UNIT 2

Academic, Clinical, and Community Partnerships

CHAPTER 3

Value of Communication for Improving Care

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LEARNING OBJECTIVES

1. Discuss how effective communication results in motivation, solutions, and success.
2. Explore how clinical nurse leaders (CNL) establishes alliances with individuals and consumers across the healthcare continuum.
3. Describe how group dynamics and process affect communication.
4. Identify the link between decision support tools and communication.
5. Identify actions that CNLs can initiate to meet the triple and quadruple aims.

KEY TERMS

Active listening
Alliances
Assertiveness
Clinical support tools
Collaboration
Communication
Conflict management
Consumers
Crucial conversations
Decision support tools
Diversity
Group dynamics and process
Leadership
Motivation
Qualitative data
Quality improvement
Quantitative data
Stakeholders
Team coordination
Triple and quadruple aim
Value

Chapter Opener Image: The life of each of these plants has much in common with our own lives. Each started from a fertilized egg, grew into an adult by obtaining energy and nutrients, as well as defending itself from diseases and pests.

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CNL ROLES	
Communicator	Information manager
Clinician	Leader

CNL PROFESSIONAL VALUES	
Accountability	Genuineness
Acceptance	Human dignity
Empathy	Integrity

CNL CORE COMPETENCIES	
Critical thinking	Ethics
Communicate information and technologies	Technology and resources
Design/manage/coordinate care	Therapeutic use of self

Introduction

Contemporary leaders engage in multiple conversations during presentations, email, texts, social conversations, and phone calls. Regardless of the medium, leaders must actively listen and persuade others in order to meet the demands imposed by regulations and challenges of healthcare reform. "Many of the problems that occur in an organization are the direct result of people failing to communicate or communicating ineffectively" (Northcutt, 2009, p. 136).

While effective communication is important, it is not the primary objective. The objective is to achieve and foster understanding using effective communication as the tool (Fitzpatrick, 2010; Sanborn, 2006). Clinical nurse leaders (CNL) have vast opportunities to effectively communicate with teams and patients across populations. Understanding human interactions, problem-solving skills, conflict management, and team coordination will foster success when communicating ideas and spreading evidence.

This chapter provides an overview of effective communication and techniques necessary to build alliances with individuals and consumers of care. Attributes of the CNL will be discussed in relation to effective communication. The value of decision support tools used to communicate plans and outcomes will also be discussed in meeting the triple and quadruple aims.

Effective Communication

Effective communication is fundamental in daily life and defined as a two-way process where people take responsibility for their own part (Patterson, Grenny, McMillian,

and Switzler, 2012). It is complex and includes numerous components that include verbal and nonverbal communication, active listening, assertiveness, and conflict management that are unique to situations and individuals. The key is communicating in an effective and understandable way that clearly delineates the message that is being sent to the receiver. Maxwell (1999) described four essential qualities of effective communication:

1. Keep it simple/convey a clear and simple message—communication extends beyond what is said and includes how a message is delivered. Keeping the message simple helps one connect with others.
2. See the whole person—convey respect and belief in others. Use active listening skills.
3. Demonstrate creditability/show the truth—display confidence and belief in what is said.
4. Seek a response and validate that the correct message is communicated. The goal of communication is action—give the receiver something to feel, think, remember, do, and motivate others.

In today's rapidly changing society, communication is transmitted using a variety of technology versus face-to-face interactions. Technological advances allow patients to receive care through telehealth and other electronic devices, chat rooms, and blogs (Kaufman & Woodley, 2011). Regardless of the method, communication occurs at many levels and requires skills that facilitate healthy relationships, impart information, convey respect, and address both consumer and organizational needs. While technology limits face-to-face interactions and limits the human component, a mutual understanding and respect is necessary if communication is effective.

Intrinsically, CNLs are confronted daily with the challenge of interpreting verbal and nonverbal messages. Effective communication enables CNLs to realize the complexity of human interactions and form meaningful relationships with others. When interacting with a patient, family, or colleagues, CNLs must use effective communication skills to convey clear messages, and in response to others when involved in collaborative quality improvement projects. Effective communication is persuasive, not abrasive and requires one to be aware of emotions and control both responses and associated body language.

