DOES SCRIPTING BY NURSES IN THE EMERGENCY DEPARTMENT INCREASE PATIENT SATISFACTION SCORES?

by

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Melissa Lynn Fuller

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ABSTRACT

Increased patient satisfaction has become has become a serious financial issue in hospitals for two reasons: (1) unfavorable patient satisfaction ratings may prompt high-cost decisions such as a new construction prompted by competition from other hospitals and (2) low satisfaction rating may affect a hospital's standing. Research indicates that the patient satisfaction scores in many emergency departments (EDs) around the world are low.

The purpose of this study was to evaluate the use of scripting by nurses in the Emergency Department to increase patient satisfaction scores. Satisfaction scores have decreased tremendously in EDs all around the world. Improving emergency department patient satisfaction scores has been studied from several approaches, with a common theme being a lack of communication between emergency department staff and their patients. One method in particular that might help to foster better communication is the use of scripting by the nursing staff.

The study design was a quantitative research study using overall patient satisfaction scores as well as well as scores from individual communication questions during the pre-scripting and post-scripting time frames to examine the use of scripting by emergency department nursing staff and its relationship to the increase in patient satisfaction scores. A retrospective, longitudinal analysis was conducted of patient satisfaction scores before and after the implementation of scripting by emergency department nursing staff. This was done to determine if there was an increase in the patient satisfaction scores.

The primary focus of this study was patient satisfaction and its association with perception of care in the ED. This includes communication with patients regarding their perception of care as it relates to the process of informing patients about their specific tests and procedures. However, because no statistical analysis could be done, the null hypotheses were accepted.

INTRODUCTION

Patient Satisfaction

Patient satisfaction has been discussed for many years now. Improving patient satisfaction began in health care as patients began to demand higher quality health care for their dollar. Improving patient satisfaction began when the availability of data on patient satisfaction scores allowed the public to analyze trends and make their own decisions about health care, especially where to receive their health care (Bruce, Bowman, & Brown, 1998).

Most health care facilities want to increase their satisfaction scores. Yet, they are also in the midst of a crisis as most emergency departments (EDs) are bursting at the seams from overcrowding and understaffing issues (Bruce, Bowman, & Brown, 1998).

Patient Satisfaction Surveys

Patient satisfaction is a fundamental requirement for a hospital's success. Recognizing, understanding, and acknowledging patient expectations are considered to be an important objective for providing nursing care. A resource shown to be successful in this area is the use of patient satisfaction surveys (Dozier, Kitzman, Ingersoll, Holmberg, & Schultz, 2001). Such surveys identify specific processes of care measures that are determinants of patient satisfaction and willingness to return to the emergency department, thereby identifying areas to improve performance (Bruce, Bowman, & Brown, 1998, p. 31).

However, these surveys usually do not measure actual nursing care, but perceived care by the patient. This can turn into a problem if a particular institution has excellent nursing care but the patients are grading their satisfaction in relation to the institution's customer service.

Customer Service

What prompts a patient to choose one facility over another when both are conveniently located and provide quality care? The answer is excellent customer service (Bruce, Bowman, & Brown, 1998). In fact, the quality of service they receive is so much easier for patients to evaluate than the quality of health care they receive that it may play a disproportionate role in an individual's choice of a hospital (Bruce, Bowman, & Brown, 1998). If a patient perceives a high level of personal attention, the patient is more likely to give word-of-mouth referrals.

Essentially, hospitals in several areas of the country have begun publishing the results of their patient satisfaction surveys, so the employees and patients alike can see how area practices rank against each other (Davis & Duffy, 1999). One effect is almost certain to be to steer some patients to institutions with higher scores.

Improving Satisfaction Scores in the ED

Improving emergency department patient satisfaction scores has been studied from several approaches. One of the reasons for this is that the majority of patients come through the ED before they are admitted to the hospital. If they feel that their service in the ED was not what they expected, this will affect the rest of their stay in the hospital. A common theme, noted in responses to patient satisfaction surveys, was a lack of

communication between emergency department staff and patients (Saunders, 2005). One method in particular that is thought to foster better communication is the use of scripting by the nursing staff (Bechtal, 2005).

However, minimal empirical research has been done to explore the relationship between the use of scripting by nursing staff and improvement in patient satisfaction scores. This research will explore the relationship between the use of scripting by the nursing staff and patient satisfaction scores in one emergency department.

Purpose

Research indicates that the patient satisfaction scores in many EDs around the world are low (Boudreaux & O'Hea, 2004). This could be for many reasons, but a common reason is that nurses in the ED do not have the time to spend with the patients, leading to a lack of communication, ultimately decreasing patient satisfaction scores. The two purposes of this study are to: (1) evaluate whether the use of scripting by the nursing staff in the emergency department could increase the overall patient satisfaction scores, and (2) evaluate whether the use of scripting in the ED by nurses could increase nurse-patient communication and, therefore, increase patient satisfaction scores related to communication.

Background and Significance of Study

Nursing care in the ED differs from the nursing care provided in other parts of the hospital in many ways. In the ED, patients arrive needing a variety of attention. Some

arrive in the ED in need of critical attention, and some are there to use the ED for primary care. This causes significant variations in patient flow. However, the measurement of patient satisfaction with nursing care, especially in the ED, is particularly important because this is often a primary determinate of overall satisfaction during a hospital stay (Bruce, Bowman, & Brown, 1998).

Changes in Patient Care in the ED

According to the Emergency Nurses Association (ENA) (ENA, 2003):

> "Changes in the health care delivery system have greatly affected patient care in the emergency department. Increasing numbers of ED patient visits, delays at discharge, longer ED stays, overcrowding, and diversion to other ED facilities may lead to patient dissatisfaction. This could create a potential breakdown in nurse-patient relationships" (p.1).

Additionally, with the number of ED patient visits increasing dramatically, patients wait times are also increasing. According to research (Nielson, 2004), "lack of communication during these wait times can sometimes be a greater source of patient dissatisfaction than the actual waits themselves" (p. 336).

Patient Satisfaction

As stated above, patients are not always satisfied with the care they receive in the ED. For example, wait times are often perceived as unreasonably long. Treatment, along with information received from nurses and physicians, is often unsatisfactory (Lewis & Woodside, 1992). As emergency departments all across the country are getting busier and busier, the satisfaction scores are getting lower and lower.

Patient Satisfaction in Relation to Revenue

Increased patient satisfaction has become has become a serious financial issue in hospitals for two reasons: (1) unfavorable patient satisfaction ratings may prompt high-cost decisions such as a new construction prompted by competition from other hospitals and (2) low satisfaction rating may affect a hospital's standing as a provider of managed care which, in turn, could affect the amount of reimbursement they receive (Killeen, 2007). Ultimately, hospitals could lose dollars and contracts with health plans based on patient satisfaction scores.

In these difficult economic times, many hospitals are looking for ways to improve profitability, and most hospitals' goals revolve around increased revenue (Counts & Mayolo, 2007). Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key concept to gaining and maintaining revenue. Successful organizations now recognize patient satisfaction as a core operating strategy (Counts & Mayolo, 2007). "Nothing is more critical to the long-term success of a hospital than patient satisfaction" (Bruce et al., 2007, p. 32).

Hospitals need to consider the total cost of a lost customer as serious financial implications can result. Given the high fixed operating costs that hospitals face today, an unfilled bed equals a significant revenue loss (Dougherty, 2005).

Dissatisfied Patients

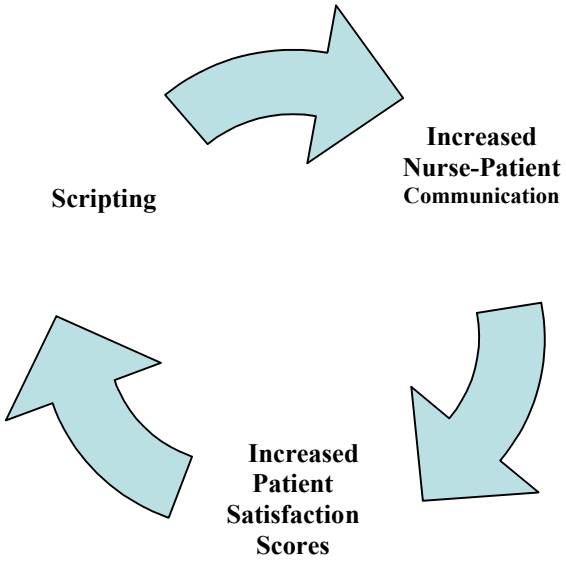
Dissatisfied patients are less likely to return to a particular hospital, increasing patient turnover and costs (Sherrod & Brown, 2005). Dissatisfied patients can also damage a hospital's revenue through negative word of mouth to others. A conservative

five percent dissatisfaction rate among patients can cost a hospital $150,000 in revenue (Sherrod & Brown, 2005). The costs associated with lost patients add up quickly. It is simply more cost-effective to satisfy the patients currently in the hospital than to continually try to attract more.

Scripting

A method to accomplish improved patient satisfaction scores could be the use of scripts by the nursing staff in the ED. The content of the script is basic, and made up of what nurses already know in regards to taking care of patients' needs. It is just a written reminder of how to communicate with the patients regarding those needs. According to some research, lack of communication is one of the main reasons for decreased patient satisfaction scores in the ED (Dubuque, 2005). Scripting can improve communication between staff and their patients and, ultimately, could lead to improved patient satisfaction (Mustard, 2003) as shown in the diagram below.

Diagram 1. Scripting, Communication, and Increased Patient Satisfaction Scores.



Evolution of Scripting: Nurses learn about scripting beginning with the first day of nursing school. They are taught to perform assessments in a consistent manner, taking a head-to-toe or a body-systems approach. They use this method to ensure consistency in patient assessments. This type of scripting enables them to implement an appropriate care plan (Mustard, 2003). The five rights of medication administration also follow a script. By using this script, the nurses decrease the likelihood of making a medication error, thus improving patient safety and outcomes (Mustard).

The Script: Frequently, a script may be designed with specific phrases that the nurse will say (i.e. "can I do anything for you right now, because I have time"). It is hoped that these phrases will then trigger the patient's mind about that specific encounter when they are filling out the patient satisfaction survey after being discharged. Once the patient is discharged, they typically forget about the many positive experiences that happened during the course of their stay in the hospital, but do remember most of the bad experiences (Bechtal, 2005).

Use of the Script: By using a script, a nurse could change patient perceptions of care by increasing communication from the first interaction with the patient (Studer, 2003). One example of this script would be: "I realize it may take a while for the doctor to see you. Is there anything I can do to make you more comfortable while you wait?"

