HOMELESS PATIENT SATISFACTION SURVEY IMPLEMENTATION AT HAWAIʻI HOMELESS HEALTHCARE HUI (H4)

A DOCTOR OF NURSING PRACTICE PROJECT SUBMITTED TO THE GRADUATE DIVISION OF THE UNIVERSITY OF HAWAIʻI AT MĀNOA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF NURSING PRACTICE

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Dedication

I dedicate this dissertation to my parents, Henry and Penny whose sacrifice and continued support have allowed me to achieve my dreams. To my amazing husband David, for your love and encouragement. You continue to inspire me and remind me that nothing is impossible. To my grandparents, Victor and Hipolita Del Rosario for all their sacrifices they have made for our family. To my grandparents Boonsong and Prapaipis “Poppy” Rohitasuke who have inspired my educational journey and instilled in me a passion to help others. Thank you for always believing in me. You both have been the example of kindness, generousity, and compassion that I strive to live up to every day. Thank you to my family and friends whose continued love and prayers helped me to keep pushing forward. I am so blessed to have you all in my life. Lastly, to my dear friend, Mary Guo, whose words of support and friendship will remain in my heart always.

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Abstract

Problem Statement: Individuals experiencing homelessness are at increased risk for incurring multiple health risks. Addressing this public health concern is multi-faceted and one area of importance is understanding the perspectives and experiences that they have had with their care. Patient satisfaction surveys are a commonly used tool to assess this, but often there is a lack of surveys done by those specifically experiencing homelessness.

Purpose: To bridge that gap, a patient satisfaction pilot study was implemented at the newly opened Hawai‘i Homeless Healthcare Hui medical respite facility. The pilot survey project is unique in that the organization has not done patient satisfaction surveys before.

Methods: The survey tool developed included modified questions/items from studies that measured satisfaction with care among a homeless population in a similar setting. The 15-item survey given to patients of the H4 medical respite floor included statements that addressed the following subscales: Respect, Inclusion, Trust, Commitment, Access, Mental Health, Physical Care, Illness Prevention, Lifestyle, and Referral. A patient post-survey and post-implementation staff feedback survey was given to gain insight on how to improve the survey tool and process.

Results: A total of eight patients participated in the survey with a 100% response rate and data shows that participants experienced high levels of satisfaction with care. A total of 16 staff members of varying roles participated in a post-implementation survey with a 100% response rate. Results from staff surveys show that the survey process is sustainable and important to continue to achieve the goals of providing quality, efficient, and cost-effective care.

Discussion: Information obtained from patient satisfaction surveys will aid the nurse practitioner’s role as a provider and health advocate in providing quality care to the most vulnerable patient populations.

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List of Abbreviations

AACN	American Association of Colleges of Nursing
DNP	Doctor of Nursing Practice
HUD	Housing and Urban Development
H4	Hawai‘i Homeless Healthcare Hui

Homeless Patient Satisfaction Survey Implementation

at Hawai‘i Homeless Healthcare Hui (H4)

Introduction: Background, Problem, and Significance

Homelessness continues to be a national issue with history records dating to colonial times (The National Academies of Sciences, Engineering, Medicine, 2018). According to the United States Department of Housing and Urban Development (HUD), a 3% increase in the number of individuals experiencing homelessness was seen between 2019 – 2020 (Henry, de Sousa, Roddey, Gayen, & Bednar, 2021). Reported estimates indicate that at any given night in 2020, an estimated 580,466 people in the United States experienced homelessness (Henry et al., 2021). Hawai‘i, along with California, Nevada, Oregon, and Arkansas, have been found to be some of the states with the highest rates of individuals experiencing homelessness who are unsheltered (Henry et al., 2021). Hawai‘i was shown to have 6,458 homeless individuals in 2020, with 56.5% (3,650) of those individuals being unsheltered (Henry et al., 2021). This poses a significant public health concern as homelessness and health are closely related. Homeless individuals experiencing higher rates of morbidity and premature mortality from either acute or chronic illnesses (Lebrun-Harris et al., 2013). Homeless patients are also more likely to utilize emergency medical services, resulting in increased hospital admissions and health care costs. Compounding this issue are the barriers (e.g. lack of transportation, competing demands, stigma, inability to pay) that homeless individuals have in accessing primary care healthcare services (Ensign, 2004; Kertesz et al., 2013).

With the health care needs of homeless individuals being complex and multifaceted, it is important to find ways to eliminate these barriers. Valuable information from patient satisfaction

surveys can aid in addressing the issues faced by those experiencing homelessness and be a step towards developing potential solutions by understanding their concerns and priorities. Patient satisfaction surveys are commonly used quality indicator tools, but this type of assessment within the homeless population has its challenges and there is limited understanding of their specific perceptions in commonly utilized standardized surveys (Kertesz et al., 2014). Comprehending the barriers to care of those experiencing homelessness is vital in improving their access to healthcare and their overall experience within the healthcare system. An important aspect of an advanced practice nurse's role is understanding the perspectives and experiences of patients in order to address the holistic needs of the individual and maintain patient-centered care.