Understanding the dynamics of groups facilitates goal attainment of improvement projects. What guides the success of a group can be determined by answering the following questions:

1. What is the group's alignment with organizational values, goals, and outcomes?
2. What decisions are required to ensure that group goals, implementation, timelines, and outcomes are consistent with the organization's goals, mission, and values?
3. What is the game plan to meet mutual goals?
4. How is the plan implemented across the health continuum?

As these questions are answered, the group can determine if they are moving in the right direction or if the goal needs to be revisited.

Many barriers, including the size of organizations, reporting structures, and the amount of information that is shared, affect all communication. To ensure effective communication, CNLs should organize strategies within the infrastructure that

clearly delineates expectations. Understanding the mission, vision, and ensuring that feedback is available are critical factors in successful communication. Overcoming barriers requires one to manage crucial conversations. Patterson and colleagues (2012) define crucial conversations as those that address difficult issues and require positive outcomes when stakes are high. The key to managing crucial conversations is mastering dialogue where options and understanding others perspective (Gerzon, 2006). CNLs are prepared to manage such conversations based on skills and competencies mastered through formal education and lived experiences.

Building Alliances with Others

Responding to needs begins with trust, respect, openness, cultural sensitivity, and shared values. Throughout this process, alliances are created to achieve a specified goal. CNLs create alliances with patients as plans of care are developed. Likewise, alliances are created as teams share the responsibility to meet the needs of patients, communities, and organizations. The ability to navigate and actively leverage differences between strengths and styles of others can be overshadowed if alliances are not managed. Hughes and Weiss (2007) identified five basic principles for managing alliances that include the following:

1. Develop the right working relationship. Successful alliances depend on the ability of individuals to reach consensus and share information about what relationship is desired, the roles of members, and desired outcomes.
2. Create means that foster alliance goals and progress. Instead of primarily focusing on the end results of an alliance, establishing means that will foster the ultimate progress. Identifying the behaviors desired by all parties is a good indicator of the means of the alliance.
3. Embrace differences. Instead of attempting to eliminate differences, leverage them to create value. Diversity allows for a variety of experiences and opinions that motivate others and lead to innovation. There is much diversity in the environment such as age, gender, ethnicity, and religious differences. Embracing the differences will assist CNLs and teams to create opportunities for sustainable and measureable outcomes.
4. Enable collaboration. The need to cultivate collaborative behavior may seem obvious, but it is often unmet. Collaboration evolves over time and requires active involvement by individuals and a commitment to create opportunities from challenges.
5. Manage internal stakeholders. Remaining astute to the needs of internal stakeholders results in stronger alliances where trust is fostered and goals are attained.

CNLs possess many positive attributes that foster effective alliances, enhance their ability to lead others, and motivate others. These attributes become the building blocks for successful communication and interpersonal relationships, as alliances are formed and mature. Each attribute promotes respect and person-centeredness, embraces strengths of others, maintains human dignity, respects differences, displays care and acceptance, and sustains healthy alliances. The six attributes are discussed below.

1. Therapeutic use of self. This quality is core to nursing. It engenders trust, acceptance, and a willingness to share similar experiences. This interactive process requires active listening, attentiveness to others, clear communication, and mutual respect. It positions the CNL to support, reassure, and gather data relevant to decision making and efficient care delivery.
2. Genuineness. It refers to honesty and authenticity and infers openness and absence of defensiveness. It is the moral compass that underpins a CNL's genuineness.
3. Empathy. It is the capacity to identify with and vicariously experience another's situation, feelings, and motives without them becoming part of the self. Empathy enables the CNL to use objective approaches to evaluate and resolve highly emotionally charged situations.
4. Acceptance. It refers to favorable reception, belief in or approval of others, and value of differences. CNLs gain greater appreciation and acceptance of diverse thoughts and a view that assists them in managing difficult situations and meeting care needs.
5. Self-awareness. It is governed by behaviors that involve the acknowledgement and understanding of personal strengths, attributes, and vulnerabilities. A lack of self-awareness can result in defensiveness, personalization, and unwillingness to listen to others. CNLs who are more self-aware promote self through effective communication and establish coalitions throughout organizations.
6. Accountability. Responsible individuals account for what they do and how they perform. Accountability generates trust when there is a commitment to achieving an expected outcome. Being accountable is a way to build and sustain organizational trust and is a crucial leadership skill for CNLs in practice.