Scripting: can also help employees find words that will allow them to handle things well when they are faced with an unhappy patient or family member (Studer). An

example of this script would be: “I am so sorry that you have had this experience. This is not the way that we like things to happen here at this hospital.”

Finally, scripting encourages patients to feel good about the service that they received and, in turn, rate their satisfaction higher on their patient satisfaction survey (Zen Ruffinen, 2007). An example of this would be for the nurse to say “Our goal is to make sure you experience the best care possible here at this facility.”

Hypotheses

The hypotheses for this study are as follows: (1) Scripting by nurses in the ED will increase overall patient satisfaction scores and (2) Scripting in the ED will increase patient satisfaction scores related to communication scores on the survey. To test these hypotheses, the AVATAR patient satisfaction scores for one urban hospital in Montana during the pre-scripting and the post-scripting time frames, were compared as well as the scores for four individual communication questions during these same time frames.

Conceptual Theoretical Framework

King first published her conceptual systems framework in 1971, and it is based on the assumption that human beings are the focus of nursing (Khowaja, 2006). King’s framework consists of three interacting systems: (1) Personal systems, which includes the concepts of perception, self, body image, age, growth and development, space and time, (2) Interpersonal systems, which includes the concepts of interaction, communication, transaction, role, stress, and coping, and (3) Social systems, which involves the concepts of organization, authority, power, status, and decision making (Blais, et al., 2002).

King's personal and interpersonal systems can be useful in explaining how patients' perceptions influence patient satisfaction. The central focus of King's framework, that this research study has been guided by, is someone whose perceptions of objects, persons, and events influence his or her behavior (King, 1981). This can be seen with patient satisfaction in the emergency department. King's conceptual framework includes three interacting systems, but the system that this study will focus on are the interactions and transactions that occur between the nurse and the client (King).

After careful analysis of King's conceptual systems framework, in relation to patient perception and communication, it is evident that this framework could be used within in an emergency department setting by focusing on the interactions and transactions between the nurse and the patient. There has been previous research articles related to patient perception of care as it pertains to patient satisfaction by using King's Framework (Bunting, 1988). Williams (2001) also references King's framework and how perceptions can positively or negatively influence patient satisfaction. The current study will be focusing generally on the personal and interpersonal systems and, specifically, on perception and communication and how they relate to patient satisfaction.

Patient Perceptions

Perception is a concept within King's conceptual systems framework. The concept of perception is "fundamental in all human interactions" (Killeen, 2007 p. 145). This concept is also essential to the understanding of the influence perceptions have on human interactions (King, 1981). Behavior flows from one's perceptions, and perceptions influence one's behavior (King, 1981). King states that "perception is a comprehensive

concept and encompasses cognitive, affective, and behavioral aspects" (Killeen, 2007).

King believed that satisfaction may be the result of one's perception (Killeen, 2007). Perception "gives meaning to one's experience, represents one's image of reality, and influences one's behavior" (King, 1981, p. 21). According to King (1981), research has shown that patients' past experiences have influenced their perceptions in present situations. Therefore, a patient's perception, influenced by past experiences in the emergency department, could affect the way they score their perceived satisfaction on the survey after discharge. Therefore, it is essential for all health care professionals to have knowledge of patient perceptions and how it could relate to patient satisfaction.

Communication

Communication is also a concept within King's conceptual systems framework that has guided this research study. King (1981) concisely stated that communication, understood as both verbal and nonverbal, is a vital concept to nursing. She also suggested that communication between the nurse, patients, and families is essential for effective patient care (Doornbos, 2007).

Communication is an exchange of thoughts and opinions among individuals (King, 1981). Verbal communication is effective when it satisfies basic desires for recognition, participation, and self-realization by direct contact between persons (King, 1981). "Communication is influenced by the interrelationships of a patient's goals, needs, and expectations, and is a means of information exchange in one's environment"(King, 1981 p. 63). Communication is thought of as the main key for facilitating trust between patients' and the nurse ((Khowaja, 2006). Without good communication between the

nurse in the ED and the patient receiving care, their perception of the nursing service could be perceived as negative, in turn, lowering that patient's satisfaction score. Scripting by the nurses in the ED could serve as a tool that could help the communication process between the nurse and the patient. In an article written by Leigh Ann Williams entitled *Imogene King's interacting systems theory: Applications in emergency and rural nursing*, she describes King's conceptual framework as a tool very important in the emergency department setting. She states that of all the concepts mentioned in regard to interpersonal systems, communication requires the most attention in the emergency department (Williams, 2001). Good communication skills are imperative in the emergency room setting. In an environment that requires one to be reactive and responsive, clients often perceive nurses as being too busy or too hurried. This article also suggested that poor communication skills lead to poor transactions and interactions between the nurse and the client (Williams).

Definitions

The key terms that have been identified, in relationship to this research study, are: (1) patients, (2) nurses, (3) emergency department, (4) perception, (5) scripting, (6) patient satisfaction, (7) AVATAR patient satisfaction surveys, and (8) patient satisfaction scores. These terms will be more clearly defined below.

Patient

A patient is any person who receives health care services or treatment in the emergency department. The person is most often ill or injured, and in need of treatment

by a physician or other medical professionals. The patient, for this particular research study, will be any male or female adult or the parent of a child who receives care in the ED.

Nurse

A nurse, for this research, is defined as a professional nurse (registered nurse (RN)) working in the emergency department. They are licensed as an RN in the state of Montana.

Emergency Department (ED)

The emergency department (ED) is a section of the hospital containing specialized Personnel. This unit is equipped for continuous monitoring and interventions of severe, acute, medical problems and trauma patients.

Perception

Perception, a basic concept in King's conceptual system, is the "process of organizing, interpreting, and transforming information" (Killeen, 2007, p. 149). According to King, each patient brings past experiences, present needs, expectations, and goals that influence perceptions (King, 1981).

Scripting

Scripting is defined as "the reinforcement of key messages through a combination of words and deeds" (Nader, 2003, p. 4). Some of the facilities in which the researcher has worked call this type of scripting "key words at key times" (Studer, 2003, p. 87). It is a personalized communication with a predetermined set of words. It assures the

consistency of a message throughout a particular unit, prevents customers from hearing conflicting messages and ensures that all the important elements of a conversation are covered (Mustard, 2003).

Patient Satisfaction

Patient satisfaction is defined as "the degree of congruence between patient expectations of the nurse and patient perceptions of actual or experienced nurse behaviors" (Muntlin, Gunningberg, & Carlsson, 2006, p. 1051). It is operationally defined, for this research study, as the patient's score on the AVATAR questionnaire.

AVATAR Patient Satisfaction Survey

Patients that were seen in the ED were sent patient satisfaction surveys with closed-ended questions regarding their care while in the ED. On the survey, there was also an area to allow participants to respond to the questions in their own words. With this type of scale, respondents were asked to indicate the degree to which they agree or disagree with the opinion expressed by the statement. The level of satisfaction was measured on a 5-point Likert scale, ranging from 5 (strongly satisfied) to 1 (strongly dissatisfied).

Assumptions

The researcher assumes that patient satisfaction is very important in the health care setting. The measure of patient satisfaction with nursing care has become particularly important because nursing care is often a primary determinant of overall satisfaction during a hospital stay (Liu & Wang, 2006). In the researcher's experience,

satisfied patients tend to keep visiting a hospital and talk to others regarding their care in that particular facility.

Patient Perception

According to research, regarding patient satisfaction related to the perception of nursing care, it is assumed that patient-consumers evaluate nurses and nursing services based not only on their rational beliefs but also on affective and behavioral perceptions and responses (Killeen, 2007). Patient perception is now accepted as one of the fundamental outcomes of care that is equal, if not greater in importance, to the more technical aspects such as nursing care (Killeen, 2007).

Limitations

The largest limitation in this research study is the lack of literature in regards to scripting use in the emergency department. Currently, there is a vast amount of research studies regarding to patient satisfaction in general (Cassidy-Smith, Baumann, & Boudreaux, 2007), increasing patient satisfaction (Saunders, 2005), quality patient care (Messner, 2005) in relation to perceived patient satisfaction (Johnson, Sadosty, Weaver, & Goyal, 2008), and even patient satisfaction tools used to increase patient satisfaction (Dozier, Kitzman, Ingersoll, Holmberg, & Schultz, 2001). However, only a small number of those studies relate to scripting use to increase patient satisfaction scores. Additionally, there is no research published, to date, that involves the use of scripting to increase patient satisfaction in the ED.

Patient Expectations

Another limitation with regards to this research study has to do with the potential impact of individual patient expectations on patient satisfaction scores. For patients to judge whether they are satisfied, they must compare their experiences with their expectations (Dozier, Kitzman, Ingersoll, Holmberg, & Schultz, 2001). Yet, many patients have limited past experiences with hospitalizations or procedures on which to base their expectations.

Hotel Service versus Nursing Care

Furthermore, patients may not differentiate between actual nursing care and the hotel type of services provided in the hospital. Because of this, a patient satisfaction survey may not be a reliable measurement of actual nursing care. Instead, it may measures customer service. Improving patient satisfaction in the ED has been studied from several approaches and a common theme consistently noted in response to patient satisfaction survey scores was a lack of communication between emergency department staff and the patients, not a lack of quality nursing care (Saunders, 2005).

REVIEW OF LITERATURE

Literature Search

To begin the process of the literary search, specific phrases were tailored to match variations in content and indexing of the databases. For instance, the researcher determined specific wording (such as 'increasing patient satisfaction' and 'scripting', inserted into the databases such as CINAHL) would illicit various articles and research studies related to this particular topic. This was done to produce the greatest number of pertinent citations to use in the review. The search was then narrowed down to focus on articles related to the health sciences that were linked to increasing patient satisfaction in the ED. Finally, the articles were narrowed to articles that were linked to increasing patient satisfaction in the ED by the use of scripting.

Generalized Search Effort

A literature search was carried out using CINAHL (Cumulative Index to Nursing and Allied Literature), Pub Med, Cochrane Library, MEDLINE, and Health Reference Center. These databases were searched using dates from the year 2000 to 2007. Due to the newness of the concept of scripting, these dates were used to obtain the most up-to-date literature.

Nearly 1,200 citations were found. Duplicate articles from different databases were eliminated, resulting in 300 papers of potential relevance. The reference lists of these articles were also searched for additional relevant material. This process was repeated until no new information was found.

To obtain information regarding patient satisfaction in general, some of the broader descriptors, such as patient satisfaction and patient satisfaction in the ED were used. The articles found were all related to methods and quality indicators that could help increase patient satisfaction (i.e. decrease time spent in the waiting room etc.). 142 articles were related to overall patient satisfaction and patient perceptions of satisfaction. These articles were related to many different patient care settings including the emergency department.