Needs Assessment

Barriers persist in acquiring consistent patient satisfaction surveys amongst the homeless population in various healthcare settings. The Hawai'i Homeless Healthcare Hui (H4) is an organization that provides outpatient and medical respite health services to the state's homeless and underserved population (Hawai'i Homeless Healthcare Hui, 2019). H4 aims to better understand how best to serve this population and finds that implementing routine patient satisfaction surveys would be key in understanding the needs of its patients and accomplishing the organization's mission. This project is designed to increase the understanding of patient perspectives and experiences by administering a patient satisfaction survey at the H4 sites.

Purpose, Goals, & Objectives

Purpose

The purpose of this DNP pilot quality improvement project was to develop a survey instrument and implementation process in which to administer a patient satisfaction/experience survey to patients experiencing homelessness who seek care at H4.

Goal

The goal of the project is to obtain vital information from the perspective of the organization's patient population in order to improve organizational processes and further enhance the delivery of quality care provided at H4.

Objectives

1) Collaborated with H4 executive director, clinical director, health care providers, medical staff, and volunteers in developing a survey which addressed areas important to the organization's understanding of how best to improve to meet the needs of its patient population.

2) DNP student developed and collaborated with stakeholders in creating a process in which to best implement the administration of patient satisfaction surveys without disrupting operations and care/services being provided.

3) DNP student initiated the administration of a face-to-face survey.

3) DNP student collected and analyzed the data collected from the surveys.

4) DNP student communicated findings with H4 stakeholders.

5) Assessed experience of survey administration amongst patients and H4 stakeholders for process improvement and future sustainability integration.

PICOT Question

Does the implementation of a patient satisfaction survey (I) to those experiencing homelessness (P) improve the knowledge and awareness of their needs (O) for the H4 organization, implemented from February to April 2020 (T), as compared to the current process in which no surveys are administered (C).

Problem Statement

Problem: Studies that specifically assess the patient experience and satisfaction of care for individuals experiencing homelessness are limited. This gap in information is important in addressing the health care needs of this health vulnerable population.

Population: Individuals experiencing homelessness who seek care at H4.

Intervention: A patient satisfaction survey was administered to patients experiencing homelessness who were admitted to the medical respite program at H4. The survey included items which measured the patient's satisfaction and experiences with care along with concerns that they deem are a priority.

Comparison: H4 does not have any baseline patient satisfaction data for comparison

Outcome: The project will pilot a process in which to administer a patient satisfaction survey to homeless individuals in order to assess their experiences, concerns, and needs. This will allow the project site to develop an overall organizational quality improvement plan for the future.

Theoretical and Conceptual Framework

The Iowa Model (Appendix A) was applied to this project for its ability to show the systematic processes that will be taken to implement the pilot quality improvement project (Iowa Model Collaborative, 2017). Seven major steps make up the algorithm which include: 1) Identifying an issue/opportunity to investigate, 2) Stating the question or purpose, 3) Forming a team, 4) Assembling, appraising, and synthesizing the body of evidence, 5) Designing and piloting the practice change, 6) Integrating and sustaining the practice change, and 7) Disseminating the results (Iowa Model Collaborative, 2017). The algorithm also consists of decision points and feedback loops to guide practice change.

H4 has identified surveying patients as a unique opportunity as it has not been done before at this organization. The purpose of surveying patients is to better understand their experiences, perspectives, and needs in order to improve the services provided at H4. In identifying this as a priority for the site, the formation of the team included the H4 executive director, clinical director, health care providers, registered nurses, certified nurse assistants, medical assistants, and volunteers who helped in the development and administration process of the surveys. The next step of the project involved synthesizing literature to execute a plan, a design, and implement a process in which to best obtain the information that the project/site found important. After the implementation of the pilot project was completed, data was collected, analyzed, and reviewed to determine its appropriateness to sustain the project long-term. The results of the project were communicated to stakeholders, with further discussion on how best to implement the project in the future.

Literature Review

Search Strategy

A literature search utilizing PubMed and Cumulative Index to Nursing and Allied Health Literature (CINAHL) was conducted using the following search terms “patient satisfaction”, “survey”, “homelessness”, and “primary care”. Search terms were combined through Boolean operators (AND/OR). No limitations were given in regard to population demographics (i.e. age, gender, ethnicity, etc.), geographical location, or date of publication. The literature search yielded 39 articles. After reviewing the articles for relevance, 27 articles were critiqued using Mosby’s Level and Quality of Evidence rating system (Table 1). The rating system contains seven levels of evidence ranging from I to VII, with Level I containing the highest level of evidence and Level VII containing the lowest level of evidence (Ackley, Swan, Ladwaig, &

Tucker, 2008). A summary of the selected articles in relation to the levels of evidence are provided (Appendix B).

Literature Synthesis

The common identified themes in the literature include discussions on the health outcomes of vulnerable populations, the barriers to seeking care, and the need for measuring patient satisfaction.