Using Clinical Decision Support Tools to Communicate Plans and Outcomes

Clinical decision support (CDS) tools are valuable assets when communicating plans, making clinical decisions, and documenting outcomes (Agency for Healthcare Research and Quality, 2015). More specifically, a number of benefits are gained from CDS tools including:

- Increased quality of care and improved health outcomes
- Avoidance of adverse events and errors
- Improved efficiency, resource management, and satisfaction of providers and patients.

CNLs use multiple decision-science tools, such as control charts and dashboard maps to communicate work outcomes and adapt projects. Both qualitative and quantitative methods are used to retrieve data in order to communicate with others.

Qualitative data provide rich information for communicating projects and their efficacy. Data are retrieved from focus groups, Internet and social networking, and storytelling methods.

Examples of quantitative data include metrics from clinical databases, sociodemographic data, satisfaction reports, national data on quality indicators (NDNQI), and

marketing data specific to population and lifestyle practices. Metrics encompass the art and science of measuring value when they are comprehensive and action oriented.

Making decisions on what data to communicate, to what audience, and the frequency requires a thorough and deliberate process that will engender support from others and ignite patient and team engagement. CNLs have the responsibility to ensure projects and data are communicated in ways useful to all groups. Mental models can be changed through data when they are based on different assumptions and comprehensive information.

Wahl (2013) identified ways that CNLs can unthink and be proactive, to embrace intuition, and spontaneously communicate. This holds the key to creative projects and the genius in one's ability to communicate facts and feelings effectively to others.

Meeting the Triple and Quadruple Aims: The Clinical Nurse Leader's Contribution

Since the introduction of the triple aim, it has spread at an exponential rate across healthcare settings. Three basic dimensions of the triple aim include: improving the health of populations, enhancing the patient experience of care, and reducing the per capital cost of health care (Stiefel & Nolan, 2012). Using each of the three dimensions, CNLs can initiate purposeful actions toward meeting the intent of the dimensions when adopting a patient-centered care model.

Societal expectations for improved health in a timely and cost-efficient manner continue to rise. As expectations escalate, healthcare shortages are also increasing. Higher turnover rates and provider burnout are also increasing. Hence, there is a threat to patient-centeredness and meeting the Triple Aim (Bodenheimer & Sinsky, 2014).

Bodenheimer and Sinskey (2014) have proposed the fourth aim directed at improving the work life of clinicians and staff. CNLs are successfully initiating projects and assisting with designing structures to meet the fourth aim. Some examples of practice approaches include the following:

- Assisting nurses and interprofessional teams to develop coping skills to reduce and/or alleviate burnout.
- Developing documentation systems that assist all healthcare providers with documenting care delivery and outcomes of teamwork.
- Initiating previsit and appointment systems whereby elective surgery is a seamless process and more opportunities are available for patient education.
- Identifying what roles allow nurses and medical assistants/technicians to assume responsibility for preventive care.
- Standardizing processes that synchronize workflows that reduce wait times and appointment scheduling.
- Developing orientation programs that facilitate transition into practice whereby staff are prepared to assume new responsibilities that contribute to the health and well-being of society.

While the Triple Aim has provided a direction for meeting the demands of a dynamic healthcare environment, engagement by all professionals will result in meeting the fourth aim and meeting the needs for all care providers. CNLs are educationally and experimentally prepared to assist in this journey as they continuously develop valuable processes that reduce fragmented care toward a laterally integrated system.

Summary

- Understanding group dynamics is essential for communicating effectively with others and creating positive and sustainable outcomes.
- Alliances are created to meet needs of patients, communications, and organizations. The CNL plays an important role in alliance building at the microsystem level.
- Six attributes that foster alliances include the ability to lead and motivate others.
- Clinical decision supports tools are vital when communicating projects, outcomes, and managing data.
- CNLs are active partners in meeting the triple and quadruple aim through their actions.

Reflection Questions

1. What can you identify from a clinical experience that was influenced by positive or negative group dynamics?
2. How can clinical support tools foster project development and the outcomes?
3. What primary action can a CNL initiate to meet the quadruple aim?

Learning Activities

1. Select a mentor and shadow him or her during an administrative or interprofessional team meeting.
2. Observe the group dynamics in an interprofessional team meeting and determine which of the developmental stages according to Tuckman's model applies.
3. Attend a new employee orientation session with a senior manager and observe the process for orienting employees to the culture of the organization. Identify the core values presented during the session and how they are actualized in the system.