Focused Search Efforts

After looking for duplicates in all five journal indexes, the search efforts were focused on CINAHL, MEDLINE, and Pub Med, because they were able to offer the majority of journals relating to this topic. In the final search, very specific search terms were used: patients satisfaction and increase and emergency department (or emergency room since the name change only occurred approximately five years ago) and scripting. Using all of the descriptors together, only 4 articles were found that related to increasing patient satisfaction scores in the ED with the use of scripting (Bruce et. Al, 1998) (Doucette, 2003) (Dougherty, 2005) and (Mustard, 2003). However, this information was quite helpful in understanding the process of scripting, possible stereotypes that could be found among nursing staff, and the potential influence scripting can have on patient satisfaction scores; both good and bad.

Analysis of the Compiled Literature

The researcher was able to narrow the search down to four themes. The themes were: (1) research that related to patient satisfaction in general, (2) research related to patient satisfaction in the ED, (3) research related to increasing patient satisfaction in the ED, and (4) research related to increasing patient satisfaction in the ED by using scripting.

Literature Review

To make the literature review more systematic, the literature pertaining to scripting and its relationship to patient satisfaction scores were broken into six groups: (1) patient satisfaction in general, (2) patient satisfaction in the emergency department, (3) increasing patient satisfaction in general, (4) increasing patient satisfaction in the emergency department, (5) scripting by nurses in general, and (6) increasing patient satisfaction in the emergency department with the use of scripting. The main message from most of the literature regarding patient satisfaction pointed to three main key areas: (1) nurse-patient communication (2) staff attitudes, interactions, and interpersonal skills, and (3) patient perceptions.

Patient Satisfaction

According to one article, patient satisfaction with the services provided by nursing has been a long standing concern of researchers. Nonetheless, its utility as a predictor of outcomes of hospital nursing care has not been conclusive (Sellick, Russell, &

Beckmann, 2003). In addition, patient satisfaction has not been found to be associated consistently with factors thought to affect the quality of nursing care (Sellick et al.).

One of the most important issues found in the literature related to patient satisfaction, as a measure, has to do with the potential impact of individual service expectations on patient satisfaction ratings. Two different studies (Davis & Duffy, 1999; Lewis & Woodside, 1992) have shown that nurses' and physicians' perceptions about what is good quality of care do not always agree with patients' perceptions. Almost the same results were shown in another study (Taylor & Benger, 2004) that found patient' needs, or the strength of those needs in EDs, are not always the same as nurses perceive them to be. To be able to improve patient satisfaction, nurses and physicians need objective information about patients' perceptions of the care (Doucette, 2003).

Studies of patients' perceptions of, and attitudes toward, their hospital care have become more common and patients tend to report overall satisfaction. However, for methodological reasons, these studies have not always given relevant, reliable and valid information about patients' perceptions (Taylor & Benger). A common problem with instruments used to measure patient satisfaction is that they focus on inpatient treatment, not on the specific needs of the patients in EDs (Liu & Wang, 2006)

Patient Satisfaction in the ED

According to one study (Muntlin et al., 2006), patients and nurses in the ED have different priorities and expectations about care. For example, an acceptable standard for responsiveness or timeliness is likely to be defined differently by nurses and patients. How this gap of patient and nurse expectations is reflected in the measurement of

satisfaction has not been adequately explored. Further, low ratings for satisfaction with care may result from non-adherence of the nurse to a standard of care, inappropriate standards of care, or unique patient expectations. None of these factors can be determined from a measure of patient satisfaction (Baldursdottir & Jonsdottir, 2002). In addition, some health care areas, such as ED, still do not have measurable definitions of 'quality care' and the criteria patients use to describe it. This lack of conceptual clarity and validity affects quality evaluation methods (Attree, 2001).

Sherrod & Brown (2005) uncovered three common characteristics that impact patient satisfaction in the ED: (1) how seriously the provider viewed the patient's problem, (2) how courteous the staff treated the patient, and (3) how well staff paid attention to the patient's needs. Dougherty (2005) stated that triage and registration in the ED are key impression-setters for the entire hospital.

Increasing Patient Satisfaction in the ED

The Emergency Nurses Association (2003) recognized that a patient's level of satisfaction within the ED is influenced by many factors. Cited are the increasing number of ED patient visits, delays at discharge, longer ED stays, overcrowding, and the nursing shortage as having potential for breakdown in customer relations and patient satisfaction. The author states that a successful ED focuses on satisfying its primary customers, patients that seek emergency care. Sheehan-Smith (2006) established that customers do not easily recognize quality care. As a result, nurses are challenged to focus on the hotel skills to keep patients satisfied.

Information Delivery

Interventions involving the improving of information delivery have been studied, with the conclusion that better informed patients are more likely to be satisfied (Boudreaux & O'Hea, 2004). Two randomized controlled studies were done relating to different ways to educate ED patients on how the ED functions and typical reasons for increased wait times. They used either a brochure given to the patients at triage (Krishel & Baraff, 1993) or a video tape message that played while the patients are in the waiting area (Corbett, White, & Wittlake, 2000). Both studies found that providing patients with educational information related to the reasons for increased wait times in the emergency department increased patient satisfaction.

Patient Satisfaction in the ED Related to Scripting

The idea of scripting, using key phrases for consistency during patient encounters, yields greater continuity and appropriateness in communicating with patients and families. This, in turn, improves patients' and families' perceptions of their treatment by staff (Zen Ruffinen, 2007).

Mustard (2003) said that practicing scripting can help unify the phrases that staff uses throughout the department. For example, all staff in the department would employ the phrase, "Hi, my name is ….How can I help you today?" When leaving the room, staff would ask, "Do you need anything else? I have time to help you". One article related to scripting talked about an orthopedic floor where nurses were continually disrupted from their routine by frequent patient calls. In many cases, the nurses had just left the room when he or she was called back. With this in mind, the manager implemented a script, "is

there anything that I can do for you while I am here?" By using this script, patient calls decreased by half, nurses more effectively cared for the patients and satisfaction scores dramatically increased (Mustard, 2003). According to another study (Meade, Bursell, & Ketelsen, 2006), specific nursing actions performed at set intervals were associated with statistically significant reduced patient use of the call light, as well as reduction of patient falls and an increase in patient satisfaction.

King's Conceptual Framework

There were 22 research studies' that referenced the use of King's conceptual framework as the guiding system for that particular study. Out of these, only two studies were related to patient satisfaction. One was the study conducted by Killeen (2007) that was related to the critical need for a valid and reliable instrument to measure patient satisfaction. The other study was conducted by Kameoka et al. (2007), regarding patient satisfaction and how it relates to nurse-patient interactions. Neither of these two studies was specifically related to scripting or patient satisfaction in the ED.

Gap in the Literature

Due to this large gap in the literature regarding scripting and patient satisfaction in the ED, there is currently a strong need for research in this area. The literature review uncovered primarily informationally based articles with a small amount of research based articles related to increasing patient satisfaction in the ED. However, there was no research done to date that examined scripting in the ED. Because of this, the researcher

believes that this particular research study could result in important information related to scripting in the ED to increase patient satisfaction scores.

METHODS

Introduction to Research Methods

The purpose of this retrospective, quantitative study was to examine the use of scripting by emergency department nursing staff and its relationship to patient satisfaction scores. The use of a quantitative research method is ideal in this particular study to examine cause and affect relationships (Burns & Grove, 2001).

A retrospective, longitudinal analysis was conducted of patient satisfaction scores before and after the implementation of scripting by emergency department nursing staff to determine if there was a significant change in the patient satisfaction scores. The primary focus of this study was related to patient satisfaction and its association with perception of care in the ED. This includes communication with patients regarding their care, specifically informing patients regarding information related to test and procedures. King's concept of perception and communication (1981) guided this study, which examined patient perceptions of nursing care and their relationship to patient satisfaction scores.

Setting

The study was conducted in the emergency department of a 285-bed, not-for-profit, medical center located in Montana. This institution is fully accredited by The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and as a level II trauma center. The hospital has more than 27,220 ED visits annually. Approximately

6,600 of the ED visits result in admission to the hospital. The average length of stay in the ED is approximately 174 minutes to discharge and approximately 249 minutes to admission.

Population and Sample

All patients presenting to the emergency department at the study site between January 1, 2008 and April 30, 2008 formed the control group, representing the period prior to implementation of scripting. Patients presenting to this same emergency department between May 1, 2008 and August 30, 2008 formed the study group, representing the period following the implementation of scripting. Patients from these two groups were selected by the hospital, and sent a satisfaction survey to complete and return. The required sample size of 128 (64 pre-intervention and 64 post-intervention) patient satisfaction scores was determined by performing a power analysis using a computer program called G-Power (Buchner, Erdfelder & Faul, 2008). Since this was a convenient sample of volunteer participants, there was no exclusion criteria and the only inclusion criteria was that the respondents had to have been seen in the selected ED within the time-frames noted above to be included in the study.

Rights of Human Subjects and Consent Process

Permission was requested through the Montana State University Institutional Review Board (IRB). The application was reviewed and the research study was deemed exempt due to the lack of involvement with human participants. Additionally, the Billings IRB deferred the need for a full application review based on the Montana State

University's IRB exempt findings, and permission was granted to proceed without further review. The director and manager of the emergency department were consulted and the study was approved to proceed.

Scripting

The type of script used in this research study consisted of a pre-determined statement made by the ED nurse that would help to inform the patient about their care while in the ED. This communication correlated with specific questions that the patient was asked on the satisfaction survey at a later date, after they are discharged from the ED. The script used specific words or phrases that are intended to jog the patient's memory regarding information on their care that they received while in the emergency department (Studer, 2003).

In this particular ED, one of the lowest scores is associated with the patients' not feeling informed about their care while in the emergency department. Because of this, the research was focused on this specific area of patient satisfaction. The questions on the AVATAR patient satisfaction survey (AVATAR, 2009) associated with this topic were as follows:

(1) "I was kept informed of how long things would take."

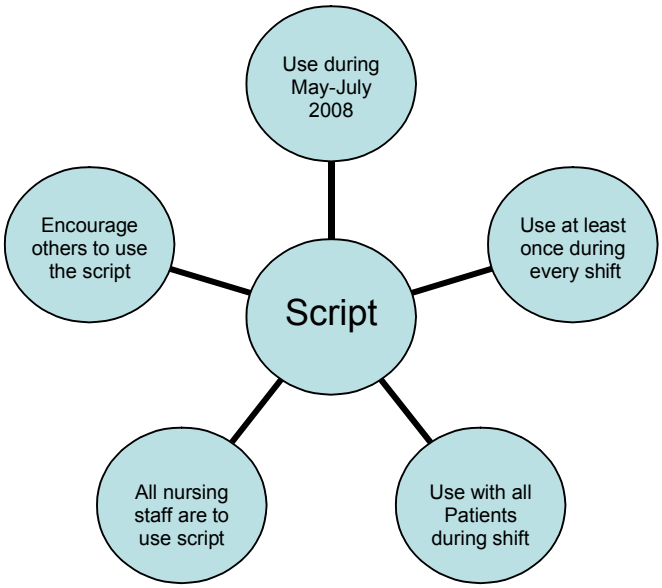
(2) "The emergency nursing staff helped me to understand my health condition."

