

Fall 11-2022

From the First Encounter: A Communication Program for High Volume, High Acuity Patient Care Locations

Shazam Bacchus

University of St. Augustine for Health Sciences

DOI: <https://doi.org/10.46409/sr.XBTQ8235>



This work is licensed under a [Creative Commons Attribution 4.0 License](https://creativecommons.org/licenses/by/4.0/).

Follow this and additional works at: <https://soar.usa.edu/scholprojects>



Part of the [Health Communication Commons](#), [Nursing Administration Commons](#), and the [Quality Improvement Commons](#)

Recommended Citation

Bacchus, S. (2022). *From the First Encounter: A Communication Program for High Volume, High Acuity Patient Care Locations*. [Doctoral project, University of St Augustine for Health Sciences]. SOAR @ USA: Student Scholarly Projects Collection. <https://doi.org/10.46409/sr.XBTQ8235>

This Scholarly Project is brought to you for free and open access by the Student Research at SOAR @ USA. It has been accepted for inclusion in Student Scholarly Projects by an authorized administrator of SOAR @ USA. For more information, please contact soar@usa.edu, erobinson@usa.edu.

**From the First Encounter: A Communication Program for
High Volume, High Acuity Patient Care Locations**

Shazam Bacchus DNP, MSN-FNP, RN RT(R)

School of Nursing, University of St. Augustine for Health Sciences

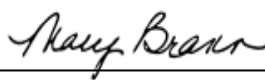
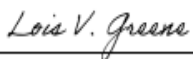
This Manuscript Partially Fulfills the Requirements for the
Doctor of Nursing Practice Program and is Approved by:

Mary Brann, DNP

Lois V. Greene, DHA, RN

November 29th, 2022

**University of St. Augustine for Health Sciences
DNP Scholarly Project
Signature Form**

Student Last Name: Bacchus	First Name: Shazam	Middle Initial:
E-mail: s.bacchus@usa.edu		
Title of DNP Project: From the First Encounter: A Communication Program for HighVolume, High Acuity Patient Car <i>My signature confirms I have reviewed and approved this final written DNP Scholarly Project. DocuSign electronic signature or wet signature required.</i>		
Type Name in Blue Box Below	Signature	Date
DNP Project Primary Faculty: Dr. Mary Brann		11/29/2022
DNP Project Preceptor: Dr. Lois V. Greene		11/29/2022
DNP Project Preceptor:		

Abstract

Effective communication is a true value to healthcare organizations. Far too many communication sessions are detrimental to patient health outcomes. National data and hospital records are proven information to suggest communication is a major barrier to overall patient satisfaction. Organizations struggle to increase market share and patient satisfaction with a likelihood to recommend because of poor communication by physician and nurses. The use of a strategic communication tool like AIDET plus the Promise can influence the improvement of an organization's quality of care.

This paper examines the use of AIDET plus the Promise as a strategic communication tool. High volume, high acuity patient care settings need the adaptation of a structured communication tool that can influence a positive health outcome. AIDET plus the Promise is a strategic communication tool that when used correctly can reduced anxiety, increased compliance whereby improved patient outcome, build trust and overall collaborative relationships. Findings in this research paper has provided enough evidence to suggest when AIDET plus the Promise is used as a guidance for strategic communication it can result in an overall improvement of patient health outcome and success of an organization. The findings have provided enough evidence to drive the development of a competency-based orientation toolkit to guide the implementation of AIDET plus the promise in a high volume, high acuity patient care setting.

From the First Encounter: A Communication Program for High Volume, High Acuity Patient Care Locations

Communication has been a known assumption to healthcare problems inflicting negative impacts to patients' safety and quality outcomes. The development of a routine structured communication pattern to guide engaging and influential communication among involved parties can influence a strong bias of better health outcomes. Effective communication between healthcare professionals and patients or with relatives of patients can result in effective care even if the situation involves tragic outcomes or poor prognosis (Anderson et al., 2019). Assertive communication strategies are an influential structure to development of patterned ideas for better patient outcomes with high quality care (Omura et al., 2018). The intention of this project is to develop a competency- based orientation (CBO) using an evidence base toolkit for Acknowledge, Introduce, Duration, Explain, Thank You (AIDET) Plus the Promise as a strategic communication tool. AIDET Plus the Promise can be used to effectively communicate among professionals, and patients or patient's relatives to achieve better customer satisfaction and patient health outcomes. Suitable analysis at pre and post implementation of this CBO toolkit can provide the intuitive evidence to support the effectiveness of a structured strategic communication tool towards the enhancement of the delivery of care among the staff of a high acuity healthcare setting like an Emergency Room.

Significance of the Practice Problem

Preliminary data and hospital records have identified communication as a major barrier to customer satisfaction. Communication is a problem in many departments of major organizations and particularly the Emergency Room. Quality survey has identified communication as a major influence of the poor customer satisfaction and poor-quality outcomes. The Institute of Medicine

has identified doctors and healthcare professionals lack adequate training in providing proper and effective communication when delivering information (IHC, 2011).

The ER is typically seen as the face of the healthcare institution where the most vulnerable at the most vulnerable time is seeking care with anxiety and unknown outcome. Poor communication together with other myriads of deficiencies presented at such a fragile time and state of the patient can be a negative impact to first impression and patient experience (Sonis et al., 2017). The significance of impeccable communication standards and effective delivery is optimum for better patient health outcome especially in the Emergency Room. For example, the simple task of communicating appropriate personnel identification and role with clear expectations to the patient or relative can hinder or help the continuum of care.

Healthcare organizations are results driven and effective partnerships with stakeholders and government funding agencies has a direct link to patient satisfaction and health outcomes. Any significant criteria that can hinder the influx of funds and reliability of healthcare services will impact the bottom line. Many healthcare organizations have identified communication as a major barrier to the provision of quality health outcome and customer satisfaction; The Emergency Room has identified to be a focus of improvement towards the quest for overall facility improvement in communication.

The difficulty of changing the culture of practice at any organization can be challenging. Staff is embedded with patterns and biases that influence their behavior and work ethics. The effects of lack of training or no formal training for communication can create a lasting impact on the delivery of care among the staff in a high acuity, very anxious environment. Leapfrog surveys and Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) surveys continuously reveal a lack of communication among staffs, staff and patients, or staff

and patients' relatives as a direct impact to poor patient satisfaction. Detrimental effects of poor communication and poor customer satisfaction are driving forces to address the communication patterns of any healthcare organization that can have a lasting effect on the quality of care.

As it is assumed, communication can solve a lot of mishaps and delinquencies. On the other hand, miscommunication can lead to devastating consequences especially in healthcare. The delivery of information from healthcare professionals to patients is optimum for an effective treatment plan with better health outcomes. An estimated 27% of medical malpractice is a result of poor communication or miscommunication and likewise better communication can reduce medical errors and patient injury (Tiwary et al., 2019).

Purpose of the Program Review and Development Project

The CBO toolkit for AIDET plus the Promise can effectively deliver a tremendous upgrade to the improvement of communication among staff and patients in a high acuity patient care setting. The focus of this toolkit is to guide professional development in communication with the goal of improving patient satisfaction and overall quality of care. Overall patient care and quality outcomes is hindered and can be realized after the presumption of a purposeful visit. The patient and family may not be able to identify the poor exchange of information or rather the lack of exchanging of information. The patient and family are the benefactors of poor communication. It is important to understand the variable responsible for the poor communication is the healthcare professional. The purpose of the program development is to focus on the communication standards and efficacies among the healthcare professionals in a high volume, high acuity healthcare setting.

Development of a project to address the communication deficiencies and improve the standards in a high acuity healthcare setting like the Emergency Room needs a bold and practical

idea. The implementation of a structured communication tool like AIDET plus the Promise in delivering the information and exchanging of information among staff and patients or families is intuitive. The healthcare industry serves a very diverse clientele with demanding behaviors for high quality outcome. Effective communication with strategic communication tools like AIDET Plus the Promise can boost an organization bottom line by enhancing customer satisfaction and overall improvement in quality outcome (Burgener, 2020). AIDET Plus the promise is a strategic communication framework. Application of the AIDET Plus the Promise communication framework is expected to improve the overall satisfaction of customers. Customers include hospital staff and outside customers.