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EXEMPLAR

Managing Conflict by Effective Communication

■ Samantha Gillam

Conflict can be a byproduct of interaction. The conflict will most often follow miscommunication or demonstration of a lack of empathy for the opposing party. The best way to manage conflict is to avoid the negative interaction if possible. The use of therapeutic communication is often pivotal in bypassing a potentially conflictive situation. The therapeutic communication path involves use of self and asking relevant questions, which allows a person to feel heard, valued, and also offers opportunity for response, all of which can decrease the frustration that can lead to conflict.

In order to deflate an escalated communication transaction, there are some key communication elements that need to be invoked. Use of empathic listening is crucial to the de-escalation process. Being able to truly hear how something is being said will allow for greater understanding and therefore have the outcome of appropriate reactions, which in turn will decrease conflict. Taking both a nonverbal and verbal nonconfrontational stance can be extremely helpful when trying to manage conflict. Since confrontation breeds defensive responses in most, it is then important to relay a nonthreatening demeanor when interacting. The use of voice is also important for effective communication. Being able to present verbally in a calm, nonjudgmental manner can not only help to manage conflict but can also work to promote positive interactions. Positive communications build into a beneficial therapeutic relationship between clinician and client, which works to promote functioning and plan of care goal achievement.

EXEMPLAR

Value of Communication:

The Elevator Speech of What Is a CNL?

■ Monique Swanson

The role of the clinical nurse leader (CNL) emerged from a call for change in the healthcare system as identified by the American Association of Colleges of Nursing, Institute

of Medicine, and multiple other stakeholders. The CNL was introduced in 2003 and was the first new nursing role in 40 years. Some, but not all, of the issues that assisted in the emergence of the CNL role were the increasing number of medical errors, need for evidenced-based practices to be introduced at the bedside, and nurses as leaders and participants in quality and safety improvement projects. The CNL is a master's prepared nurse who utilizes skills and evidence-based knowledge to coordinate care for a specified group of patients within a microsystem. While assuming responsibility for the specified group of patients, the CNL is responsible for healthcare outcomes and the utilization of available evidence to plan, implement, coordinate, review, and communicate patient outcomes (AACN, 2007). With evidence-based practice as a cornerstone, the CNL implements policy and practice changes to improve the overall functionality within a clinical microsystem. Through these practices there is increased quality of care provided and increased nurse and staff satisfaction. Looking through a quality and safety lens, the CNL conveys a different perspective to patient care that complements the functions of other nurses, managers, and treatment team members. Different "hats" may be worn by the CNL based on the needs of the microsystem including: clinician, outcomes manager, client advocate, educator, information manager, systems analyst, team manager, lifelong learner, and spreader of evidence.

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EXEMPLAR

Communication and Conflict Management

■ Teresa Vanderford

Clinical Nurse Leaders (CNLs) can anticipate conflict as they lead improvement initiatives in the interdisciplinary healthcare team. Conflict is often a result of different goals, priorities, and values among the members of the team. An effective CNL must be competent at managing conflict.

Communication is key to conflict management. Emphasizing shared goals and priorities helps to promote communication and decrease resistance among team members. With this foundation, team members can engage in dialogue regarding current evidence and how evidence-based practice will help the team achieve its goals. In managing conflict, it is important to recognize one's emotions and not to be controlled by them. If emotions hinder a logical conversation it may be helpful to step away from the conflict and allow emotions to settle before resuming the conversation. This will facilitate a rational, objective conversation.

These principles were demonstrated in a conflict between providers regarding which patients were appropriate for discharge from the emergency department and which patients required observation in the hospital. The hospitalists felt the emergency department providers were placing patients in observation that could be discharged from the emergency department, while the emergency department providers felt the hospitalists resisted taking admissions.

The CNL student first emphasized the commitment to patient safety and guideline-driven care shared by all parties involved. With these priorities at the

forefront, there was a discussion about current guidelines and evidence. When emotions were high, the CNL student took time to gather more data from the literature before responding. A consensus was reached regarding care pathways and team members reaffirmed their commitment to evidence-based, guideline-driven care. The conflict required those involved evaluating current literature and evidence. Thus, the microsystem was strengthened through conflict and patient care was not jeopardized.