Vulnerable population. Many of the articles reviewed agree that individuals who are homeless or who have experienced homelessness are susceptible to adverse health outcomes (Macnee & McCabe, 2004; Decker, Carry, & Krautscheid, 2006; Kertesz et al., 2013; Davis & Wood, 2018). According to Davis and Wood (2018, p. 230), homelessness has a compounding effect on health issues, putting the individual at risk for "psychiatric illness, substance use, chronic disease, musculoskeletal disorders, skin and foot problems, poor oral health, and infectious diseases". Homeless women are especially vulnerable as they may face "mental illness, substance abuse, sexual and physical abuse, isolation, and competing needs" (Swanson, Anderson, & Gelberg, 2003, p. 676). Homeless youth experience unique barriers to health care in comparison to homeless adults, which include "more profound lack of insurance/payment source, greater anxiety over confidentiality, more confusion over ability to consent for their own care, and lack of [support] in navigating the increasingly complex health care system" (Ensign, 2004, p. 696).

Barriers to Seeking Care and Priorities of Homeless Clients. Even though it is well established that homeless individuals are vulnerable and efforts to address their healthcare needs are warranted, there are still barriers that persist. Commonly reported barriers to accessing health care faced by homeless individuals are being stigmatized, trust issues with the healthcare system,

accessibility, coordination with care, and respect (Haley & Woodward, 2007; Morton, 2017; Padgett, Henwood, Abrams, & Davis, 2008; Pukey & MacKenze, 2019). For example, individuals who are poor, disabled, and/or homeless are"often marginalized from mainstream society" and often face the challenges of "maintaining integrity and being a whole person, rather than a sum of broken parts" (Decker et al., 2006, p. 18). Macnee and McCabe (2004) noted that the perceptions and lack of respect that they experienced from health care providers is a factor in their decision to seek care. There are also the physical barriers such as lack of insurance, inability to pay, inability to get to the location, or competing priorities (i.e. food, clothing, etc.) (Beiser, Leon, & Gaeta, 2017; Morton, 2017; Pauly, et al., 2016; Varley et al., 2019). Factors that have been found to be a priority for homeless individuals seeking health care services include: health/illness education, trust with the provider, tailored integrative services, and cultural and interpersonal considerations (Ensign, 2004; Chue, Tibbo, Wright, & Van Ens, 2004; Brauer, Royall, Kaethler, Mayhew, & Israeloff-Smith, 2018).

Need for Measuring Quality of Care/Patient Satisfaction. According to Ensign (2004, p. 696), measuring quality of health care "is an essential step in improving the health of our population" but research on these outcome measures is limited in the pediatric, adolescent, and underserved populations. Measuring client satisfaction is an important quality indicator and associated with clinical measures of treatment outcomes and use of health care services (Kaspow, Frisman, & Rosenheck, 1999; Swanson et al., 2003; Macnee & McCabe, 2004; Redmond & Sorrell, 1999). For example, client satisfaction rating data "correlate with whether care relationships are sustained, recommendations adhered to, and in some reports, whether behavioral conditions improve" (Kertesz et al., 2013, p. S331).

Future Implications. Findings from these qualitative studies can help future program design and promotion of outpatient integrative health services (Brauer et al., 2018; Pauly et al., 2016). It is suggested that a "population-tailored medical home approach for socially disadvantaged populations can both reduce reliance on acute care service use and generate significant cost savings" (O'Toole, et al., 2018, p. E23). Due to the variability of the homeless population and health care sites, as well as the unique studies reviewed, it will be important for future studies to tailor patient satisfaction surveys that specifically address the needs of its own client population in order for quality improvement development to be achieved (Beiser, et al., 2017; Padgett, et al., 2008).

Summary of Evidence (Weaknesses, Gaps, & Limitations)

The articles resulted in the literature search were predominantly qualitative studies (Level VI), which means that findings are not causal, but rather associations (Chrystal et al., 2015; Lebrun-Harris et al., 2013; Kertesz et al., 2013). In addition, while a majority of articles focused on homeless patients/clients satisfaction, experiences, and perceptions, the design of the studies makes it so that participants' responses may not necessarily be representative of the homeless population as a whole (Kasprow et al., 1999; Steward et al., 2016). Another limitation of the articles reviewed is that most participants recruited had to be English speaking, which limits representation of non-English speaking individuals who are homeless or those who faced reading comprehension issues (Kratscheid, Moos, & Zeller, 2004; Haley & Woodward, 2007; Kleiss, 2016; Girard et al., 2017). There is also the challenge of assessing patient satisfaction among homeless individuals who have mental illness due to episodes of decompensation, cognitive decline, or questions being triggers to past trauma/negative experiences (Chrystal et al., 2015; Girard et al., 2017). While the discussion of participation via compensation is applicable in some

studies, compensation for participation may introduce bias (Varley et al., 2019). Lastly, there are limited studies looking into patient satisfaction amongst the youth and women homeless population (Swanson, Anderson, & Gelberg, 2003; Ensign, 2004; Beijersbergen, Asmoredjo, Christians, & Wolf, 2015).

