The purpose of this quality improvement project was to determine if patient perceptions of staff responsiveness as measured by the HCAHPS survey are impacted by the implementation of an advanced call bell system and competency-based hourly rounding training of Registered Nurses (RNs) and Unlicensed Assistive Personnel (UAP).

**Methodology**

The multi-component project was implemented over a 12 week period with defined pre- and post- comparison phases beginning December 3, 2018:

- **Hourly Rounding Competency Validation:** Required attendance at a population-specific simulation to validate behavioral competencies
- **Installation of an advanced call bell system:** Tiered installation of staff locator badges and education for use and standards

**Findings**

**Focus Unit HCAHPS Responsiveness Scores**

<table>
<thead>
<tr>
<th></th>
<th>Surgical Oncology</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>Q4</td>
</tr>
<tr>
<td>Pre</td>
<td>59.3%</td>
<td>58.0%</td>
</tr>
<tr>
<td>Post</td>
<td>67.2%</td>
<td>61.2%</td>
</tr>
</tbody>
</table>

**Discussion**

- Increased satisfaction scores in the responsiveness domain of the HCAHPS survey.
- Positive gains were made in patient experience ratings through an improvement of the HCAHPS domain of responsiveness of hospital staff.
- Continued opportunities for evolution to meet state and national benchmarks for performance.
- Informal outcomes have placed future work in the area of responsiveness in the forefront of opportunities for improvement with ownership on the frontline staff.
- On-going market demands from value-based payment models will require translatable, evidence-based work to improve patient care outcomes.

**Acknowledgements**

Special thanks to Dr. Bradley Sherrod, DNP, RN, Project Committee Chair, East Carolina University College of Nursing; Dr. Priscilla Ramseur, DNP, RN, CNOR, NEA-BC, & Holly Bradicich, RN, BSN.

**References**