EXEMPLAR

CNL's Role in Leading and Building a Team in Decreasing CAUTI in the Intensive Care Unit:

A Clinical Nurse Leader Initiative

■ Toy Bartley

A CNL became aware of the increased catheter-associated urinary tract (CAUTI) infection in the intensive care unit. The CNL realized that she might be able to make a difference in decreasing the infection if she takes the time to "go and see." She set out a date and time to make observations and photographed inappropriate practices of multidisciplinary caregivers that contributed to the infection, being mindful not to include patients in the photograph. The CNL compiled the photographs and created a poster of most common practices that contribute to CAUTI. The CNL analyzed the pictures taken and realized that all members of the caregiving team played a part in the cause of CAUTI, therefore, each member of the caregiver's team plays a role in decreasing CAUTI.

The CNL started fostering awareness among the interprofessional team consisting of physicians, nurses, patient care technicians, charge nurses, managers, transporters, environmental service staff, and respiratory therapists on the most common mistakes and practices that put patients at risk for CAUTI. A series of posters called "ICU CAUTI CAUTION," "No ladder in the bladder," and "It's good to have a flushing system" were posted by the huddle board, staff locker rooms, and staff lounge. In-services on universal precautions were provided in daily huddles and through emails.

Once a week during a huddle, a representative from each member of the interdisciplinary team reported back on observations of current practices in decreasing CAUTI. Gaps and opportunities for improvements were discussed to bring awareness to the whole team. Staff nurses were checked for competency on catheter insertion and perineal care.

The charge nurse performed daily room checks to assess whether patients with urinary catheters had the proper indications for use. If indications were not appropriate, staff were asked to use alternatives such as external catheter for males, incontinent pads, use of a bladder scan, and voiding schedule or intermittent catheterization.

During multidisciplinary rounds, physicians determined the appropriateness of the urinary catheter. Nurses were expected to report on the urinary catheter status; its indication, plan on discontinuing, or renewal of the order.

As part of the antimicrobial stewardship, physician residents were provided a "log book" to keep track of the patient antibiotic use. Elements tracked were specific to their patient's indication for antibiotics, number of days patients have been on antibiotics, and the treatment to escalate, de-escalate, or change course of antibiotic treatment based on microbiology results.

The nurse manager ordered extra supplies of urinary catheters and external catheter devices; nurses were able to take in an extra supply of urinary catheter during catheter insertion. If the first attempt to insert the catheter was not successful, the nurse had another one on hand. This prevented reinsertion of the previous catheter.

The CNL worked closely with the Infection Prevention team consisting of the medical director, epidemiologist, and microbiologist. The team reported to the CNL the incidences of CAUTI. The CNL investigated each incidence, prepared learning from a defects tool, and shared the information at huddles and via emails. Urgent huddles were performed when an incident of CAUTI was received.

Environmental service staff were educated and empowered to check on the placement of the urinary catheter (UC) in the bed. A corner spot in the bed became the designated area for hanging the UC bag.

Staff who made a big contribution were recognized for their efforts during the "Staff Appreciation Day." The unit experienced lower rates of CAUTI for 10 months, which paralleled lower usage of urinary catheters. The unit's 6 months of decreased use of urinary catheters were less than the national benchmark.

Many CAUTIs can be prevented by following the recommended and evidence-based prevention strategies. However, buy-in from all the stakeholders cannot be underestimated; each member of the multidisciplinary team has a role to play. Through consistent daily collaboration at the point of care with different members of the team on early urinary catheter removal, CAUTI was significantly decreased. In the comprehensive data for 2012 and 2013, CAUTI rates decreased in conjunction with decreased urinary catheter utilization rates.

The CNL initiated the creation of a nurse-driven protocol for urinary catheter discontinuation in collaboration with the Infection Prevention team, urology team, and nursing staff. The protocol is currently approved by the physician and nursing committees. This protocol will be implemented throughout all system hospitals.

EXEMPLAR

Health Literacy-Language Barrier

■ Christina Lupo

A Spanish-speaking patient was admitted to the neurological ICU for DKA/seizures and was intubated in the ED. He was extubated a few days later and the clinical nurse leader (CNL) met with him and the Spanish translator to discuss his diabetic health management. From reading all of the physician's notes, it appeared that he was a very noncompliant diabetic who was not taking his medication because of cost. The diabetic educator came to see him and offered him a discount drug card and a referral to the social worker.