(3) "The emergency nursing staff helped me to understand my treatment for care."

(4) “Tests and procedures in emergency were adequately explained to me before they were done” (AVATAR International, 2009).

The nursing staff was asked to use a pre-determined script that was developed with the assistance of members of the emergency department Quality Counsel and the emergency department director. The nurses were advised by the director of the ED for the study site to use the script at least one time with every patient that they cared for in the ED during each shift that they worked. Specific information and reminders to use the script were emailed to all nursing staff working in the ED as well as flyers put in each mailbox in the ED staff lounge. Additionally, the ED manager as well as the daily Team Leader for the ED talked about the use of the script during their daily “huddle” prior to the start of each shift. The specific script that the nursing staff was asked to use for this research study was as follows: “We would like to keep you informed about your care in the Emergency Department. Do you have any questions concerning your tests and procedures?”

Diagram 1. Scripting Directions for Nursing Staff



Instrumentation

Patient satisfaction will be measured using the AVATAR patient satisfaction questionnaire (citation). The questionnaire measured patient satisfaction by asking specific questions regarding: (1) admissions**,** (2) billing, (3) environment of care**,** (4) expectations, (5) general care, (6) over-all satisfaction, (7) meals, (8) nursing care, (9) pain management, (10) patient safety, and (11) problem resolution. For each topic, the hospital is given a rating of 1, 2, 3, 4 or 5 stars. The number of stars signified how each hospital's score compared to the national average for that topic. In the emergency department used for this study, patient satisfaction has been evaluated quarterly for an extended period of time as a quality assurance activity with the AVATAR patient satisfaction survey tool.

AVATAR Patient Satisfaction Survey Tool

During this process, patients that were seen in the ED were sent patient satisfaction surveys with closed-ended questions regarding their care while in the ED. On the survey, there was also an area to allow participants to respond to the questions in their own words. With this type of scale, respondents were asked to indicate the degree to which they agree or disagree with the opinion expressed by the statement. The level of satisfaction was measured on a 5-point Likert scale, ranging from 5 (strongly satisfied) to 1 (strongly dissatisfied).

Study Design

The study was a retrospective, longitudinal study that compared patient satisfaction before and after the introduction of the study intervention (scripting). The study intervention consisted of the use of a pre-determined script by the nursing staff while interacting with the patients in the ED.

The sample for this research study consisted of a non-probability or convenient sample. This type of sample was used to increase the sample size. The consequence of this type of sample is that an unknown portion of the population is excluded (e.g., those who did not volunteer). Further, the researcher did not have control over some extraneous variables such as staffing in the ED during these time frames or the possibility of increased census during the data collection process which could have skewed patient satisfaction scores due to increased wait times in the ED.

Data Collection and Analysis

Patient satisfaction data in both the groups consisted of overall patient satisfaction scores as well as individual scores related to communication. A standardized patient satisfaction tool (citation), already implemented by the study site, was used to analyze patient satisfaction scores in this study.

On a quarterly basis, AVATAR patient satisfaction surveys are tallied and patient satisfaction scores given to the hospital administration team as well as the director of the ED. The researcher obtained this information directly from the study site. Pre-scripting and post-scripting surveys were collected retrospectively for the quarters consisting of January 1, 2008 through April 30, 2008 and May 1, 2008 to July 30, 2008.

AVATAR received all completed surveys directly from the patients and provided a detailed report of patient satisfaction scores to the study site. Data, such as the percentage scores for each question asked on the survey as well as demographic data from the patient satisfaction surveys from each time period (before and after the scripting) were then pooled and analyzed by the researcher to compare the pre-scripting patient satisfaction scores and demographics to the post-scripting patient satisfaction scores for this research study. Pre- and post-scripting patient satisfaction scores were then compared using mean score comparisons. No statistical analysis could be run to analyze to see whether there was a significant change in patient satisfaction scores between the two groups.

Potential Limitations

This study has four main potential limitations. First, the study was only conducted in one ED at one hospital. Second, the sample was a small, convenient sample made up of volunteer participants. Third, the patient satisfaction tool was already being used by the research site, so this tool had to be used for this study as well. There will be no way of knowing if this satisfaction tool is an effective way of collecting patient satisfaction data. Finally, there is no way to know if the nurses in the ED were adherent in using the script.

RESULTS

Brief Overview

The purpose of this study was to analyze the relationship between the use of scripting by the nursing staff in the ED and patient satisfaction scores, specifically whether scripting would change satisfaction scores. This was analyzed by comparing the patient satisfaction scores prior to initiating scripting in the ED and after the initiation of scripting.

The study was conducted for a predetermined six month time period between January, 2008 to July, 2008.The total sample size was 2,857 respondents. The pre-scripting group consisted of 958 adult respondents and 256 parent respondents for their pediatric children for a total of 1,214 pre-scripting respondents. The post-scripting group consisted of 1,302 adult respondents and 341 parent respondents for their pediatric children for a total of 1,643 post-scripting respondents.

The study was done as a retrospective comparison of emergency department patient satisfaction surveys during January through March of 2008 (pre-intervention) and May through July 2008 (post-intervention). Patient satisfaction scores were compared prior to and after scripting was initiated to determine the statistical variation, if any, between these time frames.

A descriptive analysis was planned with the use of SPSS version 17 to explore characteristics of the patients, at one urban hospital in a rural state, who participated in the patient satisfaction survey concerning their satisfaction with their service in the

Emergency Department. However, the necessary patient data was not available to the researcher, which made this analysis difficult. Quantitative data was analyzed with descriptive statistics such as frequencies and percentages to compare the demographics as well as the satisfaction scores from the pre-scripting and post-scripting groups. The research question that guided this study was: Does scripting by nurses in the emergency department increase patient satisfaction scores?

Demographics

The convenience sample consisted of a total of respondents of 2,857 pre-scripting and post-scripting. 42.5% (n=1,214) were seen in the ED during the pre-interventional time frame and 57.5% (n=1,643) were seen during the post-interventional time frame. The participants ranged from infant - 90 years of age. The pre-scripting sample had a total of 1,214 respondents, with majority of the respondents (28.7%, n = 348) being between the ages of 61 and 70 years old and predominately female (59.6%, n = 724). The post-scripting sample consisted of 1,643 respondents, with the majority of the respondents (21.3%, n = 350) being between the ages of 71 and 80 years old and predominately female also (56.9%, n = 934.

Table 1: Demographics for Each Sample Group

	# of Patients in *Pre-Scripting Group*	# of Patients in *Post-Scripting Group*	% of Patients in *Pre-Scripting Group*	% of Patients in *Post-Scripting Group*
Male	490	709	40.4	43.1
Female	724	934	59.6	56.9
Infant - 5 years	129	103	10.6	6.3
6 - 10 years	84	82	6.9	5.0
11 - 17 years	106	156	8.7	9.5
18 - 24 years	207	132	17.1	8.0
25 - 30 years	68	106	5.6	6.5
31 - 40 years	62	99	5.1	6.0
41 - 50 years	184	86	15.2	5.2
51 - 60 years	195	159	16.1	9.7
61 - 70 years	348	208	28.7	12.7
71 - 80 years	201	350	16.6	21.3
81 - 90 years	0	162	0	9.8

Sample Description

All patients or parents of minor children that were seen in the emergency department at the study site between January 1, 2008 and April 1, 2008 formed the control group, representing the period prior to implementation of scripting. Patients or parents of minor children that were seen in this same emergency department between May 1, 2008 and July 1, 2008 formed the study group, representing the period following the implementation of the scripting intervention. All patients or parents of children from these two groups were sent a satisfaction survey to complete and return to directly to AVATAR International.

A power analysis using G-Power computer software (Buchner, Erdfelder & Faul, 2008) identified the need for at least 128 surveys to be a reliable sample. However, this study used a total of 2,857 respondents. Since this was a convenience sample of volunteer participants, there were no exclusion criteria as long as the respondents were seen in the selected ED within the time-frame noted above.

Satisfaction Scores

The patient satisfaction surveys were collected directly by AVATAR Inc. and then compiled into overall patient satisfaction scores and individual satisfaction scores for each specific question asked on the questionnaire. This data, along with the actual surveys, were given to the researcher by the quality assurance department at the research study site. The volunteer participants scored their satisfaction by using a Likert rating system. Along with the overall satisfaction with service received in the ED, there were a

total of 4 specific questions that were also analyzed on the questionnaire related to communication. These specific questions were:

(1) "Tests and procedures in emergency were adequately explained to me before they were done"

(2) "I was kept informed of how long things would take"

(3) "The emergency nursing staff helped me to understand my health condition"

(4) "The emergency nursing staff helped me to understand my treatment for care" (AVATAR, 2009).

Data Analysis

After receiving the data from the study site, it was entered into the Statistical Package for the Social Sciences (SPSS) data analysis program (Version 17.0 for Windows, 2008). Due to unforeseen circumstances, the actual patient satisfaction surveys that were completed pre- and post-scripting were not made available to the researcher. Because of this, only aggregate data was available which limited the statistical analysis for this study. However, the analyses and comparisons that could be made will be presented.

