

Quality Improvement Project: Comfort Menu

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Hospitals provide a service to the communities they belong in, and besides these services, patient satisfaction is an important factor to help determine the quality of care and services that clients receive. Patient satisfaction also influences litigation issues, health outcomes, and potential length of stay. While working on the Neuro-Stroke Services (NSS) floor, the students have noticed a problem of decreased patient satisfaction scores during the clients' hospitalization. Sunrise Hospital uses the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) to survey the patients' experiences regarding their inpatient stay and to determine the ratings. Currently, in the third quarter of the year 2021, patient satisfaction scores have decreased approximately 30% from the third quarter of 2020. The satisfaction ratings for the third quarter of 2021 as of July 19th are 29.41% in overall HCAHPS, whereas in the third quarter of 2020, overall satisfaction ratings were over 60%. This is a significant loss of patient satisfaction within a year. Areas most suffered within the scores were "Nurses Listen" with a loss of almost 10% and "NSS Overall Rating" with a loss of over 20% and was the lowest-rated area between the second quarter and third quarter of 2021. The aim of this project is to increase patient satisfaction in HCAHPS scores using a menu. The Comfort Menu is a short flier that offers multiple options for patients to choose various non-pharmacological interventions to increase their own comfort and satisfaction while decreasing their perception of pain.

Literature Review

Effective Sleep Management

Sleep is a complex physiological and behavioral state, it is needed for homeostasis at a cellular, organ, and individual level, known to be fundamental for survival (Pincherle, et al., 2017). Rest and sleep are necessary for wound healing, function, energy conservation, and restoration of the mind (Clark, 2017). Disturbed sleep or deprivation is a common experience among hospitalized patients. A pre-existing sleep disorder and insufficient or disturbed sleep on a stroke patient may cause impaired cognition, daytime sleepiness, and impaired rehabilitation. Sleep promotion using pharmacological and non-pharmacological intervention shows enhancement of neuroplasticity that may cause cognition improvement, sleepiness reduction, and easier rehabilitation (Clark, 2017).

There are multiple factors affecting sleep quality during hospital stays, such as pain, noise from hospital equipment, anxiety, and lighting. Clark (2017) notes lack of sleep can contribute to poor health, further disease complications, and increased length of hospitalization, while promotion of quality sleep should be a nursing priority. Edvardsen and Hetmann (2020) compiled the eight following nursing care activities that promote clients' sleep: reduce noise, use earplugs, eye masks, use music, promote a natural circadian rhythm, manage pain, use quiet time, and cluster nursing care activities at night. As suggested, Sunrise Hospital has eye masks and earplugs available to patients upon request. Edvardsen and Hetmann (2020) noted that earplugs reduce the patients' perception of noise and promote sleep. Staff can offer them to patients who are awake and able to decide for themselves. The suggested Comfort Menu has a

selection for eye masks and ear plugs. These interventions can improve the quality of patient sleep and help improve patient satisfaction scores.

Non-pharmacological Pain Management

Pain management issues remain prevalent among hospitalized patients, resulting from the pain that is under-assessed, under-reported, and under-treated despite the availability of evidence-based pain management guidelines (Anderson & Swedhin, 2017). Anderson and Swedhin (2017) note hospital staff are educated on pain in two ways: pain is a feeling related to tissue damage, and pain is whatever the patient says it is. We must believe patients about their pain because their perception guides healthcare staff to adequately provide interventions for effective pain management.

A quality improvement project, at the University of Colorado Hospital, was undertaken to improve patient knowledge regarding a comprehensive approach to pain management that includes non-pharmacological interventions. The project used comfort menus, comfort carts, and pain champions. They gave staff additional training in pain management education to improve the patients' experience with pain in the acute setting (Anderson & Swedhin, 2017). The study began by utilizing the American Pain Society's pain outcome questionnaire which surveyed 150 patients revealing 42% received no education on pain treatment options and 65% never received encouragement to engage in non-pharmaceutical or alternative options (Anderson & Swedhin, 2017). They provided a comfort menu listing with complementary and alternative interventions such as aromatherapy, distraction tools, sleeping masks, earplugs, and massage devices. Trained healthcare workers used the comfort cart during rounds. Exposure to and training on how to use non-pharmacological interventions was integral in the effectiveness and management of pain. Post-intervention surveys found 83% of patients' experienced pain that required facilitation,

education, and utilization of non-pharmaceutical measures improved from 27% to 73%.

