, asking patients about their pain level, discussing and writing next dose on white-boards, and discussing effectiveness of medication is a patient-centered care initiative that can be a takeaway from this research.	A PRISMA-guided systematic review is completed. 20-item AIRE instrument addresses domains, then a 4-point Likert scale is used to determine if criteria is met.	The review did not identify indicators for all seriously ill surgical populations. Few measures are used to address social, spiritual, and cultural aspects of care.
Littleton, et al., 2019. Effective nurse leader rounding improves the patient experience	Level V, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is determining which factors of nurse leader rounding are quantifiable measures worth implementing and tracking.	: This quality improvement project is helpful for my research because although not defined, their actions in leader rounding is patient-centered care and the results show a statistically significant improvement in patient satisfaction.	A CTM-3 survey is used with 677 surveys collected from a random sample generator using a convenience sample for each phase. CTM-3 SPSS Syntax scoring criteria is further used to measure.	N/A

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
Loos, 2021. Nurse listening as perceived by patients	Level III, A – High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is better understanding of what patients perceive as nurse listening behaviors.	This study aides in answering my EBP question because the outcome of this qualitative study questions to patients include what they consider to be actions that they perceive as nurse listening. Although not defined as such, these nurse listening actions can also be considered initiatives of patient-centered care which relates to my review.	A qualitative methodology, Interpretative Phenomenological Analysis (IPA) was used. A hybrid process using a convenience and purposive sampling took place. Two data collection instruments were used, a demographic information form and a semistructured interview questionnaire.	The study was limited to English-speaking adults older than 50 years who recently had been hospitalized in an acute care setting. Transferability may be limited with population size and geographic setting.
Lopez et al., 2023. Implementing a quality improvement program to reduce falls and increase patient medication satisfaction in an academic medical center	Level V – B Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is to recognize and mitigate fall-risks associated medication use in older adult patients.	The study adds value to my review because the intervention used may be considered a patient-centered learning activity and it improved patient satisfaction scores in medication.	The AHRQ Tool 2E: Fall Knowledge Test is used to assess gaps in knowledge. An evaluation tool to assess the nurses' reported effectiveness (n=60) of educational interventions with the feasibility of using teach-back method was	During the project period there were competing unit priorities, unanticipated electronic glitches and basic nurse navigating capability with portal links to surveys.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
				developed by Mahramus and used in the QI project.	
Lopez et al., 2023. Implementing a quality improvement program to reduce falls and increase patient medication satisfaction in an academic medical center	Level V – B Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is to recognize and mitigate fall-risks associated medication use in older adult patients.	The study adds value to my review because the intervention used may be considered a patient-centered learning activity and it improved patient satisfaction scores in medication.	The AHRQ Tool 2E: Fall Knowledge Test is used to assess gaps in knowledge. An evaluation tool to assess the nurses' reported effectiveness (n=60) of educational interventions with the feasibility of using teach-back method was developed by Mahramus and used in the QI project.	During the project period there were competing unit priorities, unanticipated electronic glitches and basic nurse navigating capability with portal links to surveys.
McDonald, 2024. Determining the need, providing the care	Level III, A/B – High/Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is determining if nurses feel they received adequate spiritual care education.	This study is relatable to my EBP question because the study is based on Watson's foundation and reveal that nurses lack education necessary to address patient spirituality needs, which is perceived as a caring	This qualitative narrative study uses an open-ended interview guide to interview staff. Rosenthal and Fischer-Rosenthal's data analysis method was used. For further data description a	N/A

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
			behavior. Caring behaviors can be interpreted as patient-centered care initiatives and thus should be included in my review.	word cloud is used for frequent words generated in interviews.	
McFarlan et al., 2019. Nurse-leader collaborative improvement project: Improving patient experience in the Emergency Department	Level V, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is declining patient experience scores in the Emergency Department.	Findings of this improvement project align with my review because it showed an increase in patient experience scores after implementing a change in leader rounding.	Pre- and post-intervention evaluation of HCAHPS survey scores.	Long-term evaluation was not completed because MSN students that started the project left and the project was not continued by leadership.
Meth et al., 2020. If Disney ran your pediatric radiology department: a different approach to improving the patient and family experience	Level V, B – Good quality	HSO type is hospital. The research domain is quality improvement and financial management. The specific problem being addressed is improving patient and family experience in a pediatric radiology department.	The article ties into my EBP because it brings to light patient-centered care techniques within the Disney model.	System wide road map.	N/A
Molina-Mula & Gallo-Estrada, 2020	Level III, A/B – High/Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is nurse-patient relationships and autonomy in patient decision making.		This study is a phenomenological qualitative study with a discourse analysis. Methodological rigor was carried out through a field diary.	The data collecting process for selection is meant to circumscribe certain months of the year and the discrimination of those registries that did not