Graph 1. Overall patient satisfaction scores: Pre & Post Scripting

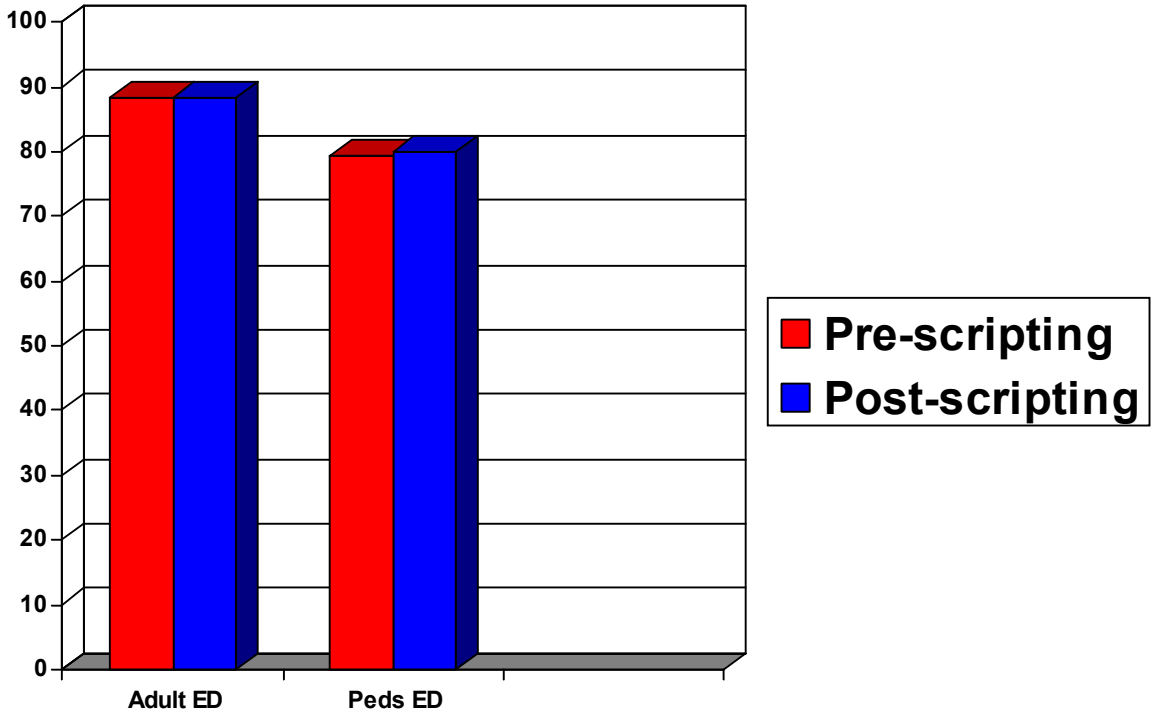


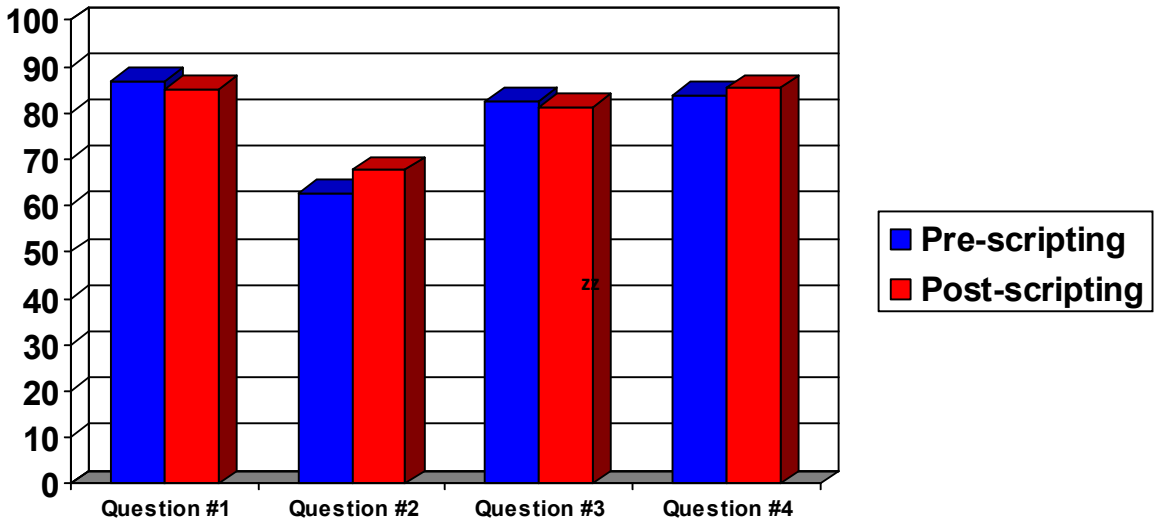
Figure 1 (above) shows very little difference in the pre and post scripting overall patient satisfaction scores in the adult ED as well as the Pediatric ED. The post-scripting overall patient satisfaction score for the Adult ED was 0.1% lower than the pre-scripting score. The overall post-scripting patient satisfaction scores in the Pediatric ED was 0.69% higher than the pre-scripting score. Because the researcher was not able to do further statistical analysis, the null hypothesis was accepted. However, visibly comparing the overall scores pre-and post-scripting in the adult ED, the researcher finds that scripting by nurses in the ED did not make a difference in patient satisfaction scores. Therefore, the null hypothesis of no difference would be accepted. Similarly, because the overall patient satisfaction scores in the Pediatric ED increased by only 0.69% with the use of scripting,

the researcher again finds that scripting by nurses in the ED did not make a difference in patient satisfaction scores, again accepted the null hypothesis of no difference.

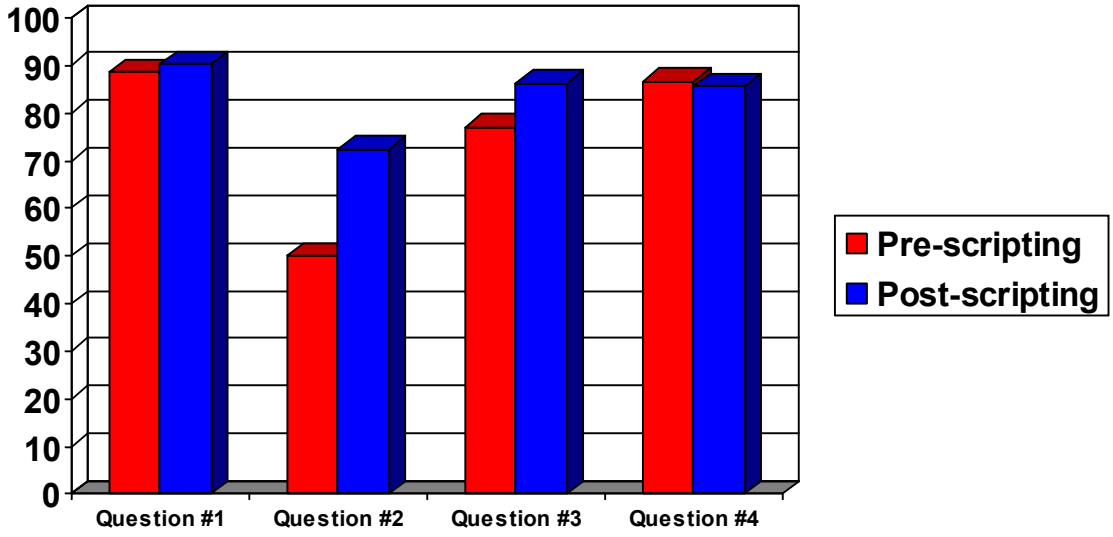
Table 2. Mean Scores for Overall Satisfaction

	Adult ED	Pediatric ED
Overall Score	Decreased 0.1%	Increased 0.69%

Graph 2. Patient Satisfaction Scores for Each Communication Question in the Adult ED



Graph 3. Patient Satisfaction Scores for Communication Question in the Pediatric ED_



To test the second hypothesis that the use of scripting by the nurses in the ED will increase nurse-patient communication, resulting in the increase of patient satisfaction scores, the individual scores for the four items on the AVATAR patient satisfaction survey (AVATAR, 2009) related to communication were compared. As shown in Graphs 2, in the Adult ED, satisfaction scores for communication questions 2 and 4 increased and questions 1 and 3 decreased. Graph 3 shows that in the Pediatric ED, communications questions 1, 2, and 3 all increased and question 4 decreased.

Scores in the Adult ED for communication question number one ("Tests and procedures were adequately explained to before they were done") decreased 1.71%. Scores for communication question number two ("I was kept informed of how long things would take") increased by 5.04%. Scores for communication question number

three (“The emergency nursing staff helped me to understand my health condition”) decreased by 1.49%, and scores for communication question number four (“The emergency nursing staff helped me to understand my treatment for care”) increased by 1.65%. Averaging all of these percentages together would result in an overall increase of 3.49% with a mean increase of 0.8725% in communication scores. Because the researcher was unable to do further statistical analyses, the null hypothesis was accepted.

Table 3. Mean Scores for Communication Questions

	Adult ED	**Pediatric ED**
Question # 1	Decreased 1.71%	Increased 1.58%
Question # 2	Increased 1.71%	Increased 22.41%
Question # 3	Decreased 1.49%	Increased 9.0%
Question # 4	Increased 1.65%	Decreased 1.25%
Mean Score	Increase of 0.8725%	Increase of 7.985%

Scores in the Pediatric ED for communication question number one (“Tests and procedures were adequately explained to before they were done”) increased 1.58%. Scores for communication question number two (“I was kept informed of how long things would take”) increased by 22.41%. Scores for communication question number three (“The emergency nursing staff helped me to understand my health condition”) increased by 9%, and scores for communication question number four (“The emergency nursing staff helped me to understand my treatment for care”) decreased by 1.05%.

Averaging all of these percentages together would result in an increase of 31.94 with a mean increase of 7.985%. Again, because the researcher could not do further statistical analyses of the data, the null hypothesis was accepted.

Statistical Presentation

After comparing all the data (overall scores as well as individual communication scores) for the pre-scripting and post-scripting time frames for the Adult ED and Pediatric ED, the overall patient satisfaction score for the adult ED decreased by 0.1% and the overall score for the pediatric ED increased by 0.69%, showing minimal change in patient satisfaction scores for either the Adult ED or the Pediatric ED for these time periods. The mean communication score increase for the Adult ED was 0.8725% and 7.985% for the Pediatric ED. However, as statistical tests could not be conducted, there was no significant change in patient satisfaction scores related to the communication questions on the survey. As a result, both null hypotheses were supported.

Summary

Detailed descriptive analyses were not able to be used due to the limited data available to the researcher. In addition, because of the limited data set, no inferential statistical analyses were conducted regarding the relationship between the demographic data and patient satisfaction scores. Thus, no statistical significance was able to be linked to the changes between the pre-scripting and the post-scripting patient overall patient satisfaction scores, or the changes in the patient satisfaction scores related to communication.

Because no significant difference could be found between the pre and post-scripting patient satisfaction score, for the overall patient satisfaction scores in both the Adult ED as well as the Pediatric ED, the researcher was only able to support the null hypotheses of no difference. Additionally, because no significant difference could be found in the mean post-scripting scores, related to communication, when compared to the mean pre-scripting scores for both the Adult ED as well as the Pediatric ED, the researcher was only able to support the null hypotheses of no difference.

DISCUSSION

Introduction

In this study, a pre-determined script, which was made by the Director of the ED as well as members of the Quality Counsel for the ED, was implemented to coordinate key words spoken by the nurse to the patient while the patient was in either the Adult ED or the Pediatric ED. This scripting tool was designed to jog the patient's memory as they are filling out their patient satisfaction survey after discharge, thereby increasing patient satisfaction scores. The purpose of this study was to evaluate the usefulness of scripting by the nurses in the emergency department and whether the use of scripting could increase patient satisfaction scores. The results of this study do not provide support that scripting could significantly increase patient satisfaction scores related to nurse-patient communication in the ED.