The creation of the CBO toolkit for AIDET plus the Promise is essential to create a lasting impact on the sustainability of project implementation. Development of the CBO toolkit is part of the project development that will be ready by week seven of the semester. Further project development milestones will include review and feedback from subject matter experts, including practicum preceptor during week eight and week nine of the semester.

Program Problem Statement

For interprofessional staff in a high volume, high acuity setting such as an Emergency Room (P), how does AIDET plus the Promise for communication strategies upon initial interaction with patient/family (I) compared to no structured communication strategy (C) influence the efficacy of initial communication to the patient/family for recognition and response prioritization (O)?

Population

The population being investigated is the interprofessional staff of the Emergency Room. The staff of the Emergency provides a variety of services that include the registration, financial

advice, triaging, and medical screening prior to being bedded in the Emergency Room.

Interaction of the Emergency Room staff is generally in person and telephone conversations.

During the pandemic it had been an increase in telephone or virtual interactions. The role of the Emergency Room staff is to provide high level customer satisfaction for the delivery of healthcare services.

Intervention

The intervention is a CBO toolkit developed for using AIDET plus the Promise communication strategy.

Comparison

The intervention is directly contrasting the current communication strategies with no structured communication patterns or guidance.

Outcome

Application of the AIDET Plus the Promise communication framework is expected to improve the overall satisfaction of customers. Customers include hospital staff and outside customers. Specific tools including observation, and charts will guide the development of an analysis to determine the outcome of the intervention.

Utility of Program Review

Development of a program to enhance or create an environment for communication standards and structures is an integral and influential part of delivering quality healthcare. The development of a strong program that can aide individuals to make distinctive choices when delivering information can impact the overall achievement of success or failure, the ability to gain market share through recommendation. Effective communication is vital and possess the ability to deliver quality healthcare. Impacting patients and families through effective

communication is a bridge for long standing efficiency towards patient satisfaction (Simonovich et al., 2021). Creating a program that can develop the trends and remove barriers in communication is essential among all participants in a healthcare organization; however, it becomes more of an impact when it affects healthcare organizations quality star rating, HCAHPS score, or their bottom line. Data driven capabilities to influence healthcare organizations success is measured in many aspects including patient communication with physicians and nurses. Effective communication by providers towards patients is crucial in determining the adherence to information and advice that can impact the outcome of the patient health (Kwame & Petrucka, 2021). Physician communication tends to be a direct impact on the patient satisfaction among many reports (Gessesse et al., 2022).

Relevant stakeholders that can benefit from a structured communication tool would include all employees in an organization. The development of program for a high intensity, high acuity environment like an emergency room with elevated level of anxiety at almost every minute of a working day is essential. Patients and families are already stressed with the uncertainty of the situation, anxiety to prioritize patients for the limited available resources become a barrier and constraint for employees including providers and support staff. Senior leadership is challenged to mobilize a workforce to thread these untimely situations with calm and just. The development of a program to influence the culture of an organization can be a heavy burden.

The development of a program may stem from analyzing the current situation and its systemic influences that is imbedded in the culture of the organization. Impacting change may face barriers and constant setbacks. Analysis and supportive evidence-based information supporting change is a major step in creating a positive impact on the intended change.

Impacting a process or program to drive the change of the culture of communication in an organization requires constant metrics and evidence that support the proposed change (Marshall & Hurtig, 2019). Development of a competency-based orientation toolkit with an evidence-based standardized communication tool is creative step to impact communication that can be hindered by systemic cultural inefficiencies.

Analytical Framework

Program evaluation is an essential concept for organization to consistently evaluate the status of their operations. In recent public health crisis, many programs were placed at the test of providing effective guidance and support to the public. Unfortunately, many programs failed or lack the sustenance for dynamic situations. The utilization of guided frameworks can institutionalize programs with constant evaluation for efficacy and efficiency. Utilization of the CDC's Program Evaluation framework and John Hopkins Evidence-Based Practice model can guide the development of a program or models the smooth operation of existing programs.

The CDC's Program Evaluation Framework utilizes six steps which consistently captures the important aspects of a program to determine the validity and effectiveness of the program. These steps include engaging stakeholders, gather credible evidence, describe the program, ensure use, and share lessons learned, and focus the evaluation design (CDC, 2022). Like the CDC's Program Evaluation Framework, the John Hopkins Evidence-Based Practice model is also an essential framework that can guide the development of a program utilizing evidence-based supportive materials.

Development of a program needs constant energy and analytical efficiency that is focused and targeted. Utilizing frameworks like the CDC's Program Evaluation Framework and the John Hopkins Evidence-Based Practice model in the development of a program can guide the

operational efficacy and removes bias without losing support. In other words, the frameworks can provide operational efficiency by creating an environment where the essential stakeholders are solicited, the applicable evidence is gathered or simply an effective measure to disseminate the information is identified. Utilizing these aspects can standardized the evaluation process to aide in a meaningful program evaluation.

Evidence Search Strategy, Results, and Evaluation

Utilization of the analytical framework such as the CDC's Program Evaluation Framework is meaningful with the application of purposeful evidence that support the competency-based product. Development of a toolkit to support a competency-based orientation tool should utilize strong evidence or literature in support of the intervention. Literature supporting structured communication are accumulated using specific search techniques that yield an intended result.

Search Strategy

The development of a program and the mere definition of a complex and descriptive indication of the strength of the proposed program development depends on the supportive evidence. A strategic search for relevant evidence in support of the PICO question is a rather useful tactic in developing a strong proposal in support of a program development. For this program development many data bases were utilized including CINAHL, Medline, Gale, OVID, Social Sciences Index, Supplemental Index, and DOAJ. Searching and querying the databases for purposeful evidence requires strategic utilization of keywords including, AIDET, the Promise, Communication, AIDET communication tool, Customer Satisfaction, and HCAHPS score. These keywords were combined and use with AND and OR Boolean operators. Utilization of the search criteria with the keywords yielded a massive amount of evidence that was then

trimmed down using inclusion criteria. The inclusion criteria include evidence that supports the PICO question, articles addressing AIDET and evidence that are available as full text only. On the other hand, evidence that meets the exclusion were other communication tools, evidence not in English, and evidence more than five years old. Further assertion of relevant evidence was concluded using filters

Results

A search for evidence supporting the program development yielded a vast amount of evidence of which exclusion criteria and databases filters majorly reduced the evidence to include the strongest evidence available. Utilizing the search strategy criteria on different databases yielded 15 articles from CINAHL, OVID generated 5 articles, Pubmed yielded 5 articles, Gale Academic yielded 3 articles, Social Sciences Citation Index yielded 2 articles, Science Direct yielded 7 articles, DOAJ yielded 12 articles, and APA Psycinfo 3 articles. With the application of databases filters, review of abstract, and duplicated studies an accumulative total of 11 articles was chosen for support of the PICO question.

The search generated a multitude of evidence; however, careful selection has weaned down the supported evidence guided using John Hopkin's Evidence-based Practice Model. The value of the selected evidence showed great benefits towards the support of the proposed intervention within this program development. As purported by the John Hopkins EBP model, the strength of the evidence is relied upon the level and quality of the article or body of evidence (Upstate Medical University, 2022). The final selection of articles included 11 articles of which 9 are quantitative studies (1 RCT), 1 qualitative study, and 1 was a systematic review of evidence.

Evaluation

In the evaluation of the articles according to the criteria of the of the study, each article was assigned a level and grade of the quality of the study based on the John Hopkins EBP. All the articles but one was assigned a quality level I – III or a grade of A/B in support of the proposed intervention, population, or comparison mentioned in the PICO question.

Approximately 80% of the appraised articles developed a theme of supporting the use of a strategic communication tool like AIDET. An appraisal of the study in support of a program development with high level of grading as outline by John Hopkins EBP model is a great criterion for a strong recommendation towards a change in practice (Burns et al., 2011). The authors focused on the intervention, AIDET as a standardized structured communication tool for improvement in patient satisfaction. The body of evidence also supported different population groups with similar outcome when a structured communication delivery method is used.