Methods

Project Design

Setting. The project was implemented at the H4's medical respite facility. H4 is a non-profit organization, which was founded by Dr. Josh Green and Dr. Scott Miscovich to "expand access and improve the quality of care for the chronic homeless, while reducing the cost of their care by eliminating unnecessary use of expensive hospital services" (Hawai'i Homeless Healthcare Hui, 2019). Funding from the Hawai'i Medical Service Association and Islands Hospice helped to start H4 operations in 2017 (Hawai'i Homeless Healthcare Hui, 2019). Several contributing and supporting organizations have since partnered with H4 to support operations and services being given (Hawai'i Homeless Healthcare Hui, 2019).

Human Subjects Consideration

In consideration of the privacy and sensitivity of the project's subject matter, the DNP student has completed the Collaborative Institutional Training Initiative (CITI) training to comply with research ethical guidelines and patient privacy. Measures to maintain HIPAA compliance were put into place and consistently monitored. All aspects of the project were discussed with patients prior to consent. All questions were addressed before data collection. It was communicated that their level of involvement would by no means impact the health care or social services that they would receive. They were also informed that they could withdraw from participating in the survey at any point.

The overall goal of the project is to evaluate the effectiveness and future implementation of a patient satisfaction survey program at H4 for overall quality improvement. The findings of the pilot project are intended for internal use. In addition, due to the pilot project not resulting in the generation of generalizable knowledge and absence of risk to participants, IRB application and review was not required.

Participants. Participants were at least 18 years of age. They were able to read and comprehend English in order to complete the survey on their own. Exclusion criteria were individuals who were less than 18 years of age and could not comprehend English. Gender, race, and ethnicity were not considered as either inclusion or exclusion criteria. Recruitment of participants and administration of survey would occur when participants were not receiving health care services in order to minimize any interruptions. Verbal consent to participate was obtained prior to them taking the survey.

Implementation Strategies

Disclosure of Project to Staff and Participants

Staff/stakeholders were provided information about the overall project and timeline. It was communicated that the project would have minimal effect on patient care operations as the surveys would not be conducted while the patient was receiving care. Administration of the survey was done by the DNP student with the participants individually in a private area or in their individual rooms. Assistance by staff and volunteers involved communicating to patients about participating in a patient satisfaction survey and direct them to the DNP student. Should there be an opportunity for volunteers to help administer the survey, training on survey administration and confidentiality compliance will be conducted. The overall goal and

importance of the surveys towards quality improvement at H4 was discussed with each participant.

Patient Satisfaction Survey

A descriptive study design utilizing a 15-item survey with adapted/modified statements from previously used surveys were used (Appendix C). Following demographic questions, participants were presented survey statements with responses to be answered on a 5-point Likert-type scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree). Survey items were adapted/modified from the Homeless Satisfaction With Care Scale (HSCS) which addresses satisfaction with care based on five themes (Respect, Inclusionary, Trust, Commitment, and Assumption free) (Macnee & McCabe, 2004). Other questions were adapted/modified from the survey utilized in the quality improvement study done by Krautscheid, Moos, and Zeller (2004) which included the following sub-topics: access, location, hours, mental/physical health care, illness prevention, lifestyle, referral, and health promotion.

Post-Survey Implementation Staff Survey

A 5-item survey (Appendix E) with a 5-point Likert response scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree) was presented to the H4 staff after the completion of patient satisfaction survey implementation period. This part of the pilot project was included in order to measure their thoughts on the survey tool, process, and importance of survey administration, and any new knowledge gained from reviewing the patient survey results.

Adjustment of Project Design due to COVID-19. In light of the COVID-19 pandemic, organizational adjustments were made to address the immediate needs of its patient population. Priority in maintaining the safety and health of patients and staff led to the decision to postpone

the project implementation at the originally planned urgent care/walk-in sites and continue with the pilot project after the opening of the new Pūnāwai facility was completed. The originally planned H4 sites had either closed, relocated, or shifted delivery of care (i.e. telehealth or outreach). The Pūnāwai facility phased opening began with the opening of its medical respite floor with its walk-in/urgent care clinic projected to open late summer/early fall 2021. Therefore, the pilot survey implementation was administered to patients who were admitted to the medical respite program. Process of survey implementation continued to be face-to-face with hard copies of the survey instrument during their admission. All other project design considerations were maintained aside from change in healthcare setting.

Evaluation Plan

Data Collection Procedure.

Methodology. Face-to-face survey administration was conducted with participants who were receiving care at the H4 medical respite facility. Individuals were informed of the study during a time that they were not receiving care and invited to participate. Survey data collection was conducted over a two month period. Survey administration was conducted face-to-face with the DNP student. Post-implementation feedback staff survey was conducted face-to-face with the DNP student over a two week period. Measures to maintain confidentiality and security of survey responses were put into place.

Specific measures. The following outcome measures were utilized to evaluate the pilot project:

1. Response rate
2. Demographics (age, gender, ethnicity)
3. The mean of survey responses were analyzed for each statement item.

4. Individual feedback/suggestion comments from participants (patients and staff) were transcribed and analyzed for common themes.
5. Upon completion of survey by the participant, the DNP student and participant engaged in an informal discussion for further clarification and input on process improvement.