The first hypothesis was that scripting by the nurses in the ED would increase overall patient satisfaction scores in the ED. The comparison of the overall patient satisfaction scores pre- and post-scripting in the Adult ED as well as the Pediatric ED showed no significant change.

The second hypothesis was that scripting by the nurses in the ED would increase nurse-patient communication and, therefore, increase scores on the individual communication questions on the patient satisfaction survey (AVATAR, 2009). The comparison of the individual communication questions pre-and post-scripting in the Adult ED as well as the Pediatric ED, showed no significant change.

Evaluation of Results

Because of circumstances beyond the control of the researcher, no statistical analysis could be done. However, the researcher observed increases in the individual communication question scores in both the Adult ED and the Pediatric ED. It can then be noted that the implementation of scripting in the ED might possibly increase nurse-patient communication. However, additional research is needed if this observation is to be supported.

Conceptual Framework

This research study was driven by King's conceptual framework which focuses on the importance of patients' perceptions of the care that they have received in the past as well as the current care they are receiving, the interactions of patients with the nursing staff and the role that communication plays in patient satisfaction. Although no significant finding were established within this study, it is a possibility that with the use of the scripting tool presented in this study, patients' may have perceived improved communication as evidenced by an increase in a majority of the individual scores related to communication on the survey. However, additional research is still needed to link improved communication to improved satisfaction.

Study Limitations

Many problems are inherent in the analysis of patient satisfaction in the ED setting. First, satisfaction is not an easy concept to define. It would be important for

methods for quantifying and qualifying patient satisfaction to be further validated before any research regarding patient satisfaction can really be analyzed with minimal limitations.

This study also has many other significant limitations. First and foremost, because the researcher was unable to obtain the actual patient satisfaction surveys from the research site, only limited statistical analyses could be done. Because this study was undertaken in a single emergency department, its external validity may be limited. Furthermore, as there was no exclusion of patients who were admitted to the hospital, there may have been selection bias, due to respondents scoring their satisfaction on their whole hospital stay and not just their ED experience.

This research study was limited to using the AVATAR patient satisfaction survey because it was already implemented at the study site prior to starting the research process. The survey methodology was designed by AVATAR, Inc. The reliability and validity of this survey has not yet been documented. The survey methodology was designed by AVATAR, Inc. No matter how well designed the survey is, all mail surveys are susceptible to selection and recall bias (Munro & Page, 1993).

Next, one major limitation of this study is that there was no documentation built into this study for the researcher to examine the percentage of the nursing staff actually using the script and with what percent of patients they used it. Without knowing this important information, it is just speculation on the part of the researcher that the nurses indeed did use the script as they were advised.

There are also many factors that could have confounded the results of this study.

These factors could include differences in staffing during the time of this study including a high percentage of traveling nurses working in the ED at the time of the study, changes in departmental activity such as implementing a new computer charting program, and seasonal effects such as trauma season with increased census and acuity, that may have occurred between the pre- and post-intervention periods. The research site has had a gradual increase in patient census during these same time frames over the past two years, as well as an increase in the overall yearly patient census over the past two years, which could be have contributed to the declining patient satisfaction scores that the study site has experienced over the past few years.

Table 4. ED Census for 2006, 2007, and 2008

	2006	2007	2008
January	**2,164**	**2,156**	**2,316**
February	**1,946**	**2,064**	**2,326**
March	**2,082**	**2,368**	**2,299**
Total for Quarter	**6,192**	**6,589**	**6,941**
May	**2,260**	**2,221**	**2,231**
June	**2,080**	**2,134**	**2,276**
July	**2,276**	**2,544**	**2,390**
Total for Quarter	**6,616**	**6,899**	**6,897**

Finally, adequate response rates are very challenging to achieve, but are very vital to obtain adequate data. This research study had a very low patient satisfaction survey response rate. The total census recorded for the pre-scripting time period was 6,941 patients seen in the ED between January to March 2008, but only 1,214 patients

responded to the survey. This is only an 18% response rate for the pre-scripting sample. The post-scripting time period had a total census recorded as 6,897, with 1,643 patients responding to the survey. This is a response rate of 24%.

Additionally, if surveys are conducted after the patient is discharged from the ED or the hospital, bias can be introduced by the delay, and responses tend to be more positive if the acute problem has been resolved (Taylor & Benger, 2004).

Implications for Research

Due to many of the limitation listed in the study, there are many suggestions for future research. The first suggestion would to replicate this exact research study but with the availability of the necessary data to do a thorough statistical analysis. Another recommendation would be to replicate this study using a larger sample size, as well as studying the effects of scripting on patient satisfaction scores in many other settings, with the use of a longer period of time. Also, using a larger sample size would enable the researchers to examine specific variables such as patient demographics or time of day the service was rendered. This would help to determine how certain variables affect the patients' responses on the patient satisfaction survey

It is also recommended to use more than one hospital, more than one patient satisfaction survey as well as using other settings outside of the ED. Further research also needs to be done in order to refine this scripting tool. This could be done by doing a qualitative research study with ED patients as well as the nursing staff in the ED to establish a patient satisfaction tool that would capture the patients' perceptions of satisfaction with care in the ED along with the nurses' perception of what should be

included on the survey to rate true nursing care, not just customer service.

It would be also be useful to examine patients with known nursing exposure to the scripting intervention and to examine patient feedback regarding the usefulness of this intervention related to patient satisfaction in the eyes of patient. Additional data needed to be collected and analyzed from the respondents would be demographic data such as age, gender, ethnicity, income, marital status, occupation, and area in which they live. This will help in the correlation of which demographic information can be linked to patient satisfaction.

It is unknown if the nurses working in the ED actually used the script as it was designed. Therefore, an additional recommendation would be to implement a documentation process or use an observational study that would help determine what percentages of the nursing staff actually used the script

Further study of nursing knowledge and beliefs regarding nurse-patient communication, scripting in the ED setting and how it relates to patient satisfaction should be done. Identifying any gaps in nursing knowledge could be used to guide future research regarding the use of scripting and how it relates to patient satisfaction. A study of nurses' feelings toward the use of scripting would provide further information on obstacles which may be encountered when attempting to implement a scripting intervention in the future.

Finally, no one really knows what each patient expects when they come into the ED. Therefore, it is recommended that, before a similar research study is initiated, a

research study be conducted regarding patient expectations and how they relate to patient satisfaction in the ED. This could be accomplished by using a qualitative method of research. A significant advantage of using qualitative research methods is that it provides the opportunity to capture the patients' expectations and perspectives (Mustard, 2003).

Implications for Clinical Practice

Implications of nursing practice brought forth by this study, as well as seen in the literature search, are that patient satisfaction scores in the ED may be increased by focusing on nurse-patient communication, such as taking time to explain tests and procedures or the plan of care to each patient or letting patients know that they are being monitored closely. It is unknown at this point if this could be accomplished by the use of a scripting tool such as the one used in this study. However, there are other approaches to be examined including, but limited to: (1) educating nursing staff regarding the importance of keeping patients informed throughout their stay in the ED, (2) if televisions are available, using an informational channel to describe the ED process from the patient's perspective, (3) installing technology so that patients could contact the nurses to ask questions or (4) hiring a liaison staff person who's job description would be to talk to all patients and family members to inform them of upcoming tests and procedures, explain the reason for a wait time, and to answer any questions regarding their care or their family members care while in the ED

Summary

Patient satisfaction in the ED has become increasingly important. Patients that are dissatisfied with treatment in one ED may refuse to return to that ED and seek treatment somewhere else or worse, not seek treatment at all.

Nurse-patient communication has been shown to be the number one factor contributing to patient satisfaction (Baldursdottir et al., 2002). Keeping patients and their family members updated on the status of care or helping them to understand the procedures and tests to be done is imperative to improving patient satisfaction. Overall, scripting has not yet been shown to improve patient satisfaction in the emergency department and more research needs to be conducted in this area.

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APPENDICES

APPENDIX A

HUMAN PARTICIPANTS PROTECTION EDUCATION FOR RESEARCH TEAMS

Human Participant Protections Education for Research Tean

Completion Certificate

This is to certify that

Melissa Fuller

has completed the **Human Participants Protection Education for Research Teams** online course, sponsored by the National Institutes of Health (NIH), on 02/04/2008.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.

National Institutes of Health
http://www.nih.gov

A Service of the National Cancer Institute

APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVAL LETTERS

MONTANA
STATE UNIVERSITY

INSTITUTIONAL REVIEW BOARD
For the Protection of Human Subjects
FWA 00000165

960 Technology Blvd. Room 127
c/o Veterinary Molecular Biology
Montana State University
Bozeman, MT 59718
Telephone: 406-994-6783
FAX: 406-994-4303
E-mail: cherylj@montana.edu

Chair: Mark Quinn
406-994-5721
mquinn@montana.edu
Administrator:
Cheryl Johnson
406-994-6783
cherylj@montana.edu

MEMORANDUM

TO: Melissa Fuller

FROM: Mark Quinn, Ph.D. Chair Mark Quinn Chj
Institutional Review Board for the Protection of Human Subjects

DATE: June 10, 2008

SUBJECT: *Does Scripting by Nurses in the Emergency Department Increase Patient Satisfaction Scores? [MF061008-EX]*

The above research, described in your submission of June 9, 2008, is exempt from the requirement of review by the Institutional Review Board in accordance with the Code of Federal Regulations, Part 46, section 101. The specific paragraph which applies to your research is:

___ (b)(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

___ (b)(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

___ (b)(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

_X_ (b)(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available, or if the information is recorded by the investigator in such a manner that the subjects cannot be identified, directly or through identifiers linked to the subjects.

___ (b)(5) Research and demonstration projects, which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

___ (b)(6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed, or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA, or approved by the EPA, or the Food Safety and Inspection Service of the USDA.

Although review by the Institutional Review Board is not required for the above research, the Committee will be glad to review it. If you wish a review and committee approval, please submit 3 copies of the usual application form and it will be processed by expedited review.

INSTITUTIONAL REVIEW BOARD OF BILLINGS

SERVING
Billings Clinic Montana Cancer Consortium St. Vincent Healthcare Other Independent Investigators & Institution

June 20, 2008

Melissa Fuller RN, BSN, FNP
2040 McKenzie Lane
Billings, MT 59106

Dear Ms. Fuller:

The IRB of Billings on June 20, 2008, determined that the following graduate nursing project does not meet IRB review criteria for human subjects research and is therefore determined as exempt research:

IRB 08.04 (MSU Bozeman College of Nursing-Billings Campus/SVH) Does Scripting by Nurses in the Emergency Department Increase Patient Satisfaction Scores?