Critical Appraisal of the Evidence with Themes

Structured communication strategies are developed patterns in support of better outcome through communication. There is a large body of evidence that support the use of a structured communication tool for better communication outcomes and overall improvement of customer satisfaction. Appendix A and appendix B provides some of the strongest evidence in support of AIDET Plus the Promise. The body of evidence provide a clear indication of the quality of studies in support of AIDET Plus the Promise as a strategic tool for communication in different setting and different populations. Application of AIDET Plus the Promise in a high acuity healthcare setting such as the emergency room is a manageable identifier for the improvement of the status of the organization performance. Fu, et al, Puppala et al, and Zamora et al as indicated in appendix A are level I evidence in support of the AIDET as an intervention that drives improvement in customer satisfaction and produce better outcomes. In addition, level II studies

as indicated in appendix A are also in support of AIDET as a strategic communication tool for the improvement in customer satisfaction. Of the several level II evidence, Cooper et al provides strong support for a specific group as identified in the outpatient urology clinic. Although the Cooper et al study did not provide any significant improvement in patient satisfaction scores from pre to post implementation; there is indication of a better chance of patient to recommend the clinic. In addition, the study also provided valuable information where a strategic communication tool influences a small provider group within a large organization that can lead to better patient outcome. This is in direct alignment with emergency room organizational structure. Furthermore, Register et al solidifies the concept of structured communication using a quasi-experimental design simulating the use of AIDET. Register et al used three basic questions to determine the impact of AIDET; the questions include, did you have all the information you needed before the procedure, did you have easy to understand instructions about getting ready for your procedure, was your procedure explained to you in a way that was easy to understand? These questions were asked in a survey pre and post AIDET training and all yielded a significant improvement in physician/nurse – patient communication.

Appendix A and appendix B consist of evidence that strongly support the PICO and it includes evidence related to the population, intervention, and comparison.

Population

All the studies in appendix A and B are inclusive of the population reference in this change process except for Korkiakangas et al. Korkiakangas et al. clearly in support of this project because it provides enough information to alleviate the importance of structured communication no matter the industry. Korkiakangas et al was able to provide a clear improvement of customer experience and service through the application of structured

communication. Korkiakangas et al concluded customer experience is of utmost importance to quality of care. The development of strategic communication in hospitality and restaurant can be equated to similar importance in the healthcare industry.

In addition, like the emergency room stakeholder's operational structure McDaniel et al concur the importance of physician – patient communication and its applicability to the impact of patient experience or customer satisfaction. McDaniel et al concluded physicians who use a structure communication tool have a higher HCAHPS score.

Intervention

The entire body of evidence in appendix A and B are in direct support of a structured communication pathway for the improvement of customer satisfaction. Lam et al, Fu et al, and Pupalla et al support the implementation of a strategic communication tool like AIDET Plus the Promise. According to Fu et al, patient satisfaction scores were significantly higher in the test group suggesting the use of AIDET as communication tool has made a major impact on the effectiveness of nurse – patient communication. In addition, AIDET strategic communication tool has shown an influence in improving customer satisfaction as concluded in the study by Register et al.

Comparison

The development of a program to implement an intervention against the comparison of no structure to communication in a high acuity healthcare operational structure to a structured communication tool can guide staff to effectively deliver information. The determination of how to communicate with patient, family or co-worker is strictly a direct relation to the individual staff knowledge of communication strategies. The studies presented in appendix A and B

culminate the intervention of AIDET Plus the Promise when compared to no defined communication structure.

Evidence-based Recommendation Statement

In a high acuity operational structure, it is important to understand the significance of a structure communication method that is guided with standardization. AIDET Plus the Promise is a recommended tool that is founded with merit and outcome that can drive the positivity of improvement of patient experience and customer satisfaction. Current HCAHPS score are influenced by communication and the implementation of a strategic tool like AIDET can improve the score. One of the keyways to improve patient satisfaction or customer satisfaction with the opportunity to recommend the healthcare provider is to improve communication. Patient/customer experience is a connected mechanism which is driven by trust and reliability through effective communication. Developing a rapport with the receiver of the communication channel ease the basis of anxiety and increase the influence of better customer satisfaction; the ability to apply AIDET with the recommendation to promise excellence while completing the task is influential to customer satisfaction (Dean, 2014).

Program Analysis and Evaluation Plan

Communication in a high-volume high acuity patient care setting can be very dramatic and uncertain. The constant flow of information and challenges to maneuver changes instantaneously can be tricky. The evaluation of current practices in these environments can be tremendous and time consuming with many barriers. Incorporating a standard for systematic collection of data and investigation of current practices with the strategic bias towards creating a change should be carefully anticipated. The utilization of the CDC program evaluation framework can guide the careful evaluation of the current practices and stimulate the proposal

for a process change or a change improvement plan. The CDC program evaluation framework conceptualize six steps (Engaging stakeholders, Describe the Program, Focus the Evaluation Design, Gather Credible Evidence, Justify Conclusions, Ensure Use and Share Lessons Learned) that vigorously and methodically guides the conduction of the evaluation process and will improve the aggregation of information within a valid context (*Centers for Disease Control and Prevention* 2011). The value of a program than is being evaluated can be intimidating and questions usually arise exposing the integrity of the program merit, worth and significance. Adhering to the CDC program evaluation framework can help facilitate an understanding of the program context and provide valuable insight for expansion of the current program or replacing the existing program.

Program outcomes are usually driven by the execution and support of critical stakeholders. Engaging stakeholders during the program evaluation is an essential step to create an environment of trust and support of the prospective intention. The stakeholders are individuals who are vested in the program and can scrutinized what is learned from the evaluation. The idea of not engaging the stakeholders and understand their perspectives of the program can hinder the accurate evaluation of the program's objectives, operations, and outcomes (*Centers for Disease Control and Prevention* 2011). After being involved, stakeholders influence can help execute the other steps in the program evaluation. Furthermore, the engagement of stakeholders is not only critical, but it can be too expansive. It is important to engage subgroups of stakeholders who hold influential positions. These subgroups may include those who are involved in program operations, those who serve or are affected by the program and the primary users of the program evaluation. In a high volume, high acuity patient care settings these stakeholders would include sponsors, collaborative partners, financial officials, administrators, managers, and staff, clients,

and family members. These stakeholders would hold the baton of influencing a change in the current behavior of communication in a high volume, high acuity patient care setting.

The description of the program conveys the mission and objectives of the program being evaluated. Current communication methods used and the need for improvement in patient satisfaction and health outcome is directly related to the adherence of instructions and patient compliance. Structured communication tools like AIDET plus the Promise can boost an organization bottom line by enhancing customer satisfaction and overall improvement of quality outcome (Burgener, 2020). High volume, high acuity patient care settings, like an emergency room can create a lasting impact on the patient perception and evaluation of the organization's performance. Successful outcome of the program yields a boost in patient satisfaction over time. In the interim, improvement in patient satisfaction can be investigated within small groups and overtime an organizational improvement in patient satisfaction should be expected. The program focus on providing the necessary training to staff, pre and post training observations within the desired environment, meeting with stakeholders, share key findings, and collaborate with partners (such as the organization education department). Initiating a program would require resources and an associated cost. Most of the cost would be associated with the education of the organization stakeholders. Appendix C is a logic model illustrating the key activities of the program description in the evaluation process.

Communication is the basis of the assessment with an intended outcome of improving patient satisfaction. Stakeholders that are considered program operators or the decision makers are in constant vigilance of seeking an improvement in patient satisfaction. HCAHPS results routinely identifies communication as a key indicator of poor performance or poor patient satisfaction. Focusing on the design on the program evaluation can absolutely influence success

and sustainability of the program. AIDET plus the promise is a sustainable structured communication tool to provide an improvement in patient satisfaction. Although the constant flow of information and collection of data may pose as a barrier to the program, AIDET plus the Promise has routinely provide enough anticipated evidence to expect an improvement in patient satisfaction. Current approaches to communication in a high volume, high acuity patient care setting can be challenging and the introduction of a newer strategy like AIDET plus the Promise can seem like a far-fetched idea; however, it is important to understand positive changes can be slow but steady.