Data Analysis & Results

Patient Demographics

A total of eight participants consented and completed the survey with 75% identifying as male (n = 6) and 25% identifying as female (n = 2). Participants' ages ranged from 37 to 66 years with the average age being 53. Fifty percent of the participants (n = 4) identified themselves as Caucasian, 12.5% as Asian (n = 1), 25% as Native Hawaiian/Pacific Islander (n = 2), and one participant identified themselves as being multi-ethnic (12.5%).

Patient Survey Results

Response rate. All eight participants who were asked to participate, voluntarily completed the survey, with a 100% response rate during the two month survey implementation period.

Survey results. Overall, participants responded favorably to the survey items presented. The respect subscale results showed that all participants (N = 8) "strongly agreed" that they were being treated as a real person and given respect. With regards to the inclusionary subscale, Seventy-five percent "strongly disagreed" and 25% "disagreed" with the statement of not being given a choice in their health care decisions. In addition, 87.5% "strongly agreed" and 12.5% "agreed" in the statement of being heard by the H4 medical respite service team on what they think about their health. Seventy percent of the participants "strongly agreed" and 25% "agreed" for both survey items in the trust subscale that addressed if they felt they could trust the medical

service respite service to figure out their health issues/concerns and help them to understand what they are going through. The survey item that addressed if the participant felt staff was committed to helping then no matter what it took resulted in 50% "strongly agreeing" and 50% "agreeing" with the statement. Seventy-five percent "strongly agreed" and 25% "agreed" that staff checked on all their needs. The access subscale saw that 87.5% "strongly agreed" and 12.5% "agreed" that they were able to receive care from the H4 medical respite service program without any issues. In being able to be connected to mental health and social services care, 75% of the participants "strongly agreed" and 25% "agreed" that they were able to be connected to these support services through the H4 medical respite service team. Sixty-two and a half percent "strongly agreed" and 37.5% "agreed" that they were able to receive physical health care when needed. Seventy-five percent "strongly agreed" and 25% agreed that they received advice to prevent illness. Seventy five percent of the participants "strongly disagreed" and 25% "disagreed" with the survey statement that the advice they received did not fit with their lifestyle. Lastly, 75% "strongly agreed" and 25% agreed that they were able to get coordinated with follow-up care. For the two post-survey questions, 87.5% of the participants felt that the right survey items were presented to understand their overall satisfaction with care and the same number of participants felt that the survey tool was easy to fill out (Appendix D).

The response means for statements within the respect subscale (Item #1 and 2) had the highest mean score of 5, along with item #3 within the inclusionary subscale. Item #5 which aimed to measure if the participant felt heard by the H4 Medical Respite Service Program resulted in a mean of 4.87. Items #6 and #7 which addressed trust both had a mean of 4.75. Within the commitment subscale, item #8 had a mean of 4.5 and item #9 had a mean of 4.75. Item #10 which addressed ease of access in obtaining care through the H4 Medical Respite

Program had a mean of 4.87. Statement #11 which aimed to measure if participants agreed or disagreed that they were able to get connected to mental health and social services through H4 Medical Respite Service Program resulted in a mean of 4.75. The means within the physical care (item #12) and illness prevention subscales (item #13) were 4.63 and 4.75 respectivey. Item #15 which aimed to measure if participants agreed or disagreed that they were able to get follow-up care coordinated resulted in a mean of 4.75. The lowest means were observed in item #4 (inclusionary, 1.5) and item #14 (lifestyle, 1.25) which shows that particpants disagreed with the statements presented.

Patient feedback. Participants commonly wrote of how appreciative they are to the H4 team for being helpful, attentive, and caring while receiving care on the medical respite floor. The feedback received on the survey tool was that there were too many items to answer. During a follow-up informal discussion, it was further shared that the survey could have shorter phrased statements. Another suggestion made was to have a comment box available. Many of the participants expressed enthusiasm in participating in the survey and wanting to acknowledge the efforts of the H4 organization and its team members.

Examples of written feedback from the patients included:

"The team here are very, very helpful."

"The staff really make us patients 1st. They're really attentive (making us important), caring, quick response, and always going the extra mile, comfortable, a lot of care."

"I'm happy to be part of this survey! Very amazing shelter program."

"I am thoroughly satisfied with this facility and the medical staff along with the outcomes I've experienced thus far."

Post-Implementation Staff Survey Feedback

Response rate. All 16 H4 staff members that were asked to participate, voluntarily filled out the post-implementation survey with a 100% response rate during the two week post-implementation period. Roles of the staff participants included physician, nurse practitioner, registered nurses, medical assistants, and certified nursing assistants.