The above-named project involves analysis of aggregated anonymous patient satisfaction data pre-and post the adoption of an institutionally mandated, standardized nurse script procedure. No identifiable data nor interaction with a human subject is involved in this study and therefore, this project does not meet IRB review criteria for human subjects research. No IRB review is required for this project as described.

Sincerely,

Stephanie A. Fofonoff, MHA, Administrator
Certified IRB Professional

Tel (406) 238-5657 ~ Fax (406) 238-5669
1020 North 27th Street, Suite 120 Billings, MT 59101-0760

APPENDIX C

LETTER TO ED NURSING STAFF REGARDING IMPLIMENTATION OF SCRIPTING

April 11, 2008

Dear Emergency Department RN's and Tech's,

As many of you know, I left my position as an RN in the ED to obtain my Master's degree in Nursing through MSU. I now am in the process of writing my Thesis. During this process, I am hoping for all of your assistance. I am researching the topic of patient satisfaction in the Emergency Department. Specifically, how to increase patient satisfaction scores in the ED.

In the ED at St. Vincent's, one of the lowest scores is associated with the patients' not feeling informed of their care. I would like to focus my research on this specific area of patient satisfaction. The questions on the AVATAR survey associated with this topic are as follows:

- *"I was kept informed of how long things would take."*
- *"The emergency nursing staff helped me to understand my health condition."*
- *"The emergency nursing staff helped me to understand my treatment for care."*
- *"Tests and procedures in emergency were adequately explained to me before they were done."*

What I am asking of you, along with Sonya & Pat, is to use the script that I will give you and use it at least one time with every patient that you come in to contact with in the ED. Next, I will compare the AVATAR patient satisfaction scores related to these specific questions prior to the scripting intervention and after the scripting was initiated to do a statistical analysis. Hopefully, this will show an improvement in this specific score and my research will be a success. Thank you in advance for your cooperation.

Sincerely,

Melissa Fuller, RN

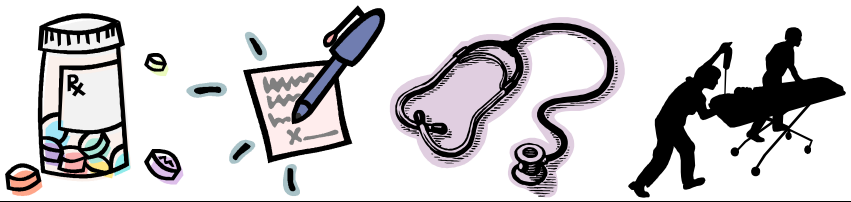
FNP Student

APPENDIX D

THE ACTUAL SCRIPT USED BY THE ED NURSES

Scripting for Patient Satisfaction

- **We try to keep you informed in the Emergency Department.**
- **Do you have any questions concerning your care?**



APPENDIX E

EMERGENCY DEPARTMENT ITEM SCORES

Emergency Department Item Scores for Emergency

Jan 2001 - Dec 2008 (Jan 12th, 2009)

Score ▲	N	Emergency Items
94.87	5,719	[Getting To (ER)] We were able to find the Emergency area quickly and easily.
91.43	4,660	[Environment (ER)] My examination or treatment room was very clean.
91.31	5,602	[Getting To (ER)] Signs inside and outside the Emergency area were easy to understand.
90.56	4,148	[Entering Emergency (ER)] The person who handled my registration was polite and professional.
90.42	4,905	[Attendees (ER)] My family or the people going with me to Emergency felt safe while they were there.
90.15	2,579	[General Care (ER)] My privacy was respected in Emergency.
89.96	4,605	[Environment (ER)] I felt safe in the Emergency area.
89.52	5,413	[General Reputation (ER)] St. Vincent Healthcare's Emergency has up to date medical equipment and facilities.
89.49	4,174	[Environment (ER)] The Emergency area was very clean, including entrances and hallways.
89.10	6,239	[Expectations (ER)] Before I came to Emergency, I expected my personal needs to be met extremely well.
88.39	4,217	[Entering Emergency (ER)] The quality of care I received was not influenced by my insurance or ability to pay.
87.72	2,526	[Physician Care (ER)] The Emergency physician explained my treatment in a way I could understand.
87.66	4,205	[Leaving Emergency (ER)] Medications and care at home were explained to me in a way I could follow.

Score ▲	N	Emergency Items
87.61	4,136	[Entering Emergency (ER)] The registration process was completed in a timely manner.
87.47	4,518	[Entering Emergency (ER)] The registration process was efficient and easy.
87.37	3,453	[Nursing Care (ER)] The Emergency nursing staff identified who they were when caring for me.
87.23	5,804	[General Reputation (ER)] St. Vincent Healthcare's Emergency has very high quality nursing staff.
87.22	6,076	[Expectations (ER)] Before arrival to Emergency, I expected things not to go wrong.
86.93	2,549	[Physician Care (ER)] The Emergency physician explained the medical findings in a way I could understand.
86.79	2,065	[Patient Safety (ER)] Staff checked my name before giving me medication.
86.70	3,805	[Nursing Care (ER)] The Emergency nursing staff were sensitive to my needs as a patient.
86.32	4,175	[Leaving Emergency (ER)] I was referred to the proper place for follow-up care if needed.
86.24	2,542	[Physician Care (ER)] The Emergency physician made me feel comfortable about what was going to happen to me.
86.17	5,752	[General Reputation (ER)] St. Vincent Healthcare's Emergency has very high quality physicians.
86.06	2,424	[General Care (ER)] Tests and procedures in Emergency were adequately explained to me before they were done.
85.91	2,556	[General Care (ER)] I consistently received respect and compassion while in Emergency.
85.84	2,493	[Physician Care (ER)] The Emergency physician answered my health-related questions.
85.56	2,569	[Physician Care (ER)] The Emergency physician showed concern and sensitivity to my needs.
85.51	3,223	[Nursing Care (ER)] The Emergency nursing staff were responsive in answering my calls or requests.

Score ▲	N	Emergency Items
85.48	3,298	[Nursing Care (ER)] The Emergency nursing staff helped me to understand my treatment for care.
85.25	1,993	[Problem Resolution (ER)] Emergency staff tried their best to help me if there was a problem.
85.13	6,141	[Expectations (ER)] Before arrival, my expectations of the overall quality of the Emergency services were extremely high.
84.66	4,587	[Attendees (ER)] My family or the people going with me to Emergency received the help they needed.
84.57	4,897	[Key Results (ER)] I would prefer to return to St. Vincent Healthcare without hesitation, if Emergency care is needed.
84.49	2,470	[General Care (ER)] There was good teamwork among the Emergency physicians, nurses, technicians, and other staff who cared for me.
83.68	4,927	[Key Results (ER)] I would recommend the Emergency services here without hesitation to others.
83.26	4,863	[Attendees (ER)] My family or the people going with me to Emergency were kept well informed about my status.
82.68	2,535	[Physician Care (ER)] I received the right amount of attention from the Emergency physician.
82.60	2,022	[Patient Safety (ER)] Emergency staff washed their hands or used hand sanitizer before caring for me.
82.60	3,100	[Pain Management (ER)] I was satisfied with the way my physician treated my pain.
82.26	3,228	[Nursing Care (ER)] The Emergency nursing staff helped me to understand my health condition.
81.89	2,413	[Physician Care (ER)] I was given the chance by the Emergency physician to provide input to my treatment.
81.85	4,570	[Waiting for Care (ER)] The Emergency staff kept me comfortable while I waited to see the physician.

Score ▲	N	Emergency Items
81.81	4,600	[Waiting for Care (ER)] The Emergency staff took my problem seriously and responded quickly to help me.
81.76	4,920	[Billing (ER)] Billing and payments were handled properly.
80.84	2,803	[Pain Management (ER)] I was adequately prepared to manage my pain at home.
80.34	3,869	[Environment (ER)] The Emergency waiting area was comfortable.
79.81	2,546	[Pain Management (ER)] The medicine for my pain helped to take away the pain.
79.42	4,154	[Waiting for Care (ER)] My health condition was checked immediately when I got to Emergency.
78.52	2,388	[General Care (ER)] I was closely watched for any changes in my condition.
78.50	4,783	[Billing (ER)] The bill was easy to understand.
78.36	2,122	[Problem Resolution (ER)] I had no significant complaints or dissatisfactions while in Emergency.
77.95	2,078	[Problem Resolution (ER)] My need was taken care of promptly and to my satisfaction if there was a problem.
77.76	2,567	[General Care (ER)] My needs were handled quickly and efficiently by the Emergency staff.
77.25	2,129	[Pain Management (ER)] My request for pain control was responded to quickly by nursing staff.
76.91	3,792	[Key Results (ER)] Compared to other local or regional hospitals, St. Vincent Healthcare provides the best Emergency care.
76.52	5,520	[Getting To (ER)] Parking was adequate.
76.37	4,154	[Waiting for Care (ER)] Given my medical condition, I did not have to wait long.
72.00	4,568	[Key Results (ER)] Overall, the Emergency care I received was worth the cost.

Score ▲	N	Emergency Items
71.95	**2,384**	**[Pain Management (ER)] I was taught about the pain scale and how my pain would be managed.**
68.50	**4,767**	**[Billing (ER)] Billing and payment procedures were explained clearly to me.**
68.02	**2,505**	**[General Care (ER)] I was kept informed of how long things would take.**

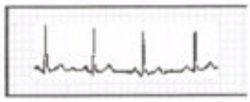
APPENDIX F

AVATAR PATIENT SATISFACTION SURVEY FOR ADULT ED

Emergency Department Survey

St. Vincent Healthcare
Sisters of Charity of Leavenworth Health System

St. Vincent Healthcare
PO Box 35200
Billings, MT 59101



JANE DOE
123 PATIENT WAY
ANYWHERE, MT 11111-1111

Now that you've allowed us to care for you, tell us what you think of our services!

PLEASE RETURN YOUR COMPLETED SURVEY NO LATER THAN February 23, 2009

Dear Patient,

Your recently received medical care in our Emergency Department. St. Vincent Healthcare wants to provide you with the best possible healthcare in a caring and comfortable environment. With this goal in mind, the administration, physicians, nurses, and staff of St. Vincent Healthcare would like to hear your thoughts about your experience here.

In healthcare, one way we evaluate a patient's health is by assessing vital signs (heart rate, blood pressure, pulse, etc.). With this survey, we are essentially asking you to help us take our "vital signs." If you would like to give us any additional comments, please use the space provided on the back of this survey.