The credibility of the program is questionable but relative evidence of strong correlation between improved patient satisfaction and using AIDET plus the promise is actionable. Data supporting the used of structured communication to the influence the use of AIDET plus the Promise can be limited and biased; however, there are many literatures that supports the use of AIDET plus the Promise. As indicated in Appendix A and Appendix B, there are substantial evidence in support of AIDET plus the Promise. Stakeholders' perception of the drastic improvement in patient satisfaction should be realized and a more realistic approach of a gradual change in the culture of the organization should be conveyed.

Improvement of patient satisfaction has a strong connection with communication. The stakeholders' questions of how the program evaluation will impact the organization should always be the forefront and never should the evaluation target a specific group. Poor HCAHPS score and significant pre-implementation observational surveys are strong indicators to conclude a process change. Analysis and synthesis of the evidence can provide patterns thereby identifying important findings or provide information for a wider understanding of the concerns. Implementing AIDET plus the Promise is a clear program for reducing anxiety and increasing

the adherence of prescribed education to clients in a high volume, high acuity acute care setting through structured communication.

Identifying the lessons learned during the evaluation is good but it would be best to make sure the lessons are used for excellent decision making and appropriate action. Identifying the lack of patient satisfaction with the existing method of communication in a high volume, high acuity patient care setting should happen early while engaging stakeholders and continued vigilance to make sure it is used for support to a process improvement should happen throughout the evaluation process. Preparation for disseminating the findings, feedback from the stakeholders, and follow up with critical users are all factors that can influence the program operator's decision-making.

Program Evaluation Discussion and Recommendations

Communication in a healthcare environment has proven overall to be a significant impact on the sustainability of an organization and the long-term discipline to succeed. HCAHPS score and quality start rating are justifiably a direct response to the communication effectiveness of physicians and nurses. Changing the process of implementing a structure to the communication strategy in an organization would challenge the effectiveness of changing the culture within the organization.

Soliciting the involvement and engagement of key stakeholders and utilizing a stakeholder analysis tool to manage the fluidity of the process is significant in determining the implementation and adherence to the project development and sustainability. Evaluating the current state of the organization and the communication practices using the AIDET plus the promise observation checklist would identify information on the key indicators that is captured on the checklist. Using the baseline findings and literature supporting the use of AIDET plus the

promise communication tool for improvement in patient satisfaction would allow for a significant presentation outlining the effectiveness of improving communication among the targeted population. Presenting this information to key stakeholders that has interest in changing the process is important.

Application and guidance of the ACE Star model is an essential EBP model which can help to alleviate the difficulty of implementing a change process. The ACE Star model is simple but effective. It is a five-point model that addresses discovery, evidence summary, translation into action, integration into practice is evidence-in-action, and evaluation (Stevens, 2013). This EBP model provides an overview and guidance of the selection process of evidence-based practices which can guide and impact change. Discovery is the accumulation of evidence in alignment with the PICO question. Evidence summary provides a synthesis of the best evidence available in support of the PICO question. Translate into action and integration into practice are steps in the ACE Star Model addressing direct implementation of change process using the best evidence and expert recommendations. Evaluation includes the impact the evidence-based practice has on patient health outcome, patient satisfaction and experience (Stevens, 2013). Application of the ACE Star model is very effective; however, an implementation of a change process would require extensive teamwork and collaboration. Interprofessional collaboration among clinical staff and department leaders is necessary for achieving intended objectives. Deliberate practices to include department leaders in implementation meeting will be necessary for meeting objectives within the set timeframe. Communicating effectively with the Nursing education department to set up training sessions with specific dates and times will allow for a smooth training environment. Utilizing the communication planning tool can provide a smooth

and effective process in capturing information and disseminate the information to the appropriate individuals.

Identification of a program that can be improved by extension or changed is utterly important; however, it is equally important to identify the key players who can provide positive or negative feedback. Utilizing the competency-based orientation toolkit outlined in appendix E can justifiably provide the step-by-step guidance to the development of a program that can improve the communication in a high volume, high acuity patient care environment.

Provision of an improvement of patient satisfaction is relative to patient safety and improvement in communication (Burgener, 2020). The improvement in adherence to health teachings, discharge education, and patient health outcomes are directly related to the effectiveness of communicating with the client. Institution of a competency-based orientation toolkit as outline in appendix E is a strong indication of how to implement a strategic communication tool in a high volume, high acuity patient care setting. Utilizing evaluation tools like the AIDET plus the promise observation checklist would allow for a pre and post implementation comparison of the key indicators and any lagging factors. Improvement in these individual factors provide data supporting improvement and can also allow for the opportunity to provide real time feedback to the population being observed. It would be safe to assume success of the competency-based orientation toolkit if the finding shows a statistical finding of 0.05.

The utilization of this toolkit can provide a significant improvement in communication effectiveness in a high volume, high acuity patient care setting but it can also be utilized in other settings of different population. For example, utilizing this toolkit in an outpatient setting would require modification of structuring the communication but it can be equally impressive in improving communication.

Investigating a high volume, high acuity patient care setting can pose some challenges and limits the success of the toolkit. Patient throughput and achieving high efficiency can limit the application of a structured communication pattern; this can be a barrier to the adaptation of the AIDET plus the promise communication tool. Another barrier can include resistance from key decision makers who may find it difficult to change the culture of the population and retract to the old process.

Dissemination

The development of the project is intended to improve the communication and delivery of information within a high volume, high acuity patient care environment. Improvement of the outcome, customer satisfaction and patient experience are of utmost importance in improving the quality of healthcare and overall improvement of quality and safety in healthcare. With that said, it would be important to share the outcome of this change project within the facility. A presentation of the project with outcome data and analysis should be disseminated through the delivery of a scheduled presentation and an email of the power point presentation can be sent to the stakeholders. Development of this project is not only a guidance for healthcare strategies to improve customer satisfaction, but it can also be utilized in any field of communication to impact the experience of customers receiving a service. Consideration to publish the project in a scholarly journal cannot be excluded, but the focus would be to upload the scholarly project to the SOAR@USA link. Utilization of the project would be a great idea for prospective students to utilize the toolkit for implementation in a similar patient care setting.

Conclusion

The development of this project is to improve customer satisfaction and experience at a high volume, high acuity patient care environment. Communication has shown to be a major

indicator for improvement of customer experience, and it is very crucial in healthcare delivery (Vermeir et al., 2015). This project should provide information not to approve or disprove the use of AIDET Plus the Promise but simply evidence to support the intervention and how it impacts the outcome of improvement in patient satisfaction and customer experience. The success of the project would greatly depend on the collaborative expertise among the stakeholders and project manager for the implementation and evaluation process. Dissemination of the project result can provide a stimulus to greater benefits of improving patient satisfaction and customer experience in great lengths.

References

Aidet Patient Communication. Huron Consulting Group. (n.d.). Retrieved October 30, 2022,

from <https://www.studergroup.com/aidet>

Anderson, R. J., Bloch, S., Armstrong, M., Stone, P. C., & Low, J. T. S. (2019). Communication

between healthcare professionals and relatives of patients approaching the end-of-life: A systematic review of qualitative evidence. *Palliative Medicine*, 33(8), 926–941.

<https://doi.org/10.1177/0269216319852007>

Burgener, A. M. (2020). Enhancing communication to improve patient safety and to increase

patient satisfaction. *The Health Care Manager*, 39(3), 128–132.

<https://doi.org/10.1097/hcm.0000000000000298>

Burns, P. B., Rohrich, R. J., & Chung, K. C. (2011). The levels of evidence and their role in

evidence-based medicine. *Plastic and Reconstructive Surgery*, 128(1), 305–310.

