**Implementation and**

**Implementation and Evaluation of Capstone Project**

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**Abstract**

Hospitals have a low reimbursement score if official surveys indicate that patients are not satisfied with the quality of care provided in them. This leads to a low HCAHPS score. Out of the several criteria that eventually lead to a low HCAHPS score, hindered or inefficient communication between patients and their healthcare providers is a leading cause. Patients are less likely to directly give any positive or negative remarks while under the care of professionals in the hospital. This situation can be alleviated by increasing the one-on-one time between nurse leaders and patients. Empathetic nurse leaders who frequently visit patients lead to creation of a safe and secure environment where patients relay feedback directly to hospital authorities. This way, any problems with the current idea or procedure of care provision can be solved before the patient leaves the hospital. It not only solves the problems that may lead to low HCAHPS scores, it also drastically enhances patient satisfaction levels. This two-forked result of frequent nursing rounds makes it an appropriate strategy to use for improving HCAHPS score. Winchester Hospital has low HCAHPS score and does not have nursing rounds. This capstone project introduced nursing rounds to the hospital and recorded patient satisfaction levels before and after the introduction of regular nursing rounds. These levels were statistically defined using surveys. Results showed significant increase in patient satisfaction levels which also related to better quality of care provided. Implementation of the project therefore led to improvement of the HCAHPS score of the hospital.

**Implementation**

**Project Launch:**

The reasons for a low HCAHPS score boil down to faulty or obstructed communication between the patient and their healthcare provider. (Grellner, 2012) It has been established that this communication, if strengthened, can uplift the quality of care provided in the facility and hence, directly empower a rise in the HCAHPS score as well. Patients would be able to get their concerns across to the care providers and nurses would, in return, be aware of where a greater need for attention lies. The overall result of an unbroken line of communication would be lesser complaints and a net increase in the value of healthcare provided. Patient satisfaction would increase (R Reimer, 2014) and so would the HCAHPS score. This capstone project identifies and names regular nurse leader rounds as one method to improve the HCAHPS score.

**Steps for Implementation of Capstone Project:**

1. The first step to a successful implementation of the capstone project was an evaluation of the current status of patient satisfaction, quality of care and the reimbursement score of the hospital. Winchester Hospital had a 74% HCAHPS rating which is less than the average HCAHPS rating for hospitals in the USA. Further evaluation of the value of healthcare was, therefore, imminent. A general study of the healthcare facilities available in the hospital was conducted. The staff, their working hours, qualifications and respective contribution to the working of the healthcare facility are all vital datasets that were pursued. This was followed by basic experience-based surveys from the patients to correctly analyze how effectively the available facilities translated into effective, value-based care. All of the data collected pointed to information and statistics that were further analyzed and exploited for devising a plan for nursing rounds. This data was significant in painting a picture for planning and implementation because it painted a unique picture of the specific situations in the hospital we were covering. The microenvironment of the hospital and the specific demographic that it caters to, are all essential factors in determining the best course of action for improving its HACHPS score.
2. Once we had a general idea of the standings of the hospital in terms of quality of care provided, we held detailed meetings the stakeholders involved. These meetings were held with nurses and nurse leaders to reflect upon the several direct advantages of holding regular nursing rounds. A two-way flow of information and data was ensured to properly judge the need for more nursing rounds. Academic and experience-related information from nurses and nurse leaders was appreciated and included in the baseline for the implementation agenda of the capstone project. The understanding that nursing rounds were vital to encouraging a higher HCAHPS score was asserted and backed with logical evidence and research. It was ensured that the conclusion of these meetings and discussions led to an official consensus on the need for increased nursing rounds. Nurse managers, professional and managerial directors, day and night shift nurses, nurse researchers, specialists and coordinators were all included in these meetings after being identified as key stakeholders.
3. The staffing pattern of the nurses in the hospital was thoroughly analyzed to understand the standing, frequency and efficiency of current nursing rounds. The plan was to introduce nursing rounds in order to subsequently increase the HCAHPS score. Therefore, an initial idea of what practices for communicating with the patients were already used inside the hospital was vital. Later, this data was converted into spreadsheets and statistical software to follow patterns and to devise a strategy for improvement of existing patterns.
4. A detailed layout for nursing rounds which included hourly rounds was presented to the hospital staff. Moreover, the frequency and time-allocation of nurse leader rounds was also laid out in the form of calendar plans. The hospital staff was requested to follow the new timetables so that the patients could understand that they were now being given more attention. These rounds would consist of the nurse asking specific questions about the wellbeing of the patient and marking the answers to these questions on a checklist.
5. In order to add a decisive edge to this change in practice, the nurse leaders were strongly encouraged and urged to carry out intentional nursing rounds which were seemingly random and frequent. In order to ensure that the patient identifies the presence of the nurse as a safe space to share their concerns; it was crucial that the intentional nursing rounds worked. For this purpose, nurse leaders were acquainted with the process of gaining the patient’s trust through a detailed orientation on patient psychology.
6. Patient surveys taken in the beginning of the implementation of this capstone project were conducted again after one month of implementation of the new schedule of nursing rounds. The same practice was repeated after two months. Data collected was analyzed and compared to original data with the same questionnaires to establish a statistical conclusion to the capstone project. This would prove or disprove the hypothesis that nurse leader rounds would increase patient satisfaction by boosting the quality of care provided.
7. Feedback from the hospital staff about the frequent nursing rounds and the greater urgency of the working environment was appreciated in order to uphold ethical responsibilities. Moreover, data from the questionnaires used in the patient surveys was strictly confidential and none of it was disclosed to the hospital staff or anyone other than the researchers working on the capstone project.