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
				An electronic anonymized format is used and then data placed in a table. Interviews were triangulated and refined with sensitive discourse analysis.	contribute, due to their grammatical structure.
Nepal et al., 2020. What do patients want? A qualitative Analysis of patient, provider, and administrative perceptions and expectation about patients' hospital stays	Level III, A/B – High/Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is lack of understanding of what patients and their families find important in care and finding gaps in patient health care professional perceptions and expectations.	Interviews reveal that cleanliness, whole-person care, communication between teams and with patients in a way they understand and responsiveness are important to patients and how it relates to the HCAHPS survey.	Transcribed interviews and focus groups were coded by 3 study team members using Atlas.ti software. Thematic analysis was conducted using an inductive method at the semantic level.	This study aimed to describe the experiences of those at a safety-net hospital, and the results may not be applicable in other settings. There was a potential for participation bias if patients who declined to participate were different in some way from those who agreed to participate. Due to convenience sampling for focus groups, there may be selection bias. Those who did not speak English or Spanish were excluded.
O'Donnell et al., 2023. Coaching to bedside shift report and its correlation to hospital consumer	Level III, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is not understanding if there is	Coaching to BSSR had a significant impact on top- and bottom-box HCAHPS scores at a system and hospital	Statistical correlations were assessed between patient-reported bedside shift report	The project was implemented at the same time as other process improvement efforts and it is not possible to isolate the

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assessment of healthcare providers and systems and value-based purchasing dimension scores		a relationship between patient experience and bedside shift report.	level. Additionally, VBP points and percentages increased leading to lower CMS penalty claims over the period BSSR was implemented.	and HCAHPS and consequential effect on value-based purchasing dimension scores.	HCAHPS effects of bedside shift report alone.
Prochnow et al., 2019. Improving patient and caregiver new medication education using an innovative teach-back toolkit	Level III, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is HCAHPS scores on medication questions trailed state and national levels in one Midwestern hospital.	The study finds a correlation in improving HCAHPS scores from 6% to 10% after implementing education on medication teach back method. This method could be considered a form of communication and relate to my study as a patient-centered care initiative.	The project is guided by the Ottawa Model of Research Use and the Always Use Teach-back! Innovative toolkit, used a 1-group pre- and post-education design.	Although all patients and caregivers received the teach-back method in new medication education, there was no control group to compare effectiveness. The project also experienced attrition of RNs and patients/caregivers for various reasons, which lowered the sample size, already small in numbers.
Puppala et al., 2020. A multifaceted study of hospital variables and interventions to improve inpatient satisfaction in a multi-hospital system	Level III, A – High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is lack of knowledge of inpatient satisfaction determinants, assessing their relationships with hospital variables, and improving patient satisfaction through interventions.	Study findings that help answer the EBP question: After implementing interventions of bedside care coordination rounds, medication best practices alert, connect transitions post discharge calls, and AIDET they found an increase HCAHPS scores.	The autho9rs used descriptive analysis and statistics to present quantitative descriptions of the measures found. Data were analyzed using the Stata software package v.9. The answers so the 10 patient care measures were converted into a	Only data from the systems 8-hospitals were analyzed, and other hospital data may differ. The study was a non-randomized study that strived to control the cohorts' differences with a multivariable regression analysis. There may be unmeasured difference they were unable to control.