<https://doi.org/10.1097/prs.0b013e318219c171>

CDC. (2011, October). *Centers for Disease Control and Prevention*. CDC. Retrieved October

23, 2022, from <https://www.cdc.gov/evaluation/guide/CDCEvalManual.pdf>

Dean, D. (2014, December 12). *Aidet plus the promise*. Huron Consulting Group. Retrieved

March 20, 2022, from <https://www.huronlearninglab.com/resources/articles-and-industry-updates/insights/december-2014/aidet-plus-the-promise>

Framework for program evaluation in public health - centers for disease ... (n.d.). Retrieved

October 2, 2022, from <https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>

- Franco-Trigo, L., Fernandez-Llimos, F., Martínez-Martínez, F., Benrimoj, S. I., & Sabater-Hernández, D. (2020). Stakeholder analysis in Health Innovation Planning Processes: A systematic scoping review. *Health Policy, 124*(10), 1083–1099.
<https://doi.org/10.1016/j.healthpol.2020.06.012>
- Gessesse, A. G., Mohammed Haile, J., & Woldearegay, A. G. (2022). The nexus between physician-patient communication and health outcomes: Level of patient communication satisfaction and its impact on adherence in Ethiopian Comprehensive Specialized Hospitals. *Patient Preference and Adherence, Volume 16*, 2509–2519.
<https://doi.org/10.2147/ppa.s381937>
- Impact of communication in healthcare*. IHC. (2011, July). Retrieved February 5, 2022, from <https://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>
- Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: Barriers, facilitators, and the way forward. *BMC Nursing, 20*(1). <https://doi.org/10.1186/s12912-021-00684-2>
- Marshall, S., & Hurtig, R. R. (2019). Developing a culture of successful communication in Acute Care Settings: Part II. solving institutional issues. *Perspectives of the ASHA Special Interest Groups, 4*(5), 1037–1043. https://doi.org/10.1044/2019_pers-sig12-2019-0016
- Omura, M., Stone, T. E., Maguire, J., & Levett-Jones, T. (2018). Exploring Japanese nurses' perceptions of the relevance and use of assertive communication in Healthcare: A qualitative study informed by the theory of planned behaviour. *Nurse Education Today, 67*, 100–107. <https://doi.org/10.1016/j.nedt.2018.05.004>

Petkovic, J., Riddle, A., Akl, E. A., Khabsa, J., Lytvyn, L., Atwere, P., Campbell, P., Chalkidou, K., Chang, S. M., Crowe, S., Dans, L., Jardali, F. E., Ghersi, D., Graham, I. D., Grant, S., Greer-Smith, R., Guise, J.-M., Hazlewood, G., Jull, J., ... Tugwell, P. (2020). Protocol for the development of guidance for stakeholder engagement in health and Healthcare Guideline Development and implementation. *Systematic Reviews*, 9(1).

<https://doi.org/10.1186/s13643-020-1272-5>

Sonis, J. D., Aaronson, E. L., Lee, R. Y., Philpotts, L. L., & White, B. A. (2017). Emergency department patient experience. *Journal of Patient Experience*, 5(2), 101–106.

<https://doi.org/10.1177/2374373517731359>

Simonovich, S. D., Spurlark, R. S., Badowski, D., Krawczyk, S., Soco, C., Ponder, T. N., Rhyner, D., Waid, R., Aquino, E., Lattner, C., Wiesemann, L. M., Webber-Ritchey, K., Li, S., & Tariman, J. D. (2021). Examining effective communication in nursing practice during COVID-19: A large-scale qualitative study. *International Nursing Review*, 68(4), 512–523. <https://doi.org/10.1111/inr.12690>

Tiwary, A., Rimal, A., Paudyal, B., Sigdel, K. R., & Basnyat, B. (2019). Poor communication by health care professionals may lead to life-threatening complications: Examples from two case reports. *Wellcome Open Research*, 4, 7.

<https://doi.org/10.12688/wellcomeopenres.15042.1>

Upstate Medical University. (n.d.). *Johns Hopkins Nursing Evidence-based practice: Searching for the evidence*. Subject Guides. Retrieved March 4, 2022, from

<https://guides.upstate.edu/c.php?g=1023176&p=7411259>

Appendix A

Citation	Design, Level Quality Grade	Sample Sample size	Intervention Comparison	Theoretical Foundation	Outcome Definition	Usefulness Results Key Findings
(Cooper et al., 2016)	Quasi-experimental Level II Grade A	16 Urology office staff and provides.	AIDET Nonspecific communication	Star model of transforming evidence into practice.	The implementation of an educational exposure to AIDET improves patient experience and an overall outcome of patient satisfaction.	This evidence is useful for the change project as it supports the proposed intervention.
(Fu et al., 2020)	RCT Level 1 Grade A	100 cases/patients 50 cases used as control group and 50 cases used as test group	AIDET communication tool. Nonspecific communication tool.	Kotter change model.	The results in the test group shows a significantly higher score in patient satisfaction when compared to the control group.	This evidence is very useful to the change project as it directly answers the question of the intervention. The use of AIDET shows a significant higher score in patient satisfaction.
(Irwin, 2020)	Quasi-experimental Level II Grade A	840 patients contacted 9% response rate with 56 pre-intervention and 56 post-intervention	AIDET communication tool	Kotler theory of customer satisfaction.	The implementation of AIDET provided a positive change to the patient	This evidence is useful as it further solidifies the use AIDET in improving patient satisfaction.

		survey completed and returned.	No specific communication tools.		behavior and customer satisfaction outcome.	
(Korkiakangas et al., 2021)	Quasi-experimental Level II Grade A	75 participants across two different sites (one restaurant and one healthcare facility).	Structured communication Nonspecific communication	Kotler theory of customer satisfaction.	The interpretation of this evidence suggested a need for structured communication that aide a pleasant and productive experience through proactive information or simple providing clear information in a timely manner.	This evidence is useful for the change project as it further emphasizes the importance of a structured routine of communication that is clear and concise. Supporting a strategic communication tool for standardized delivery can provide an improvement in patient/customer satisfaction.
(Lam et al., 2018)	Observational Level III Grade B	27 nurses (2 withdraw) 102 patients (8 withdraw)	Nonverbal communication cues	Thomasson theory.	Lack of a structured communication pattern has led to a reduction in the level of patient satisfaction.	The is evidence is useful as it emphasizes the importance of effective communication and its influence on patient satisfaction.
(McDaniel et al., 2020)	Quasi-experimental Level II Grade B	12 Physicians – 4 women and 8 men.	Skilled communication Unskilled communication	Kotler theory of customer satisfaction	Unstructured communication led to a lower HCAHPS score relevant to physician – patient communication.	This evidence is useful for this project because of the relevance of negative impact on patient satisfaction when a structured communication routine is not implemented.

