A New Daily Round and Its Impact on Patient Satisfaction despite the Shortage of Medical Staff during the COVID-19 Pandemic

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ABSTRACT

Introduction: Every patient has the right to feel satisfaction with the service provided by the hospital. That is why patient satisfaction is considered as one of the important indicators of healthcare quality. Seven months after pandemic we found increased of incident report by staff about patient behaviors and decrease in patient satisfaction survey.

Method: We develop check list including the areas would affect patient journey and support his stay which include questions about the condition of care, ability to have good sleep, the controlling pain and team response to assistance. Also they listen to nurse’s staff that is in severe shortage. On daily basis, we consider the patient and nurses needs and comments and solve it in regular basis.

Result: We collect 231 patients in which 78% are female. All our parameters are improved during the 2nd and 3rd quarter of 2021. For The possibility to sleep well at night was 26.6% in the 4th quarter of 2020 and become 60% in the 3rd quarter 2021.

Concerning the pain controlling, it increase from 55% in the 4th quarter 2020 to 78% in the 3rd quarter 2021. We start in the fourth quarter of 2020 with 60% of nurses respond late and reach to 30% only by the third quarter of 2021. Our Data show improvement from involving patient and his care graver from 25% in the fourth quarter 2020 till reach 40% for the third quarter 2021.

Conclusion: The new daily round is a simple tool shown to identify daily complain of patients and improve the communication between patients and nurses and this lead to increase the hospital performance and hopefully be a facet contributing to enhanced patient experience and outcomes.

Keywords
Health care workers, COVID-19.

Introduction
The feeling of satisfaction with the services provided by the hospital is the most important right of every patient [1]. For this
reason, patient satisfaction is considered as one of the important indicators of healthcare quality [2]. Increased patient satisfaction increases hospital profitability, increases patient engagement in their own treatment, and has a better chance of improving their health status [3]. After seven months of pandemic, we found increased of incident reports by staff about patients’ behaviors and at same time decreased in patient satisfaction.

Health care workers at the heart of the unparalleled crisis of COVID-19, face challenges treating patient with COVID-19, reducing the spread of infection in additional health care worker still provide care for Non COVID-19 Patients in the hospital and maintain personal responsibilities including take care of their families and themselves. In the other hand, Patient aim to receive the best care together with a high quality of services.

In those critical situations, increase the risk of psychological impact due to dealing with unfavorable conditions, which affect their mental health where it reflect on patent journey.

All these factors affect the patient satisfaction and consider an extra to normal patient fears and worries of being admitted in hospital. We based on this data we tried to improve Patient satisfaction for inpatient wards by implementing a new method: person – center proposal daily round.

Method
We start our study by implementation of daily round for inpatient wards except ICU and COVID-19 unit, starting from November 2020 until September 2021 by two trained non-medical staff.

The Aim of our study is to improve patient satisfaction despite the shortage of staff and the restrictions observed during the COVID19 pandemic.

We develop checklist including the areas would affect patient journey and support his stay, which include questions about the following:

a. How things are going today. What else do you wish you knew about your treatment/condition or care?
b. Were you able to sleep or rest last night? If not, what could we have done differently that may have helped?
c. Have we been controlling your pain to your expectation? Has our team offered additional suggestions besides medication to control you pain (such as pillows, repositioning, and heat)?
d. Have you used the call button to request assistance? Has the team responded quickly when you’ve requested assistance?
e. Do you feel good about being able to care for yourself when you leave? Do you have any questions about next steps or follow-ups?
f. Do you feel that our Team cares about you, your feelings and concerns? (Or appreciates you, your situation and the challenges you’re facing?)

The role of these trained staff is to listen to patient need and then report on daily basis, also they listen to nurse’s staff that is in severe shortage. On daily basis, we consider the patient and nurses needs and comments and solve it in regular basis.