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				linear score and were averaged to a single mean score to show overall satisfaction. Multivariate linear regression analysis was used to assess relationships.	
Sterchi et al, 2019. Reconnecting nurses to their passion and enhancing the patient and family experience	Level III, B-Good Quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is a lacking of caring behaviors in the organization.	The study trials and implements a model that successfully reconnects nurses with their patients and improves patient experience scores. The actions used align with Watson's Caring theory and uses techniques that can be considered patient-centered care initiatives, both aligning with my review.	The New World Kirkpatrick Model of training evaluation is used.	N/A
Sturdivant et al, 2020. Improving patient satisfaction through a nurse leader-physician bedside rounding protocol: A pilot project	Level III, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is lack of provider communication with patients and low patient experience scores.	The study answers my EBP question and is useful because it finds that implementing a model for nurse leader-physician rounding is perceived as a patient satisfier and improved	Comparison scores from the previous 3-moth average is used. To calculate bedside rounding compliance, a comparison of rounding log with the daily unit census was	Competing schedules of nurses and providers created conflicts with consistent rounding. The rounds were completed only on the internal medicine service.

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			patient experience scores.	completed. A chi-square test was also completed.	
Surani et al., 2022. The impact of dynamic real-time feedback on patient satisfaction scores	Level I, A – High quality	HSO type is hospital. Research domain is quality improvement. The specific problem addressed is failing provider communication scores for patient experience scores.	The study is important for my review because "always" responses to the three questions related to provider communication was statistically significantly higher in the intervention group compared to the control group.	HCAHPS score comparison is completed.	This is a single-center study which limits generalizability. The sampling of patients at any given time was limited by the time available to the research assistant to interview patients.
Sze et al., 2019. If Disney ran your pediatric radiology department: a different approach to improving the patient and family experience	Level V, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is declining patient experience scores in a pediatric radiology department.	The article ties into my EBP because it brings to light patient-centered care techniques within the Disney model.	N/A	N/A
Tipermeni et al., 2022. HCAHPS: having constant communication augments hospital and patient satisfaction	Level III, B – Good quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is suboptimal communication with doctors domain on HCAHPS surveys.	Study findings that help answer the EBP question: The study results suggest that HCAHPS scores in the 'communication with doctors' domain can be improved when	HCAHPS domain scores for communication with doctors with each subcategory were tracked monthly.	Afternoon rounds were challenging due to provider schedules.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
			employing the AIDET approach with each patient encounter and the addition of afternoon rounds.		
U.S. Department of Health and Human Services. (n.d.). *Social determinants of health - Healthy People 2030*	Level V - High quality	HSO type is hospital. Research domain is quality improvement. The specific problem being addressed is understanding of social determinants of health.	The information is important to our review question because recognizing social determinants of health and addressing them at the patient level is patient centric.	N/A	N/A