HCAHPS scores for “During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?” increased from 72.2% three months after implementation to 100% after eight months of implementation (Anderson & Swedhin, 2017, p.3). Patients feeling that healthcare teams have provided total encompassing pain management can increase patient satisfaction scores.

Music Therapy

Cerebrovascular accidents (CVA) or stroke is a serious medical crisis that can leave many individuals debilitated or dead. Recovery from CVA varies on the individual patient, rehabilitation services, and the extent of the damage. Su et al. (2020) report post-stroke fatigue is a significant effect of CVA and impairs the recovery of patients. Patients described post-stroke fatigue as not typical tiredness or improving with rest, lacking energy or strength, feeling constantly weary or tired, and not in control of their recovery (Su et al., 2020). A music therapy study including 80 patients in which half of the participants received music therapy for 30 minutes a day for eight weeks and the other half receiving the standardized care, measured by the Fatigue Stroke Scale (FSS) (Su et al., 2020). The study determined patients who received music therapy had lower FSS scores and higher quality of life scores than the control group (Su et al., 2020). Effective management for post-stroke fatigue, much like other symptomatic processes, must have all viable options considered for optimal patient outcomes. An option for the suggested Comfort Menu is music therapy. The patient also has a space to fill in the type of music they prefer. The goal is for the patient’s perception of comfort to increase, thus improving patient satisfaction scores.

Spiritual Therapy

Spirituality and religion are a source of strength and relief of everyday stressors for many people in their everyday lives. A sense of spiritual well-being can significantly affect a patient's health outcome and quality of life. Kirchoff et al. (2021) conducted a systematic review on how spiritual care of patients increased their perception of care, level of satisfaction through HCAHPS scores, quality of life, and spiritual well-being. Kirchoff et al. (2021) noted in one study that patients who had received chaplain care had statistically significant decreases in their anxiety, shorter lengths of hospital stays, and satisfaction with the quality of care versus the group that had no interactions with the chaplain. In an additional study, patient satisfaction measured through HCAHPS scores dramatically increased for those who received a chaplain visit, and patients reported they were more likely to recommend a hospital that endorsed their spiritual needs, were more likely to be satisfied with their hospitalization and reported increased readiness to go home (Kirchoff et al., 2020). The suggested Comfort Menu has options for the patient to indicate their religious preference and an option for a spiritual advisor meeting. These options help patients who have unmet spiritual needs and can help increase the HCAHPS scores for the hospital.

Comfort Menu Implementation

Opioids, although proven to reduce pain, have serious side effects associated with addiction and overdose. They have proven nonpharmacological interventions to reduce pain when used with opioids or analgesics or for pain that opioids or analgesics have not controlled. Moore et al. (2019) implemented a Comfort Menu at the University of Kansas Health System in which clients could specify and pick non-pharmacologic interventions such as extra pillows, aromatherapy, ice/heat therapy, relaxation DVDs/music, sleep kit, and coloring books/puzzles, from this menu, and the clients' pain was assessed before and after the interventions through the

Clinically Aligned Pain Assessment tool. Moore et al. (2019) found the following results of 147 patients after the nonpharmacological interventions had been applied: an average of 94% of participants reported positive feelings and would try alternative therapies again, 70% reported the alternative therapies given were effective in managing discomfort, and 51% noted their pain as “getting better” (p 4). Patients can benefit from alternative therapies, especially concerning their overall perception of pain and health. The visual and physical menu augment and boost clients’ discovery of the alternative therapies they might not know even exist or have the option to request (Moore et al., 2019) The use of the Comfort Menu will help patients exert independence and decision making by allowing them the autonomy of choice especially when they feel like they may have none in a hospital in-patient setting.