Data collection
Our team visits admitted patients on the second and fifth days of hospitalization because of in assessing patient satisfaction, it is necessary to allow patients adequate experience with nursing services, and the average length of hospital stay of patients on this ward is 5.5 days. The team communicates with patients, and they assessed their needs by focusing on their pain, comfort, and assistance.

Results
231 patients accept to participate on our study. 182 of them are female who represent 78% of study population and 49 male patients who represent 22%.

Were you able to sleep or rest last night? If not, what could we have done differently that may have helped?
The result of data collected of daily round concerning sleep disorder is resumed in (Figure 1).

![Figure 1: Possibility to sleep last night.](image1)

Have we been controlling your pain to your expectation?
In our daily round our question was if the patient pain was controlled we found that the satisfaction increase from 55% in the fourth quarter 2020 until 78% at the third quarter 2021 with an average 67.25% (Figure 2).

![Figure 2: Patient pain control.](image2)
Have you used the call button to request assistance? Has the team responded quickly when you’ve requested assistance?

In our daily round result, we found that nurses respond to call bell quickly. We start in the fourth quarter of 2020 with 60% of nurses respond late and reach to 30% only by the third quarter of 2021 (Figure 3).

![Figure 3: Rapidity of Nurses respond to call bell.](image)

Do you feel good about being able to care for yourself when you leave?

In our daily round for patients respond to the question about awareness and readiness to discharge and about involving care graver, data show improvement from involving patient and his care graver from 25% in the fourth quarter 2020 till reach 40% for the third quarter 2021 (Figure 4).

![Figure 4: Readiness of the patients and awareness of discharge process.](image)

Do you feel that our Team cares about you, your feelings and concerns?

The results of analysis of our daily round show that there is increase from 50% of the fourth quarter 2020 to 69% in the third quarter of 2021 (Figure 5).

![Figure 5: Sharing in treatment plan during stay.](image)

**Discussion**

When done correctly, rounding is an incredibly useful tool for data collection and event reporting. With the implementation of a software solution, healthcare organizations can improve their performance, accountability, time, and efficiency [4].

Hospitals that conduct purposeful rounding will inevitably discover issues or areas of improvements during the process, rounding tools helps hospital ensure not only those issues are corrected efficiently, but also that data can be tracked overtime to improve process in the future. In our study, with this new rounding we have solved many problems and we found a good improvement in the majority of our parameters. After starting with this experience of daily round, the compassion between the caregiver and the patient become very clear. Compassion in the care-provider and patient relationship is an essential and vital part, it demands focus on the patients’ needs and full concentration which can be difficult when working environments is fast paced and pressured, compassion itself can be applied within minutes, but it take time to show compassion on a regular basis towards patients who are for example chronically ill or elderly.

The research about using of rounds as tool to improve patient satisfaction shown that compassionate care begins with compassionate people [5].

Many studies prove the importance of the proposal round is best practice intervention to meet patient needs and proactively address problems before it occurs [6]. When proposal round happens well it considered as incredible tool to collect data and even reporting events which related to patient safety [4].

Monitoring patient needs during his stay in the hospital (sleeping, respond to call bell, awareness of the patient and sharing in his treatment plan, awareness of the patient bout his discharge plan) on daily basis, consider the patient comments and solve it the same time have positive effect on patient satisfaction. Many studies, which show that people want to feel, heard, supported to navigate healthcare systems, source trustworthy information, find appropriate services, and collaborate in learning and problem
solving with healthcare professionals.

Listening to nursing staff who are suffering from a serious shortage has improved their communication with the patient despite the additional workload knowing that this project started 7 months after the COVID-19 pandemic and that most services have started to back normally. It has been very well documented that good professional communication of hospital staff with patients and their families is very important in their satisfaction rate with received care [7]. Lack of trust in the patient–nurse relationship is a result of a Lack of communication [7].

**Conclusion**

Despite the small number of participants, our study highlights the importance of this new round in improving patient satisfaction during their hospital stays. Others multicentrics studies should be done to implement this new tools in hospitals to improve patients satisfaction.

**References**