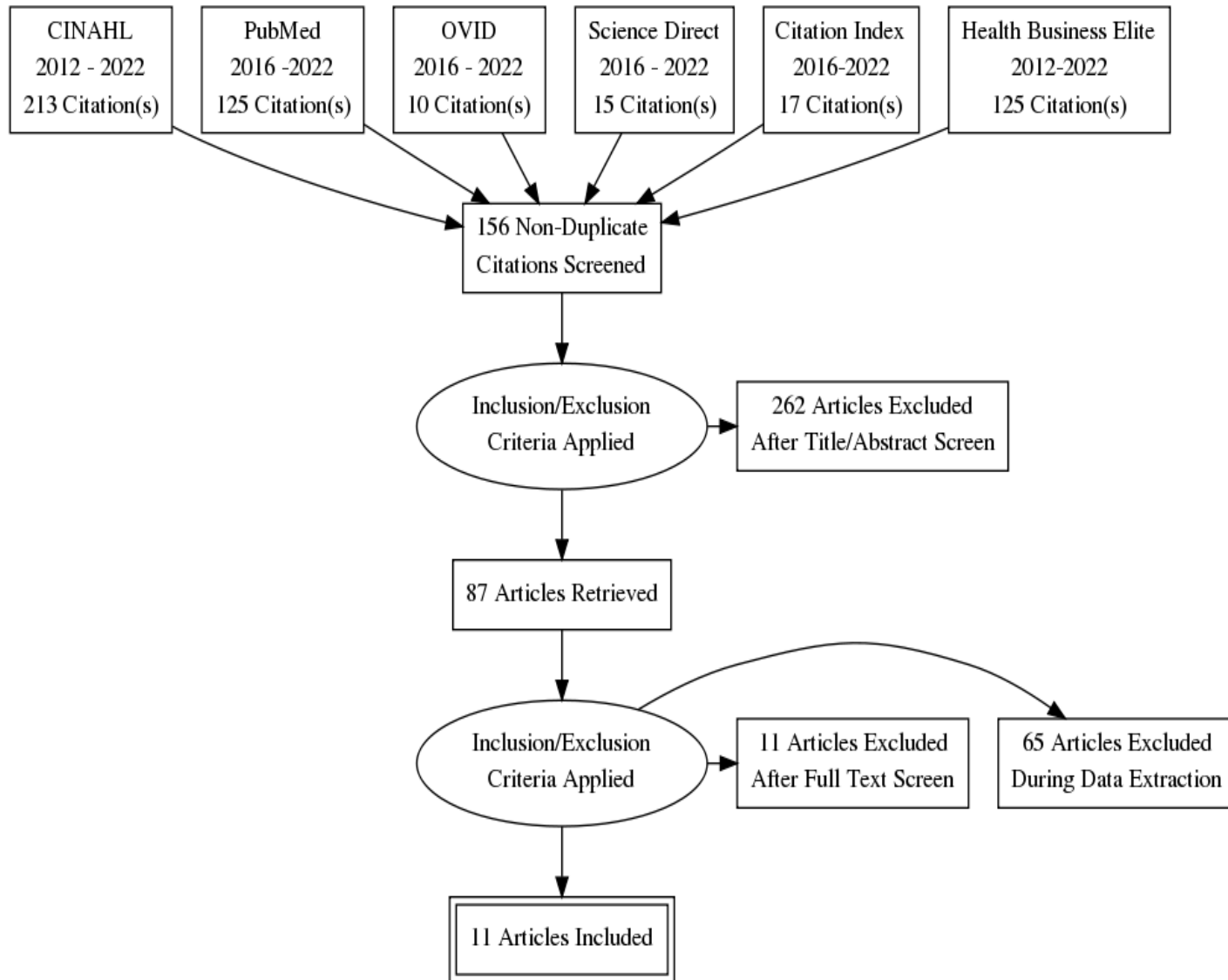
(Puppala et al., 2020)	Experimental Level I Grade B	Approximately 20% of the hospital patients for 1 year.	Bundled interventions including AIDET Nonspecific communication.	Kotler theory of customer satisfaction.	AIDET as part of a bundled package of interventions showed a significant impact on patient satisfaction.	This evidence is partially useful as AIDET is bundled with other interventions; however, AIDET as an intervention variable was individually analyzed.
(Register et al., 2020)	Quasi-experimental Level II Grade A	77 participants of which 32 staff nurses, 6 patient care technicians, 24 radiology technologists, 5 electrophysiology technicians, 2 secretaries, and 8 other health care professionals.	AIDET communication tool. Nonspecific communication.	Kotler theory of customer satisfaction.	AIDET communication tool was used as the intervention. Pre and post intervention data was collected.	This evidence supports the change project intervention of using AIDET as a strategic communication tool for improvement in patient satisfaction.
(Skaggs et al., 2018)	Quasi-experimental Level II Grade B	197 patients 100 pre-intervention and 97 post-interventions	AIDET communication bundle Nonspecific communication routine	Kotter Change model	The bundle service implementation shows an increase in patient satisfaction in support of a change to a more structured communication framework.	This evidence provides key finding in support of the AIDET communication tool as a strategic measure of improving patient satisfaction.
(Zamora et al., 2015)	Experimental Level I Grade A	1811 responses – gathered from 3 rd quarter 2010 to 2 nd quarter 2013.	AIDET Nonspecific communication routine.	Kotler theory of customer satisfaction.	AIDET implementation showed a significant improvement in patient satisfaction.	This evidence is useful for the change project as it supports the implantation of the intervention.

Appendix B

Summary of Systematic Reviews (SR)

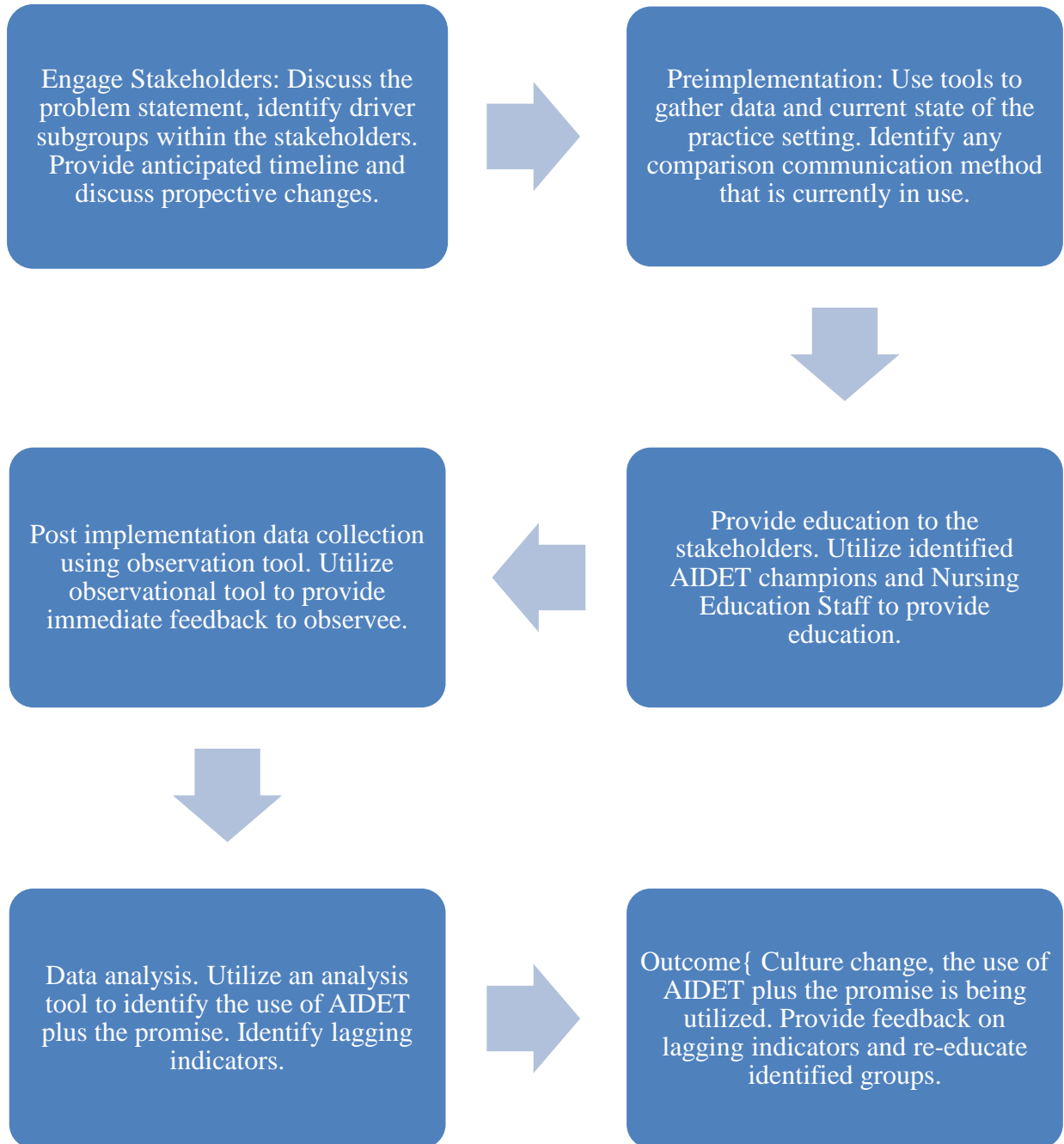
Citation	Quality Grade	Question	Search Strategy	Inclusion/ Exclusion Criteria	Data Extraction and Analysis	Key Findings	Usefulness/Recommendation/ Implications
(Rippé & Dubinsky, 2018)	Level V Grade A	What physician can learn from salesman in terms of communication?	Keyword – communication USAHS library search.	Publication date, peer reviewed, full text articles, English language, USA publications.	Systematic review of evidence in support of a strategic communication plan.	Like salesman to customer, physicians are tasked with the responsibility of providing great patient outcome through effective and strategic communication.	This body of evidence supports the reality of strategic communication and the need for a routine that is evidence-based with strong recommendation for improvement in patient satisfaction.