Survey results. A total of 81.25% of the staff who participated "strongly agreed" that the survey addressed topics that are important to the H4 organization, with 18.75% "agreeing" as well. 62.5% "strongly agreed" and 37.5% agreed that the survey tool was easy to fill out for the patients. All staff participants felt that routine patient satisfaction survey administration was important for the organization, with 75% "strongly agreeing" and 25% "agreeing" with the survey item. Sixty-two and a half percent of the participants "strongly disagreed" that the survey implementation process interfered with the provision of care and/or workflow of the clinic, with 18.5% "disagreeing", 6.25% "neutral", and 12.5% finding that the it was not applicable to them. The two participants who chose "not applicable" stated that it is because they were not working on the days that patients were completing a survey. Lastly, 43.75% of the staff who participated "strongly agreed" that they learned something new from reviewing the patient survey results and 25% agreed with the statement, while 25% chose "neutral" and 6.25% "disagreed" (Appendix F).

The highest mean result was observed in item #1 (4.81) which shows that staff participants agreed that important topics were addressed. The lowest mean observed (1.18) was shown for item #4, indicating that staff participants strongly disagreed that the survey implentation process interfered with patient care or clinic operations.

Staff feedback. Some of the staff suggested that the survey tool could include a specific section where patients could express what they want changed or to share any concerns/problems

that they have. Another suggestion was to specifically word a question that addressed care coordination between H4 and their own primary care provider or specialist. Incorporating a question to see if patients felt that their patient goals were met was another suggestion provided. Overall, staff felt that the survey tool included statements that were important in the understanding of how patient's felt about their care, but also agreed with the patients that statements could be presented in shorter phrases, but did not feel that the survey was too long to fill out. A few shared that the wording of survey statements that included "does NOT" could be confusing. During informal discussion with staff, it was expressed that it is helpful to have these surveys done as it helps to see where they can improve. All staff were engaged and willing to participate in order to achieve organizational and patient goals. Some of the staff felt that because they are familiar with the patient population, the survey results validated what they already knew but still regarded the survey administration as important to do.

Examples of written feedback from staff included:

"Loved/enjoyed reading the patient's comments/feedback."

"Helpful to know that patients appear to be receptive to our approach and to see actual statistics that support our understanding."

"I think these surveys are helpful to ensure we are maintaining an efficient and thoughtful approach to their care and that this approach will help achieve successful outcomes and build a trusting relationship."

Discussion

Relationship of Results to Purpose/Goals/Objectives

The overall purpose and goal of the project was to pilot a patient satisfaction survey to determine the effectiveness and feasibility of the survey process. The survey process and results

were discussed with the H4 executive director, clinical director, and H4 staff. Through these discussions all stakeholders saw the process of continued patient satisfaction survey as an important activity for quality improvement and being able to review data measures helped to support current processes of care delivery or give guidance to develop ways to better care for their patients. The support, engagement, and collaboration from patients and H4 staff were vital in the implementation of the pilot project.

Implications

Prior to this pilot project, H4 did not have a routine patient satisfaction survey tool or process of administration. The continuation of the project can be expanded to the walk-in/urgent care clinic upon its opening as well as future sites or outreach activities. With routine evaluation, a reflective culture can be promoted towards achievement of delivering quality and cost-effective care for the homeless patient population. In being able to have specific measures tracked, H4 can pinpoint areas that are a priority to address and ensure that they are meeting the needs of its patient population, as well as playing a role in addressing the needs of its community.

Strengths and Limitations

Strengths. The pilot project is unique for the H4 organization and has provided new or supporting information that will help in the provision of quality care delivery. The pilot project was developed in collaboration with the H4 executive director over a two year period with further engagement with the clinical director and H4 medical staff by the DNP student upon the opening of the Pūnāwai facility. The survey tool utilized questions that were modified from previously used surveys given to homeless individuals (Krautscheid et al., 2004; Macnee & McCabe, 2004). The study done by Macnee and McCabe (2004) found the Homeless Satisfaction with Care Scale found the tool to be a valid and reliable survey in measuring

satisfaction among homeless individuals. The survey items modified from the Krautscheid et al. (2004) study provided an opportunity to analyze specific satisfaction measures in a similar setting. Despite unforseen delays as a result of COVID-19, the pilot project was able to be adapted to being implemented with patients admitted to the H4 medical respite service floor. A high level of support and engagement by all H4 stakeholders were vital to the success of the pilot project.

Limitations. Limitations of the project included delays in implementation of the project secondary to COVID-19. Due to the priorities of addressing COVID-19 related issues, the organization restructored clinical sites and sites originally planned for the project have either closed down or relocated pending the opening of their new Pūnāwai building. Unforseen delays in the opening of H4's Pūnāwai facility was pushed back and the phased opening began with the opening of the medical respite floor. The focus of the survey was originally intended for the urgent care/walk-in clinic floor, but due to organizational/clinic needs, the project was adapted to the medical respite floor.

A limited number of participants were surveyed due to the phased opening of the medical respite floor. The H4 organization focused its delivery of care to a maximum of eight patients at any time in order to develop and maintain efficient workflow which would be increased gradually over time. Variability in patient length of stay also played a role as new admissions were dependent on the discharge timing of current patients on the floor. Ideally, survey administration would be given prior to discharge, but due to the timing constraints of the project, patient administration was varied but given at least after a patient had been at the facility for a week.