**Changes During Implementation:**

The most primary change during implementation of these steps was increasing flexibility of the hours for the meetings and orientations involving nurses. Most nurses already had a very constricted working schedule and it was difficult to ensure presence of all stakeholders in important meetings. Therefore, impromptu meetings were also held when there were openings and planned meetings were accordingly postponed.

Other than the mundane complication of moving around our timetable for the meetings, not much was changed when the steps of this capstone project were implemented. Some nurses needed more guidance while some were brought up to speed in fewer meetings. Also important to note here, is the fact that while collecting data, the specific demographics that constitute a majority of the patients in Winchester Hospital were taken into account. This information was incorporated into the survey questionnaires that were designed for the patients about the quality of care received.

**Barriers in Implementation:**

1. The first and foremost difficulty in devising and implementing a plan for Winchester Hospital was getting the hospital staff on the same page as the researchers. Successfully communicating the urgency of the situation was an issue with the staff. Nurses were routinely absent during meetings and the general air of dismissiveness was difficult to get around. Obtaining serious and well-informed analysis or professional information from the nurses was also an issue. In most cases, the discussions during meetings could become patronizing and lose their touch. The basic idea is that it was difficult to get nurses to learn about effective nursing rounds and to acclimatize them to the idea of the practice improving their HCAHPS score.

This issue was resolved by relaxing the timeline around meetings and orientations. Meetings were pushed to be at a time when maximum attendance could be ensured. It was made sure that nurses were comfortable with the way information was relayed to them. The environment of the meetings was kept mutually respectful of ideas and experience.

1. The second barrier in the implementation of our project was the fact that the patients that filled questionnaires for initial surveys were different from those that filled the questionnaires after one and two months, respectively. This discrepancy meant that the survey could not accurately decide whether the increase in nursing rounds was bringing about a change in the survey results. It was because the survey had not been successful in eliminating other factors that could influence its results.

This problem could not be completely resolved as completely neutralizing all factors other than nursing rounds was an impossible criterion to reach. Therefore, the survey was only given to patients who were being discharged at the times (t1 being the time before the frequent nursing rounds were introduced; t2 being one month after the frequent nursing rounds were introduced and t3 being two months after the nursing rounds were frequented). Demographics of the patient group surveyed initially were recorded and subsequent groups were chosen in accordance with these. This practice increased the reliability of the research being performed.

**Collaboration:**

There are several interprofessional relationships that directly influenced and assisted the implementation of this capstone project. Interprofessional relationships in any setting of healthcare provision determine the value and quality of healthcare available. If healthcare professionals can collaborate with teamwork towards common goals, the overall situation of the facility is significantly improved. (F Little, 2014) The interprofessional relationships that helped in implementation of this capstone project were the ones between nursing staff of different ranks; between nurses and physicians as well as between nurses and managerial staff.

The primary type of relationships at the top of this list is the professional relationship between the nursing staff and the physicians of Winchester Hospital. n the implementation of this particular capstone project, the stakeholders included nurses of various ranks and responsibilities and their teamwork and collaboration with each other was one of the most important deciding factors in the success of this capstone project. In order to impart a generally sound understanding of the significance of nursing rounds on all the nurses involved, it is vital that those nurses are on good terms with each other so they can help and uplift each other. While implementing this project, the nursing staff displayed impressive levels of teamwork by looking out for each other and lending a helping hand when needed. The overall impact of a reliable interprofessional relationship between nurses was the amiable environment inside the hospital. The patients were more likely to be satisfied with the care provided if the hospital environment was friendlier and emotionally safer.