Figure 1



Appendix C

Logic Model



Appendix E

Competency Based Orientation Toolkit

- Purpose statement

Structured communication is a practice excellence that can be developed and enhanced through repetition. This toolkit aim is to guide the participants and stakeholders to utilize the AIDET plus the Promise communication tool as a structured communication tool. Standards and repetition will assist in the mastery of the tool and result in a positive outcome of improving patient satisfaction.

- Audience

The audience targeted are stakeholders from managers, administrators to critical users with direct interaction with patients. Communication in a high volume, high acuity patient care setting can be stressful and intimidating leading to a flow of emotions. Staff communicating with patients and non-patients should be able to always apply AIDET plus the Promise. Listing the audience include:

- Doctors
- Nurses
- Ancillary Services Staff
- Nonclinical staff
- Administrators

- Definitions/Glossary

- AIDET plus the Promise
 - A – Acknowledge the patient/client.
 - I – Introduce yourself and identify your role.

- D – Provide a realistic duration of the task you are about to perform or how long it would take to achieve your goal. Does not have to be exact, a realistic approximation would provide a relief to the patient client expectations.
- E - Provide an explanation of the proceedings
- T – Thank you, provide reassurance for the client to allow you to be a part of their care, or assistance.
- Promise – The promise can be interjected ant any time of the conversation.
- Stakeholder –
- Client – patients’ family members, organization staff or outside vendors.
- Ancillary staff – include clinical staff that are not Physicians or Nurses
- Non – clinical staff – include environmental services, dietary, registration, general stores, logistics, and security.
- Administrators – management leaders of all levels.
- Implementation Strategy
 - Establish a baseline or reference point for the area of population used for the the project improvement. Baseline communication standards and effectiveness needs to be captured prior to the implementation of the intervention. Use the observation checklist as in Appendix D to identify the lagging factors. Data collection through observation should take 2 weeks. Baseline data will provide a reference point to measure the effectiveness of the intervention. The variables (acknowledge, introduce, duration, explanation, thank you, and promise service excellence) capture the current communication strategies and how it addresses AIDET plus the promise.
 - Training sessions provided to all identified staff in the area under investigation. The population as identified in the PICO question would be responsible for attending a training session outlining

the AIDET plus the promise communication tool. Training sessions would be approximately 1 hour long. The sessions should include alignment of the communication tool with the organization core values, discussion and understanding of the communication tool, scenarios use as case study for role playing. These role-playing sessions would be observed and criticized with real time constructive feedback. The training sessions should capture 100% of the population under investigation. Trainers would include identified facilitators within the administration, project managers and assistance from the organization nursing education department. Capturing the entire population should take 2 weeks to complete.

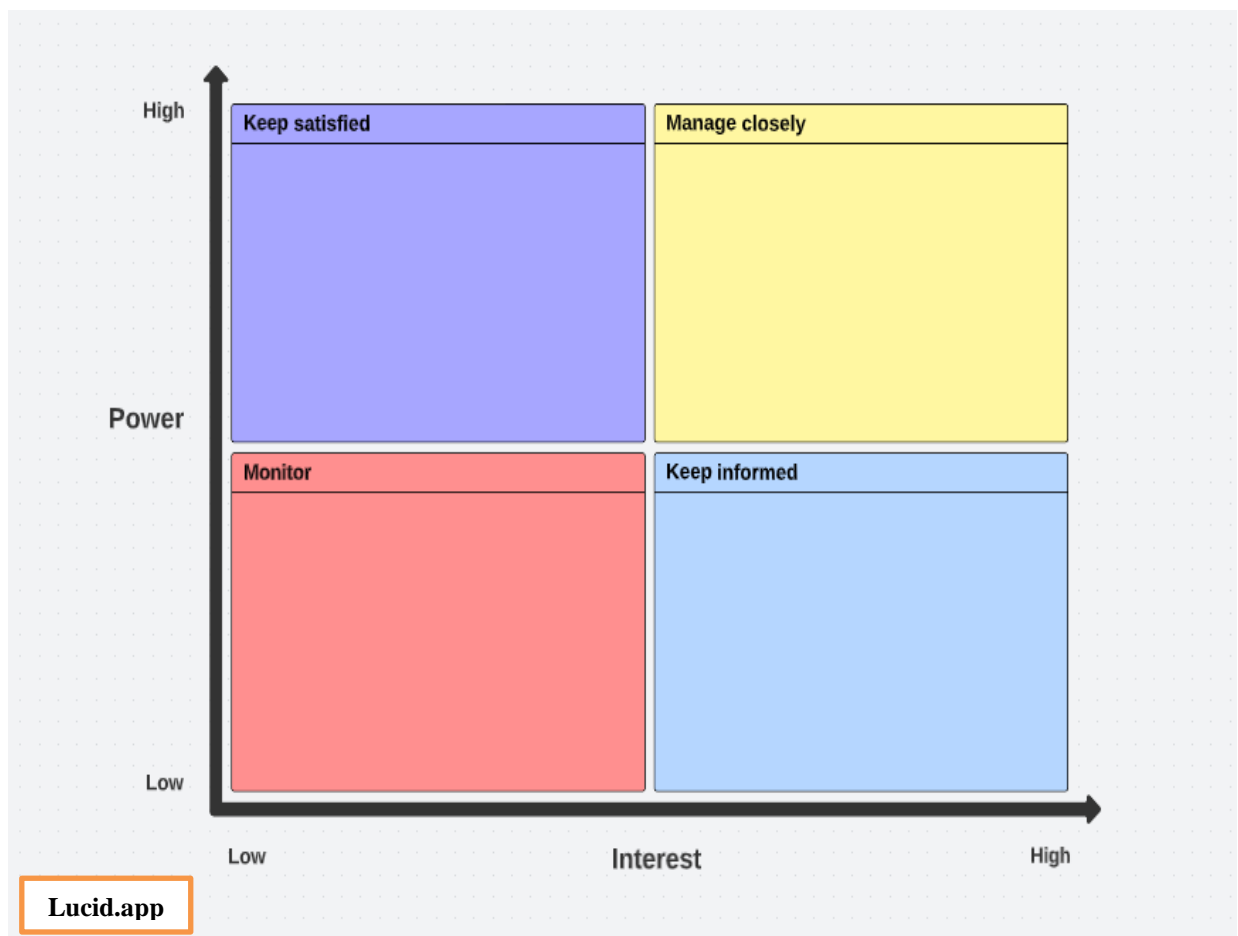
- Week 5 of the project implementation should mark the beginning of data collection post intervention. The same observation checklist (Appendix D) will be used for data collection. The lagging indicators will be analyzed. A pie chart demonstrating the data collection can be used for pre and post implementation data to aid in the visualization of the outcome. Data collection would continue through week 8. This would conclude 8 weeks of the project development.
- The remaining 4 weeks of the project would include data analysis and presentation of the finding to the project operators. The project operators would include the administrative team responsible for driving change in the department or organization.
- Evaluation Strategy and tools
 - Pre implementation data collected using the AIDET plus the promise observation checklist would be gathered by utilizing identified champions who can provide observation data without bias to the department being observed. In other words, if the Emergency Room is being observed then identified champion from other departments can be utilized for the observations. Observation data should be evaluated across all shifts and capture all area of the population

being investigated. Data collected will be separated by each variable on the observation checklist.

- Collect data and stored in a private data base.
- No HIPAA violations are expected as patient privacy will not be invaded. The patient chart or patient information should not be collected, just an observation of the interaction between the stakeholders will be captured.
- Capture the lagging factors and how much it improved.
- The variables will be compared using pre and post implementation observation checklist. The data will be collected from observing the same department staff. Pre and post implementation data will be used for comparison utilizing the sample t-test since the data can be matched for pairing. A significant value of 0.05 would indicate a significant finding between the pre and post data.
- Stakeholder engagement and analysis tools
 - Stakeholder engagement is a dynamic process that should be equally represented and meaningful to the stakeholders and the people who are developing the guidelines or progressively trying to develop a change process. Stakeholder engagement is a multidirectional event that is closed loop and provides equity for the stakeholders and the project developers (Petkovic et al., 2020). Utilizing tools and communication plans would alleviate the bias and barriers that may influence the implementation or outcome of the project. The long sustainability of the change process may be impacted by the poor analysis of the stakeholders and lack of engagement may provide a less than desirable progress. For example, engaging a stakeholder that is low on the power curve may not be meaningful, whereas lack of communication to a stakeholder with high interest and

influence may be proven detrimental to the progress of the change process or implementation of the project findings.