The CNL noticed that there were not any diabetic medications listed on his home medications. The CNL called the patient's pharmacy and confirmed that he **does** take metformin and glipizide, and that he **is** compliant with them. The pharmacist explained that the patient had recently tried to pick up his metformin, but it was "too soon" for him to get it refilled, so it was placed on hold.

The pieces were not adding up, so the CNL met with the patient and translator again. The patient was insistent that his insurance was "no good" and "would not cover" his medication. After a few more questions, the puzzle pieces came together.

His primary care physician (PCP) recently doubled his dose of metformin, so the patient started doubling up on his current supply of medication. When he ran out, he tried to get it refilled, but the pharmacy told him his insurance wouldn't approve it (because it was too soon, but he didn't understand that). All he understood was that insurance would not pay for it. The CNL called his pharmacist back and explained that his PCP changed the dose. The pharmacist sheepishly said that it was a misunderstanding and if they had known there was a dosage change, they could have called the insurance company and explained that, and his medication would have been approved.

Unfortunately, from the patient's perspective, he thought his insurance was bad and that he no longer had access to his medication. He stopped taking it (once he ran out), and ended up in the ICU. The pharmacist called the CNL back a few minutes later and confirmed that his medication would be ready for him to pick up once he discharged from the hospital.

In summary, the patient was challenged by a language barrier and a lack of understanding of how his insurance plan worked. He was labeled as a noncompliant patient, and his real problem was overlooked. A communication problem as simple as not clarifying the dosage change with his pharmacist resulted in him not having access to medication, and spending 3 days in an ICU, critically ill.

CNLs are in pivotal positions to be advocates for patients and families to assure that quality and safe care is delivered. Communication is another key skill of CNLs and interfacing daily with interprofessional teams.

EXEMPLAR

Pain Boards:

An Informative Approach to Pain Management and Patient-Nurse Communication

■ Sarah E. Coiner, RN, MSN, CNL

Background: Pain is experienced differently by each patient and can be one of the hardest but most important things to manage during a hospital stays. Consistency and quality of pain control are metrics assessed by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient survey. While hospitals are being reimbursed using this pay-for-performance survey, it is vital to focus on pain management and how it relates to the patient experience. When a patient is asked, "How often did the staff do everything they could to help with your pain?" a patient's perception of "everything" will be influences by how attentive and knowledgeable the staff is. For the patient to answer "always," it will help if the staff is consistent, reliable, and communicate clearly. One way to help these efforts is to provide visual reminders of as needed (PRN) pain medications (Studer, Robinson, & Cook, 2010). As changes are made to the patient's pain regiment, he or she is updated. This provides a sense of involvement, comfort, and control while practicing safe medication administration.

Methods: 9South is a 30-bed, adult general medicine floor providing care for patients with various conditions dealing with both acute and chronic pain. Small dry erase whiteboards were placed on the wall within eyesight from each bed. There is room to write the name and frequency of PRN pain medications, the time the last

dose was given, the next time it is available, the patient's current pain score, and the goal pain score. Nurses update the boards during each pain assessment, medication administration, or change to medication orders. Staff members were educated via email materials and daily huddle reminders.

Outcomes: Results were monitored through HCAHPS patient surveys, and positive outcomes were achieved. Scores in the pain management domain 6 months prior to implementation averaged 63.7%, while post-implementation scores averaged 83.1% for the following 6 months and continue an upward trend. Scores in the nursing communication composite averaged 84.8% in the previous 6 months and remained almost consistent at an average of 83.4% for the following 6 months. Patients and staff benefitted from the increased communication. Monthly staff surveys monitored the process perception from a staff point of view. Secretaries reported being able to refer patients to the board when they called out for medications while they informed the nurse. Nurses described staying more organized and timely with their PRN medication administration.

Conclusion/Recommendations: Patient-nurse communication can have a significant impact on the patient's hospital experience especially when they are receiving PRN medications for pain relief. It is recommended that nurses provide up-to-date visual reminders of the patient's pain score and available PRN medications to encourage communication about treatments and goals for pain control. This will build an environment of trust between the nurse and patient and translate into positive HCAHPS results.

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