While not a significant limitation experienced during this pilot project, future implementation would benefit in reviewing the readability of the survey tool as well as having the survey available in other languages for the data collection to be inclusive of all patients that may receive care with H4.

Sustainability

Upon review of the pilot project, the feasibility and sustainability of the DNP project is very likely to continue with some revisions to the survey instrument. The implementation process had minimal effect on delivery of care, as the survey did not take much time to fill out and no additional training or resources were required. The pilot project can be further continued or expanded by a future DNP student. Implementation of a secure survey drop box was discussed with the H4 executive director and clinical director as an alternative approach to continuing surveying patients while maintaining privacy and influence.

Dissemination Plan

The DNP student presented the findings to stakeholders and collaborated with H4's executive director and clinical director on further improvements to the survey instrument and process of administration for future implementation. The DNP student will continue to collaborate with H4 on how best to continue patient satisfaction surveying for the remaining phased floor openings of the Pūnāwai building and potentially outreach sites. The DNP student will work with the H4 executive director and clinical director in the sharing of results with the organization's partners.

DNP Essentials

The DNP essentials stated by the American Association of Colleges of Nursing (AACN, 2006) were achieved by the DNP student through this quality improvement pilot survey project. The activities carried out by the DNP student to meet the DNP essentials are as follows:

Essential I: Scientific Underpinnings for Practice – The DNP student performed a literature review to better understand the unique measures available specific to the homeless population. A needs assessment was conducted by the DNP student in collaboration with the H4 executive director in which it was recgonized that the implementation of patient surveys would be a unique opportunity as it has not been done before for this organization.

Essential II: Organizational annd Systems Leadership for Quality Improvement and Systems Thinking: The DNP student consulted H4 staff of varying roles to best develop a process to fit the needs of the organization and project while maintaining the standards of patient care delivery. The DNP student communicated findings of the pilot quality improvement project and engaged in dicussion for further improvement of the survey process.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice: The DNP student reviewed the literature in developing a survey tool that was specifically administred to homeless individuals in measuring their satisfaction of care. Qualitative and quantitative data were analyzed to provide H4 baseline data. Written and informal discussion with participants were analyzed for common themes.

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care: Literature databases were utlized by the DNP student during the literature review and needs assessment process. Survey results were tracked and analyzed using Excel.

Essential V: Health Care Policy for Advocacy in Health Care: The survey pilot project implemented by the DNP student provided the H4 organization an evaluation tool which can improve health care delivery and outcomes. The survey process allows the patient to partner in the overall improvement of the organization by giving them a way in which to share their thoughts and experiences.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes: Throughout the pilot project process, the DNP student utilized effective communication while collaborating with H4 team members. Reflective discussions were consistently carried out by the DNP student with H4 team members for further improvement of project process.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health: Through literature review and evaluation of available online resources, the DNP student saw an opportunity to address the lack of patient satisfaction survey amongst homeless individuals in order to bring more awareness of their unique health and social needs.

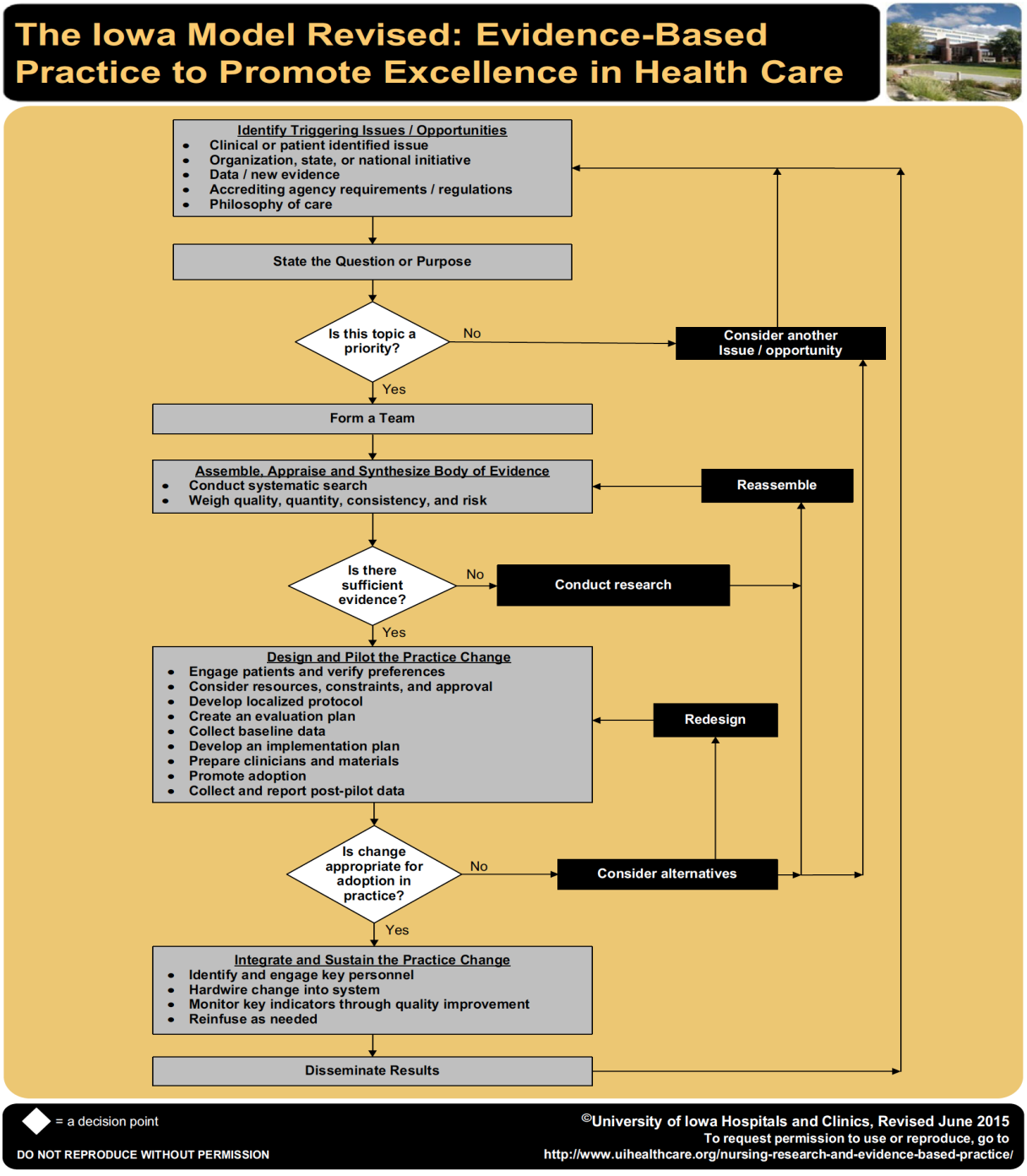
Essential VIII: Advanced Nursing Practice: A sustainable and feasible survey process was developed by the DNP student which was implemented and evaluated. Consideration of feedback provided by patients and the H4 team was further reviewed by the DNP student. In addition, the DNP student helped to facilitate communication between team members about the project's purpose and results to promote discussions on opportunities to improve delivery of care and ways to improve patient involvement.