Appendix D: DHA Thematic Analysis Results

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
AHRQ Agency for Healthcare Research and Quality, n.d.	Communication program – IPASS = rounding. Improvement related to increased engagement and communication. Communication failures between patients, families, and care team are the leading root cause in sentinel events.	Communication, rounding	Communication Rounding Commit to Sit BSSR Quiet Cleanliness Connection Caring behavior
Akinleye et al., 2019	Financially stable hospitals = higher patient experience results hypothesized and supported by data. Implications for practice includes goals to achieve the triple aim. Concern that interrelatedness of cost cutting connected to facility ability to thrive and distress while trying to serve vulnerable patients.	quality, financial	
Asuncion et al., 2022	QI project with creation of checklists of communication topics. Checklist improved physician communication score. Family as faculty.	always, communication	
Bumpers et al., 2019	Communication bundle created in QI project. Improved nurse communication and parent perception of nurse-child communication.	communication, BSSR, whiteboard, scripting	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
	Bedside shift report, using whiteboard, scripting included.		
Centers for Medicare and Medicaid Services [CMS], 2024, HCAHPS Percentiles	Shows standing of top and bottom box percentile rankings. View of where we are now and goal.	top box, HCAHPS, domain	
Centers for Medicare and Medicaid Services [CMS], 2024 Summary of HCAHPS survey results July 2022 to June 2023 discharges	State rankings within each domain. Ability to further drill down on current vs goal. State comparisons.	State ranking, HCAHPS, domain	
Centers for Medicare and Medicaid Services, n.d.-a	Purpose and goals of HCAHPS survey.	HCAHPS	
Centers for Medicare and Medicaid Services, n.d, HCAHPS: HCAHPS Hospital characteristics comparison charts	Baseline data of like sized hospitals. Guide for specific domains that can benefit from PFCC initiatives.	HCAHPS comparison, rank	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
Centers for Medicare and Medicaid Services (CMS), 2023	Graphic representation of hospital characteristics. Ranking based upon national averages.	HCAHPS, characteristics, national average	
Colimore et al., 2020	COVID-19 barriers and interventions for patient-family- and staff-centered care. Goal to improve patient experience scores. Resources to educate patients, family, and staff on new ways of communication and connection. Daily nursing brief, weekly management brief, new website, visitor restriction grid, weekly patient experience calls, enhanced emotional support, consumer resources, welcome letters, scripting, and music initiatives.	Communication, daily nursing brief, weekly management brief, new website, visitor restriction grid, weekly patient experience calls, enhanced emotional support, consumer resources, welcome letters, scripting, and music	
Di Tosto et al., 2023	GCM processes five traditional steps of preparation, generation, structuring, analysis, and interpretation. Insight to focus areas for intervention to improve patient engagement. Concept map	engagement	
Donabedian, 1988	Practical application through ensuring quality outcomes. Structure – place where care is provided. Process – the delivery of care and actions taken.	Quality, structure, process	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
	Outcomes – results of the care provided – quality reflects the effectiveness of care.		
Eamranond et al., 2021	Journey from average patient experience to becoming a regional leader. Initially unable to get beyond average scores. Culture shift.	would recommend, culture, safety, quality	
Fareed, 2022	Portal use and patient satisfaction survey correlation. Portal activation and link to improvements in care coordination and care transitions. Portal form of communication.	Portal, care coordination.	
Gin et al., 2023	Commit to sit. Sitting at bedside increases patient satisfaction. Staff member pride and ownership in work with sitting at bedside. Patient perceived nurse available and values their concerns.	Communication, commit to sit	
Gormley et al., 2019	Rounding to improve communication with nurses, doctors, and about medicines. Nurse led and multidisciplinary rounds improved communication, decreased fragmented care. Professions all working toward same patient goal.	leader rounding, communication	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
Hedges et al., 2019	Multidisciplinary team to improve quiet time. Lean methods.	quiet at night	
Hernandez et al., 2020	Problem of poor communication among staff, patients, and families. Patient and family centered plan of care meetings improve patient experience.	Communication, interdisciplinary	
Indovina et al., 2021	HCAHPS domains of nurse and doctor communication concerns. Nurse and doctor communication scores = greatest impact to overall rating.	HCAHPS, top box scores, communication, overall hospital rating	
Institute of Medicine, 2001	High importance of improving patient-centeredness. IOM highlights six great needs in healthcare and includes patient-centered care.	PCC	
Iyer et al., 2023	Chair placement and commit to sit. Simple, low-cost intervention makes a difference.	Commit to sit, chair placement	
Kaslow, et al. 2020	Patient-and family-centered care guidance and suggestions. Discusses limited available research – consensus statement of need to create culture shift and performance expectations focused on patient-and family-centered care.	Communication, rounding, rounds, include family, cultural sensitivity, humble, commit to sit, answer questions, BSSR, autonomy, use nonverbal communication, AIDET, goal setting, preferences,	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
Kemp et al., 2023	Quietness, nurse communication, and care transition affect patient experience ratings and likelihood to recommend. Hospitals with better clinical outcomes have better patient experience ratings. Managing physical environment of clean and quite, providing relationship-centered are, and engaging patients in their care during transitions add to positive inpatient experiences.	quiet, communication, care transition, cleanliness	