Another important interprofessional relationship in this regard is the one between the nursing staff and doctors. It has been a widely established fact that interprofessional relationships between nurses and doctors prove to impact the decision making of patients. (Jesús Molina-Mula, 2017) It also contributes to patient satisfaction and the quality of care that is provided to patients in the healthcare facility. Patients, although a passive factor in this interprofessional relationship, are the glue that holds it together. Conversations between nurses and doctors as well as their understanding of their respective responsibilities and boundaries all derive from their contributions to treatment of patients. (Pullon, 2009) In the implementation of our capstone project, doctors displayed healthy interprofessional relationships with the nursing staff so the nurse leader rounds could be planned and implemented without hurdles.

The third important interprofessional relationship at play here was that between nurses and managerial staff. We were planning and implementing an entirely new schedule by introducing nursing rounds. This meant that we needed the express consent of managerial staff of the hospital that is responsible for allocating and supervising duties and timetables to the healthcare professionals in the hospital. A healthy interprofessional relationship between nurses and managers made sure that the new timetable was up, running and practically sustainable.

Inter-professional practice or IPP is an integral part of training before becoming a practicing nurse. Research has proven that teamwork skills should not be dismissed as something healthcare providers may simply learn while working. (Jane H. Barnsteiner, 2007) It should exist as an important subject adequately taught to healthcare professionals. A collaborative relationship that demands mutual respect is the foundation upon which the healthy professional environment of a hospital can be built. This environment than breeds trust in patients who would prefer rating the hospital’s care services highly and would directly contribute towards a high official ranking for the hospital. (Karen Anne McNeil, 2012) Presence of appreciable IPP in Winchester Hospital was the reason our programs of implementing a brand-new schedule of nurse leader rounds were met with proper appreciation and were implemented without extra hassle.

**Post-capstone Project Considerations**

**Evaluation:**

The implementation of the capstone project mainly circulated around devising and enacting a new timetable for the nurses in Winchester Hospital. Statistical results, if any, of this practice were obtained and analyzed via patient surveys and questionnaires filled by recently discharged patients. Satisfaction levels of patients before introduction of nursing rounds were compared with those after introduction of nursing rounds. Satisfactory levels of implementation of this theory were achieved and the results were aligned with the original hypothesis.

**Successful Aspects:**

The most successful part of the practical implementation of the capstone project was, undeniably, the nursing rounds. The whole process started with extensive meetings and orientations on empathy and communication skills with the patients. There were initial hiccups with arranging the meetings to ensure all the nursing staff was present. However, rearranging the timeframe of the meetings solved most of this. There were also problems with successfully getting information across to the nurses. However, once the idea that the flow of information was two-way and that their expertise was respected and appreciated; the nurses and nurse leaders started to take the meetings seriously and the quality of feedback also improved. Weekly meetings that lasted for two hours were held for a month as strategies were devised and information about nursing rounds was relayed. The success story began there. Nurses would enjoy the meetings and share ideas about improving the standard of communication achieved via regular rounds. The idea for random and frequent intentional nursing rounds by nurse leaders was also envisioned and honed during these meetings. Ideas and tips for increasing the level of trust and empathy during verbal exchange with patients were also discussed at length.

The schedule that we introduced involved demarcations of regular rounds of patient wards undertaken by nurses and nurse leaders. The purpose of this practice was to advance a steady and unbroken chain of communication directly from the patients to their caregivers. The nurses were therefore trained in conversing empathically with the patients. This worked very well since the nurses already had training in empathy and compassion. Once the nurses got around to asking the patients questions on each of their nursing rounds, the practice became smooth and effortless. The question-answer sessions had soon become routine practice for the nurses and the results were visible. Patients felt safer in the presence of the nurses that took these rounds. Patients were also more likely to open up about their treatment with the nurses that did regular rounds of their wards.

The fact that the nurses molded naturally into the routine of regular rounds and the swift results that we were able to obtain in terms of patient-nurse communication are very telling of how far this practice can go. It has been common knowledge that nursing rounds are a great method for enhancing better communication between patients and their caregivers. (Daniels, 2016) The successful implementation of this capstone project proved this hypothesis right. For future projects, this project provides the layout of making it work in a hospital with no previous practice of regular nursing rounds. Educating the staff about the importance of these rounds and orientations about empathy and communication skills can become a benchmark for similar projects that might involve training nurses for systems that are moving towards value-based care.

**Unsuccessful Aspects:**

Considering the significant increase in the communication between patients and nurses following the implementation of this capstone project, no part of it can be called as exactly unsuccessful. However, there were some parts of the whole process of implementation that did not go as well as planned. The aspect that proved to be more difficult than anticipated was the part about the surveys. The capstone project involved creating specially crafted questionnaires to gauge the level of patient satisfaction with the care provided to them. These surveys were filled before and with regular intervals after the nursing rounds had been introduced. The results obtained from the surveys showed significant effect of the nursing rounds. However, carrying these surveys out to obtain said results proved to be more difficult than expected. Patients were either reluctant towards filling out questionnaires or they were dismissive of the whole practice. The second hurdle existed because these patients had been discharged and filling out a survey form or a questionnaire was a hassle that not many patients were willing to do. This put the credibility or the statistical significance of the result in question.