Because we rely on your help to improve our services, it is important to complete and return the survey as soon as possible. Once completed, enclose the survey in the pre-paid envelope and send it to Improving Healthcare.

The results from St. Vincent Healthcare's surveys will be reported in a confidential and summarized fashion; Improving Healthcare has been instructed not to disclose individual responses.

We sincerely appreciate your taking the time to let us know how to better meet your healthcare needs.

Thank you,

James Paquette
Chief Executive Officer

St. Vincent Healthcare

Sisters of Charity of Leavenworth Health System

Emergency Department Survey

Please mark the response ● that most closely reflects your experience.

	Strongly Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Strongly Agree	Does Not Apply / Don't Know
The Emergency physician explained the medical findings in a way I could understand.	○	○	○	○	○	○
The Emergency nursing staff identified who they were when caring for me.	○	○	○	○	○	○
I received the right amount of attention from the Emergency physician.	○	○	○	○	○	○
The Emergency nursing staff were responsive in answering my calls or requests.	○	○	○	○	○	○
There was good teamwork among the Emergency physicians, nurses, technicians, and other staff who cared for me.	○	○	○	○	○	○
My privacy was respected in Emergency.	○	○	○	○	○	○
The Emergency physician showed concern and sensitivity to my needs.	○	○	○	○	○	○
St. Vincent Healthcare's Emergency has very high quality physicians.	○	○	○	○	○	○
The registration process was completed in a timely manner.	○	○	○	○	○	○
My health condition was checked immediately when I got to Emergency.	○	○	○	○	○	○
My family or the people going with me to Emergency received the help they needed.	○	○	○	○	○	○
Before arrival, my expectations of the overall quality of the Emergency services were extremely high.	○	○	○	○	○	○
The Emergency staff took my problem seriously and responded quickly to help me	○	○	○	○	○	○
The Emergency staff kept me comfortable while I waited to see the physician.	○	○	○	○	○	○
Before I came to Emergency, I expected my personal needs to be met extremely well.	○	○	○	○	○	○
I was referred to the proper place for follow-up care if needed.	○	○	○	○	○	○
Signs inside and outside the Emergency area were easy to understand.	○	○	○	○	○	○
Parking was adequate.	○	○	○	○	○	○
St. Vincent Healthcare's Emergency has very high quality nursing staff.	○	○	○	○	○	○
Before arrival to Emergency, I expected things not to go wrong.	○	○	○	○	○	○
St. Vincent Healthcare's Emergency has up to date medical equipment and facilities.	○	○	○	○	○	○
Billing and payment procedures were explained clearly to me.	○	○	○	○	○	○
I was adequately prepared to manage my pain at home.	○	○	○	○	○	○

Emergency Department Survey

Please mark the response ● that most closely reflects your experience.

	Strongly Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Strongly Agree	Does Not Apply / Don't Know
The Emergency reception area was comfortable.	○	○	○	○	○	○
The quality of care I received was not influenced by my insurance or ability to pay.	○	○	○	○	○	○
The registration process was efficient and easy.	○	○	○	○	○	○
The bill was easy to understand.	○	○	○	○	○	○
Staff treated me in a friendly and welcoming way.	○	○	○	○	○	○
We were able to find the Emergency area quickly and easily.	○	○	○	○	○	○
Staff checked my name before giving me medication.	○	○	○	○	○	○
My family or the people going with me to Emergency were kept well informed about my status.	○	○	○	○	○	○
I was satisfied with the way my physician treated my pain.	○	○	○	○	○	○
Given my medical condition, I did not have to wait long.	○	○	○	○	○	○
I felt safe in the Emergency area.	○	○	○	○	○	○
Billing and payments were handled properly.	○	○	○	○	○	○
Emergency staff washed their hands or used hand sanitizer before caring for me.	○	○	○	○	○	○
The medicine for my pain helped to take away the pain.	○	○	○	○	○	○
My family or the people going with me to Emergency felt safe while they were there.	○	○	○	○	○	○
I received the right amount of attention from the person drawing my blood.	○	○	○	○	○	○
The person drawing my blood showed skill and experience.	○	○	○	○	○	○
The person drawing my blood explained the blood collection procedure very well.	○	○	○	○	○	○
The person drawing my blood was polite.	○	○	○	○	○	○
Compared to other local or regional hospitals, St. Vincent Healthcare provides the best Emergency care.	○	○	○	○	○	○
I would recommend the Emergency services here without hesitation to others.	○	○	○	○	○	○
I would prefer to return to St. Vincent Healthcare without hesitation, if Emergency care is needed.	○	○	○	○	○	○
Overall, the Emergency care I received was worth the cost.	○	○	○	○	○	○
My need was taken care of promptly and to my satisfaction if there was a problem.	○	○	○	○	○	○

APPENDIX G

AVATAR PATIENT SATISFACTION SURVEY FOR PEDIATRIC ED

Pediatric Emergency Department Survey

St. Vincent Healthcare

St. Vincent Healthcare
PO Box 31000
Billings, MT 59101

TO THE PARENTS OF JANE DOE
123 PATIENT WAY
ANYWHERE, MT 11111-1111

Now that you've allowed us to care for you, tell us what you think of our services!

PLEASE RETURN YOUR COMPLETED SURVEY NO LATER THAN
February 01, 0000

Dear Parent,

Your child recently received medical care in our Emergency Department. St. Vincent Healthcare wants to provide your family with the best possible healthcare in a caring and comfortable environment. With this goal in mind, the administration, physicians, nurses, and staff of St. Vincent Healthcare would like to hear your thoughts about your experience here.

In healthcare, one way we evaluate a patient's health is by assessing vital signs (heart rate, blood pressure, pulse, etc.). With this survey, we are essentially asking you to help us take our "vital signs." If you would like to give us any additional comments, please use the space provided on the back of this survey.

Because we rely on your help to improve our services, it is important to complete and return the survey as soon as possible. Once completed, enclose the survey in the pre-paid envelope and send it to Improving Healthcare.

The results from St. Vincent Healthcare's surveys will be reported in a confidential and summarized fashion. Improving Healthcare has been instructed not to disclose individual responses.

We sincerely appreciate your taking the time to let us know how to better meet your healthcare needs.

Thank you,

James Paquette
Chief Executive Officer

Pediatric Emergency Department Survey

Please mark the response ⬬ that most closely reflects your experience.

	Strongly Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Strongly Agree	Does Not Apply / Don't Kno
The medicine for my child's pain helped to take away the pain.	○	○	○	○	○	○
St. Vincent Healthcare's Emergency has very high quality nursing staff.	○	○	○	○	○	○
Staff checked my child's name before giving him/her medication.	○	○	○	○	○	○
The person who handled my child's registration was polite and professional.	○	○	○	○	○	○
Before my child came to Emergency, I expected my child's personal needs to be met extremely well.	○	○	○	○	○	○
My child and I felt safe in the Emergency area.	○	○	○	○	○	○
Before arrival, my expectations of the overall quality of the Emergency services were extremely high.	○	○	○	○	○	○
The bill was easy to understand.	○	○	○	○	○	○
We were able to find the Emergency area quickly and easily.	○	○	○	○	○	○
The quality of care my child received was not influenced by our insurance or ability to pay.	○	○	○	○	○	○
St. Vincent Healthcare's Emergency has up to date medical equipment and facilities.	○	○	○	○	○	○
The Emergency staff kept my child comfortable while we waited to see the physician.	○	○	○	○	○	○
Our family or the people going with my child to Emergency received the help they needed.	○	○	○	○	○	○
The person drawing my blood showed skill and experience.	○	○	○	○	○	○
The person drawing my blood explained the blood collection procedure very well.	○	○	○	○	○	○
The person drawing my blood was polite.	○	○	○	○	○	○
Clinical staff in ultrasound were polite when caring for me.	○	○	○	○	○	○
Clinical staff gave good explanations of my ultrasound procedure.	○	○	○	○	○	○
Clinical staff in ultrasound showed skill and experience in caring for me.	○	○	○	○	○	○
Compared to other local or regional hospitals, St. Vincent Healthcare provides the best Emergency care.	○	○	○	○	○	○
I would recommend the Emergency services here without hesitation to others.	○	○	○	○	○	○
I would prefer to return to St. Vincent Healthcare without hesitation, if Emergency care is needed.	○	○	○	○	○	○
Overall, the Emergency care my child received was worth the cost.	○	○	○	○	○	○
I had no significant complaints or dissatisfactions while in Emergency.	○	○	○	○	○	○

St. Vincent Healthcare

Sisters of Charity of Leavenworth Health System

Pediatric Emergency Department Survey

Please mark the response ◉ that most closely reflects your experience.	Strongly Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Strongly Agree	Does Not Apply / Don't Know
The Emergency physician answered my child's health-related questions.	○	○	○	○	○	○
I was given the chance by the Emergency physician to provide input to my child's treatment.	○	○	○	○	○	○
The Emergency nursing staff helped me to understand my child's health condition.	○	○	○	○	○	○
My child was closely watched for any changes in his/her condition.	○	○	○	○	○	○
The Emergency nursing staff were responsive in answering my calls or requests.	○	○	○	○	○	○
Tests and procedures in Emergency were adequately explained to me before they were done.	○	○	○	○	○	○
The Emergency nursing staff helped me to understand my child's treatment for care.	○	○	○	○	○	○
The Emergency physician explained the medical findings in a way I could understand.	○	○	○	○	○	○
The Emergency area was very clean, including entrances and hallways.	○	○	○	○	○	○
Staff treated me in a friendly and welcoming way.	○	○	○	○	○	○
Our family or the people going with my child to Emergency were kept well informed about my child's status.	○	○	○	○	○	○
My child's request for pain control was responded to quickly by nursing staff.	○	○	○	○	○	○
Before arrival to Emergency, I expected things not to go wrong.	○	○	○	○	○	○
Emergency staff washed their hands or used hand sanitizer before caring for my child.	○	○	○	○	○	○
My child was taught about the pain scale and how his/her pain would be managed.	○	○	○	○	○	○
Billing and payment procedures were explained clearly to me.	○	○	○	○	○	○
Billing and payments were handled properly.	○	○	○	○	○	○
St. Vincent Healthcare's Emergency has very high quality physicians.	○	○	○	○	○	○
My child's examination or treatment room was very clean.	○	○	○	○	○	○
Our family or the people going with my child to Emergency felt safe while they were there.	○	○	○	○	○	○
My child was referred to the proper place for follow-up care if needed.	○	○	○	○	○	○
Signs inside and outside the Emergency area were easy to understand.	○	○	○	○	○	○
My child's health condition was checked immediately when we got to Emergency.	○	○	○	○	○	○