Clients also feel the need to be “heard” or the sense of importance impressed is passed from client to caregiver. The Comfort Menu allows nurses, CNAs, and other healthcare providers to initiate conversations about comfort and decreasing pain within the client’s perception (Moore et al., 2019). An area of the HCAHPS that the NSS floor is struggling with seems to be “NURSES LISTEN.” The Comfort Menu can help augment and prompt additional conversations initiated by healthcare staff, and a sense of being “heard” and validation is provided for the patients.

Comfort Menu

In the aim to promote patient satisfaction scores on the NSS floor, we can implement a Comfort Menu during the hospitalization (Appendix). It can be distributed upon admission in the unit and reinforced during hourly rounding as it will allow for maximum exposure and retention. Alternative therapy options can help relieve patients’ perception of pain and promote their perception of comfort. Patients can use the Comfort Menu alongside pharmacological

interventions or independently. It includes sections of amenities, entertainment, and spiritual services. For the amenities section, options made available for requests are extra pillows, blankets, ice packs, earplugs, dimming the lights, changing room temperature, and phone charging. In the entertainment section, options are magazines, newspapers, playing cards, books, puzzles, and music. In spiritual services, a blank space for their religious preference, and an area to mark for the desire of a spiritual advisor of that religion to visit them.

The main use of the Comfort Menu in addition to the benefits of alternative therapies is to allow the clients to know what non pharmaceutical options are available to them. When implemented, the healthcare staff can initiate dialogue and allow clients to have more autonomy in their care. The Comfort Menu can also be easily altered if any adjustments need to be made in the future.

Comparison

The current practice is to administer pharmacological interventions through provider orders and provide complementary and alternative medicine therapies if the patient requests it. We do not advertise and rarely talk about the services available, so patients do not know what services or activities they can offer. The current non-pharmacological interventions Sunrise Hospital and the NSS floor offer include activities such as crossword puzzles, newspapers, playing cards, and magazines that are available upon request from the volunteers. Patients can also request comfort items such as blankets, ice packs, pillows, and earplugs. Last, clients can request spiritual services which require the nurse to contact the hospital's pastor. Much of the clients serviced only speak Spanish, making communication difficult. To combat some communication difficulties, the Comfort Menu will also have the choices translated in Spanish. The Comfort Menu gives patients the knowledge to let them know that all these things are

available for them to use. The Comfort Menu can improve patient satisfaction HCAHPS scores while simultaneously decreasing pain and promoting comfort.

Conclusion

Sunrise Hospital is a staple of the Las Vegas, Nevada community and helps to take care of many clients with specialized needs of care. Sunrise Hospital's mission statement is: "Together, we are a community dedicated to healing" (HCA Healthcare, 2021). To promote the sense of healing that Sunrise Hospital embodies beyond the physical realm, implementing the Comfort Menu will help patients in their spiritual, mental, and emotional healing through tangible selections of options the hospital already offers. The Joint Commission (2018) noted effective pain management comes from more than just medication and must be focused on individualized symptomatic relief. The Comfort Menu aligns itself within The Joint Commission pain management and safety considerations through non-addictive, individualized alternative therapies.

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Appendix

Comfort Menu for Sunrise Hospital

COMFORT MENU MENU DE CONFORT

Amenities:

- ☐ Blankets/Pillow
- ☐ Ice Pack
- ☐ Dim Lights
- ☐ Change Room Temperature
- ☐ Charge Phone
- ☐ Eye Mask/Ear Plugs

Comodidades:

- ☐ Mantas/Almohada
- ☐ Paquete de Hielo
- ☐ Luces Tenues
- ☐ Cambiar la Temperatura Ambiente
- ☐ Caragr Teléfono
- ☐ Máscara de Ojos/ Tapones para los oídos

Entertainment:

- ☐ Newspaper
- ☐ Magazine
- ☐ Books
- ☐ Playing Cards
- ☐ Puzzles
- ☐ Music

Preference: _____

Entretenimiento:

- ☐ Periódico
- ☐ Revist
- ☐ Libros
- ☐ Mazo de Cartas
- ☐ Rompecabezas
- ☐ Música

Preferencia: _____

Spiritual Services:

Religion _____

- ☐ Spiritual Advisor Meeting

Servicios Espirituales:

Religión _____

- ☐ Reunión de Asesores Espirituales