- Stakeholder participation in the change process is a major impact to the success of the project; however, there is not always a meaningful way of selecting the correct stakeholders. Increasingly it is important to vet the stakeholders and understand their interest and influence on the prospective project development process (Franco-Trigo et al., 2020). Knowing their value and interest in the scope of the project; stakeholders need to be evaluated and selected with high interest to make sure the project development process has a fair and equitable chance of succeeding. Utilizing an analysis as shown below will allow the careful identification of stakeholders and their influence and interest towards the project.



- Communication planning tools

Person	Role	Frequency	Form of communication	Notes
Person 1	Chief Nursing Officer	Major Milestones	Email/High level sit down	May only entertain initial approval steps and major milestones update.
Person 2	Communication Leader	Weekly	Emails	Provide updates to the entire project team and relate feedback.
Person 3	Project Manager	Daily	Huddles with facilitators	This meeting would provide updates to the team at the root of the implementation process.
Group 1	Frontline Staff	Weekly	Huddle with staff	Provide feedback to the frontline users of the current state including small wins and setbacks.

- Form examples
 - **Policy/ Purpose statement**

The purpose of using AIDET plus the Promise communication tool is to improve patient health outcomes. AIDET plus the Promise when used effectively can decreased anxiety and increased compliance which can lead to improved clinical outcomes and increased patient and clinician satisfaction (Studer Group, 2022). The policy is for all clinician and staff to be trained and adhere to the use of the AIDET plus the Promise. Leadership stakeholders would be responsible for upholding the 100% compliance of the AIDET plus the Promise communication tool.

○ **Education materials**

- Staff/clinician

Developing you own AIDET plus the Promise worksheet utilizing the table:

<p>AIDET plus the Promise components</p>	<p>Questions to consider</p>	<p>Using Keywords and actions to create your own AIDET plus the Promise</p>
<p>A: Acknowledge</p>	<p>How can you:</p> <ul style="list-style-type: none"> • Show a positive attitude? • Make patients and families feel you have expected them, that you know them? • Put patients at ease and make them feel comfortable? • Ask permission to enter a room? 	
<p>I: Introduce</p>	<p>How can you manage up YOURSELF?</p> <ul style="list-style-type: none"> • Job title • Certification, licensure • Years of experience, number of procedures you have done 	

	<ul style="list-style-type: none"> • Special training • Special skills or personality traits that make your care or service unique <p>How can you manage up a CO-WORKER?</p> <ul style="list-style-type: none"> • Name a co-worker and outline how you would introduce him or her to a new patient/family. <p>How can you manage up OTHER DEPARTMENTS?</p> <ul style="list-style-type: none"> • Name a department you work with and describe what you could say to a patient to make him or her feel more comfortable with the care he or she is about to receive. <p>How can you manage up a PHYSICIAN?</p> <ul style="list-style-type: none"> • Name a physician and outline how you would describe the physician to the patient and family to put them at ease. 	
--	--	--

<p>D: Duration</p>	<p>How can you communicate duration?</p> <ul style="list-style-type: none"> • How long will this take? • Initial assessment or preparation • Exam or test • Waiting after the test • When will the results be back? • For providers: How long will the symptoms last? When should I call? • When will I be able to go back to work? 	
<p>E: Explanation</p>	<p>How can you help patients or family members understand:</p> <ul style="list-style-type: none"> • What you will be doing and why? • What should they expect? <p>What is the plan for the future?</p>	

<p>T: Thank you</p>	<p>How can you:</p> <ul style="list-style-type: none"> • Let patients know you have enjoyed caring for them? • Let customers know you appreciate being able to help them and provide a service to them? • Thank the family for using us and for entrusting us with the care of their loved one? 	
<p>The Promise:</p>	<p>How can you:</p> <ul style="list-style-type: none"> • Demonstrate that you care about the patient/family? • Communicate that you are committed to providing excellent care? 	

(Studer Group, 2022)

▪ **Patient/client/ support member**

Patient/client and vendors interaction should always summon or identify the use of AIDET plus the promise. Posters or wall décor identifying the department use of AIDET plus the Promise would set the expectations of the patient/client and vendors to anticipate a level of communication that is satisfactory and significant. No formal education

materials would be necessary, posters and wall décor would suffice to create a sense of awareness of the AIDET plus the Promise communication tool.

- Evaluation Tools/CBO document

AIDET plus the Promise® OBSERVATION CHECKLIST

Dept/Unit _____

Observer _____

A	I	D	E	T	+ the Promise		
Acknowledged customer (Y/N)	Introduced self and role (Y/N)	Give duration of how long test/procedure will take. (Y/N)	Explained what would be taking place, why you are doing this, what will happen and what they should expect? (Y/N)	Thanked the customer and show appreciation. (Y/N)	Promise services excellence (Y/N)	Use language customer understands (Y/N)	Comments

(Studer group, 2022)

- Scenario Examples of Process in Use

- **ER Registration**

- Acknowledge: The ER is horrifying and a very anxious time for the client and family. Always greet the client and family with confidence and make eye contact,

acknowledging they are hurting and promise to expedite their care as much as possible would alleviate some of the anxiety.

- Introduce yourself by name and your role: “I am _____, and I will start your registration this morning. I will be collecting just enough information for the rest of our team to begin caring for you. It will take us about 3 minutes. We will complete your registration later after you have seen your doctor or nurse.”
 - When completed, tell patient the next step in their care and when they can expect that step to occur.
- **Support Staff**
- As you enter the room, knock, and wait 5-10 seconds for acknowledgement to enter the room.
 - Good morning, _____ (client name), I am _____, your _____ (housekeeper, food service delivery). It will only take a few moments to set up your room or meal. Is this a good time? Your service today requires special attention as directed by your clinical team to assist with your care and healing.
 - Upon leaving the room, ask the client/family if any other assistance is needed.
- **Communicating with a colleague or a non-patient**
- Thank you for calling _____ (department name), you have reached the client support staff.
 - My name is _____. What can I help you with today?
 - You have reached the correct person for the task; I promise to do my best to take care of the issue.

- After resolving the issue or provided the information that was required, end with asking the person if there is anything else that I can help you with.
- **Calling to give important news to a family member.**
 - Good _____ (morning, afternoon...), may I speak with Mrs. Jones.
 - Make sure you are speaking to the correct person.
 - Good morning Mrs. Jones, this is your mother's Physician at _____--(hospital name) ER. I would like to speak to you about your mother's failing health and a procedure we are considering. It will take about 10 minutes and it is very urgent. Is this a good time?
 - I promise to take good care of your mom and make sure our team provide the best care possible.
 - At the end of the conversation, ask the family member; Is there anything else I can do for you at this time?

Use this poster as a visual for reminding staff to use the communication tool.

AIDET + Promise® Communication Tool

A	<p>Acknowledge: Greet the patient by preferred. Make eye contact, smile, and acknowledge friends or family in the room.</p>
I	<p>Introduce: Introduce yourself with your name, role and professional certification, and experience.</p>
D	<p>Duration: Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress.</p>
E	<p>Explanation: Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button.</p>
T	<p>Thank you: Thank the patient and/or family. You might express gratitude to them for choosing our organization or for their communication and cooperation. Thank family members for being there to support the patient.</p>
+P	<p>The Promise: This can be at any point of the conversation. Promise the patient/family member/coworker excellence service.</p>

The WHY Behind AIDET + Promise®

A Key Benefit: When we use AIDET + Promise® with patient, their family members, and co-workers, we reduce anxiety, improve patient safety, and build **TRUST**.

Advantages of AIDET + Promise®

Decrease anxiety with increased compliance



AIDET + Promise® works in All Departments and Disciplines.
Excellence through Strategic Communication

The Fundamentals of Consistent Communication to Patients and Staff