Kim et al., 2024	PRISMA 2020 checklist. Pain, emergency care, and controlling symptoms are essential to patient-centered care. Patient emotions and relationships are important for psychological needs. Importance of forming trusting relationship is key. Decrease wait and noise, ensure hygiene, and transportation needs must be addressed for patient centeredness.	Quiet, communication, education, including family, commit to sit, empathy, timing, psychological aspects, ADLs	
Kostich et al., 2021	Examining the relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience scores correlation. Nurse manager visibility improved scores on tool used.	caring behavior	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
	Highter HCAHPS overall hospital rating when staff nurses perceived their unit manager as caring.		
Lee et al., 2021	The spiritual and cultural aspects of care least common. Addressing care end of life and physical aspects of care most common.	Pain	
Littleton, et al., 2019	Nurse leader rounding = statistically significant improvement in patient satisfaction with care transitions. Quantity of rounding improved scores.	care transitions, nurse leader rounding	
Loos, 2021	Patients lived experiences of nurse listening behaviors. Verbal and nonverbal behaviors identify nurses as making patients feel as if they are listening to them. Perceptions of nurse listening improves feeling of safety and ability to trust.	staff behavior, eye contact, attentiveness, follow through, responsiveness, personalizing or individualizing care, body language, anticipating needs, empathy, caring, speaking to the patient vs at the patient or at a computer, talking to patient before tasks, explaining tasks, making a connection, making them feel safe, comfort, mental and emotional well-being, safety, nurse competence, trust.	
Lopez et al., 2023	Creation of patient teach-back guide and nurse medication fall risks facilitator guide to improve patient experience. Nurses reported 95% increase in confidence in recognizing medication fall risks in post-survey. Patient satisfaction scores increased and falls decreased.	Teach back method, communication	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
Mayfield et al., 2020	Interviews to determine themes for perceived courtesy and respect. Attentive, physical care, and proactive engagement. Empathetic support. Honoring culture and beliefs. Recognizing personhood, patient space, and family. Showing politeness and honoring choices.	Courtesy, respect, actions, behaviors, attentiveness, empathy, honoring culture, beliefs, recognizing family, patient space, patient autonomy, patient experience.	
McDonald, 2024	Relational development through connectedness. Caring consciousness affirms whole person care. Need to acknowledge human needs and faith foundation vs educational support. Nurses feel they are not trained in spiritual education.	Spiritual care.	
McFarlan et al., 2019	Increase in patient experience after implementing a change in leader rounding. Hourly bedside and daily leader rounding project.	Nurse leader rounding	
Meth et al., 2020	Communication with nurses, communication with doctors, and staff responsiveness evaluated. Relationship building conversation and phrases used. Year-over-year improvement with sustained top box scores.	Patient experience, overall rating, responsiveness, communication, leader rounding, behavior	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
Molina-Mula & Gallo-Estrada, 2020	A good nurse-patient relationship reduces length of stay and improves quality and satisfaction. Good relationships are conditioned by the patient's submissive role. Equal distribution of power needed.	Relationship/connect, satisfaction, LOS, decision making, autonomy, respect values and customs, family inclusion	
Nepal et al., 2020	Hospital environment and hospital policies on patient autonomy importance. Whole-person care matters. Communication across care teams and related in easy-to-understand words affects care perceptions. Responsiveness and attentiveness are important to patents.	Cleanliness, whole-person care, communication, responsiveness	
O'Donnell et al., 2023	Coaching to bedside shift report. Significant impact on top- and bottom-box hospital ratings.	BSSR	
Prochnow et al., 2019	Use of a standardized teach-back method improves nurse conviction in importance of use. Using teach-back, caregivers and patients recalled the purpose and side effects of new medications. HCAHPS increased from 6% to 10%.	Medication teach back	
Puppala et al., 2020	Addressing patients' perceptions and expectations of care is needed.	AIDET, interdisciplinary rounds, medication, post-discharge calls	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
	Patients value being treated with respect, dignity and being included in care decisions.		
Sterchi et al, 2019	A model is used to help nurses reconnect with their patients and improve patient experience scores. Watson caring behavior.	caring, behavior, listening, theory, organizational values, culture	
Sturdivant et al, 2020	Nurse leader-physician bedside rounding protocol implemented. Improved nurse and physician retention and satisfaction with employment. 1.95% increase in patient experience scores post implementation.	Nurse leader rounding, communication	
Surani et al., 2022	Daily email alerts to providers is used to improve HCAHPS performance. Three questions related to provider communication was statistically significantly higher in the intervention group.	provider communication	
Sze et al., 2019	Radiology leaders applying patient- and family-centered care models for quality improvements.	PCC, PFCC, staff behavior, perceptions, courtesy, efficiency, compassion, AIDET, scripts, storyboard	
Tipirneni et al., 2022	AIDET use improved HCAHP communication with doctors domain scores. Adding afternoon rounds improved patient satisfaction.	AIDET	

Author(s) and date	Data extracted	Findings with Initial Codes	Code List for Theme Development
Watson Caring Science Institute, n.d	Foundation of Watson's model with 10 caritas. Basis of patient-centered care.	caring, behavior, listening, theory, organizational values, culture	

Appendix E: Final Concept/Thematic Map