The fact that obtaining surveys from discharged patients did not go exceptionally well during the implementation of this capstone project can be very helpful for future projects. Researchers who wish to obtain surveys from patients should devise a plan to design concise survey forms that can be filled by patients before they leave the hospital. Moreover, future projects can include awareness meetings with the patients to let them know why that specific survey is important. A fully informed consent and promise of total confidentiality should also be made. This will help the patients get past the reluctance to fill out those forms.

**Bridging the Gap Between Research and Current Practice**:

The second chapter (literature review) has detailed information on how research backs the hypothesis that nursing rounds can improve patient communication and can also enhance patience satisfaction levels. Nursing rounds have been associated with better understandings of the flaws in healthcare provision. (Nayeon Shin, 2018) The patients are confident enough to directly report any issues they might come across. These issues can be resolved right away. Nurse leader rounds further increase the confidence that the patients have in the goodwill of the hospital administration. The patient will feel well cared for. This translates into the patient communicating positive and negative responses on the care they are receiving. Positive reinforcement on the aspects that improve patient satisfaction and negative reinforcement of those aspects of the system that diminish patient satisfaction levels can drastically improve the value of the care patients can get from that specific hospital. All of this information has existed in theory for a while.

The successful implementation of this capstone project turned the theory into practice. The healthcare system is rapidly transforming into one that bases monetization and benefits on the value of care provided instead of basing it off the quantity of care provided. Value-based care in clinical settings means incentivizing a greater focus on the idea that hospitals and healthcare facilities focus on providing care that is of the best quality possible. Value based care is all about minimizing patient readmissions, controlling aberrations from accidents inside the hospital, including the patient in the treatment process and devising treatment strategies that maximize benefit for the patient. This whole idea is only practically applicable in the sense that it is concerned with optimizing patient satisfaction levels. The HCAHPS score is also linked with value-based care as laws that are moving the system to a value-based one are the same laws that make it mandatory for hospitals to make their HCAHPS scores public. (Fabry, 2014) Therefore, increasing communication with patients has a direct, real-life influence that translates into a system that is based on value of care provided. This capstone project therefore also links the theory of a value-based system with the practice of nurse leader rounds.

**Organizational Sustainability:**

The idea that nursing rounds can prove to be successful method for improving communication between nurses and patients has been sufficiently demonstrated with this capstone project. Furthermore, the idea that this communication than translates into value-based care which, in turn, increases patient satisfaction levels has also been established. Surveys taken from patients before and after nurse leader rounds were introduced have pointed to the fact that these rounds only bring positive change to the hospital’s environment and professional capabilities. Therefore, the institution would want to sustain this practice in order to routinely reap the benefits of nurse rounds.

In order to make nurse leader rounds a routine practice in Winchester Hospital, the first short-term plan should be to make the nurses’ schedules flexible enough to accommodate regular rounds. Official change in policy should bring about timetables and schedules that make these rounds a mandatory part of the healthcare facilities available in the hospital. Moreover, training seminars and orientations about these rounds and about empathetic communication skills should also be started right away. Surveys regarding patient satisfaction should also be started. These short-term goals will move towards integrating the findings of this capstone project into the common practice of the hospital.

Increasing the staff to make room for rounds within the mandated working hours for nurses can be one of the long-term goals for implementing nursing rounds permanently. Another long-term method for sustaining this practice in the organization is by including mandatory training regarding nursing rounds for any nurses that work at the hospital.

**Resources Needed:**

For the implementation of both short-term and long-term plans to sustain the practice of nurse leader rounds in the hospital, there are a few basic resources that are necessary. More staff to accommodate the time spent on the rounds is absolutely necessary. Moreover, professionals are needed to train the nurses on communication skills, empathy and for relaying basic information on nursing rounds and why those are necessary. Coordinators and managerial staff would also need to take regular surveys from the patients.

**Reflections**

**Integration of MSN Program Outcomes:**

Those who graduate with a Masters of Science in Nursing have several learning outcomes that they are supposed to have gained during the program. This capstone project also integrates two of these program outcomes.

1. The first learning outcome incorporated in this project was the idea that the student would be capable of developing a professional nursing environment that was also effective. By the successful use of nursing rounds to increase communication with patients regarding potential problems with care provision, this project takes care of this outcome. Moreover, by including ideas about value-based care, this project also incorporates modern ideas.
2. The second learning outcome apparent in this project is the need for a nurse to understand diversity within the global community. Researchers have used survey forms filled by a demographically diverse group of patients in order to conclude this study. There were also measures to retain diversity in the survey results. Therefore, the project is also a lesson in diversity.

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