Conclusion

Learning and understanding about the experiences and perspectives of health care received by individuals experiencing homelessness is an important step towards addressing this public health concern. The findings from this pilot project demonstrates the willingness and enthusiasm of patients and staff in providing feedback for quality care improvement. Review of the data and feedback will help to guide future workflow/delivery of care processes for H4 as it continues to expand and address the needs of its patient population. Continued implementation of patient satisfaction surveys amongst the homeless population, will provide essential information which will aid the nurse practitioner's role as a provider of quality care that partners with their client in the goal of achieving positive health outcomes. As a health advocate, the nurse practitioner will be able to utilize the information obtained from surveys to expand their practice as one that will be able to increase access to care to those most vulnerable and as one that promotes health equity for all patient populations.

Appendix A

Iowa Model Conceptual Framework



Appendix A. The Iowa Model-Revised. Used/reprinted with permission from the University of Iowa Hospitals and Clinics, copyright 2015. For permission to use or reproduce, please contact the University of Iowa Hospitals and Clinics at 319-384-9098.

Appendix B

Melnyk's Level and Quality of Evidence and Number of Relevant Articles

Melnyk's Level of Evidence	Number of Articles (Total of 27)
Level I: Systematic review or Meta-analysis	0
Level II: Experimental research design (randomized controlled trials, RCT)	0
Level III: Quasi-experimental design	0
Level IV: Case-controlled, cohort, longitudinal studies	0
Level V: Systematic reviews of descriptive and qualitative studies	0
Level VI: Descriptive (Qualitative) studies	26
Level VII: Authority opinion or expert committee reports	1
Other: Performance improvement, case reports, literature review, etc.	0

Adapted from Ackley et al. (2008). *Evidence-based nursing care guidelines: Medical-surgical interventions. (*p. 7). St. Louis, MO: Mosby Elsevier.

Appendix C

Patient Satisfaction Survey

Age:

How do you identify: (Female, Male, Transgender, Prefer not to answer, other (please specify)

Ethnicity:

Are you currently experiencing homelessness?: (Yes or No)

Items:

Item #	Subscale	Statement	Response
1	**Respect**	The H4 Medical Respite Service team treats me like a real person.	1 (strongly disagree) to 5 (strongly agree)
2		The H4 Medical Respite Service team gives me respect.	
3	**Inclusionary**	The H4 Medical Respite Service is set up to assist those experiencing homelessness.	
4		The H4 Medical Respite Service does NOT give me much choice about what I am going to do about my health..	
5		The H4 Medical Respite Service Program listens to what I think about my health.	
6	**Trust**	The H4 Medical Respite Service Program can be trused to figure out my health issues/concerns.	
7		The H4 Medical Respite Service Program helps me to understand what I am going through.	
8	**Committed**	The H4 Medical Respite Service Program really helps me no matter what it takes.	
9		The H4 Medical Respite Service Program checks on all my needs even if only ask for help with one problem.	

10	**Access**	I was able to get care through the H4 Medical Respite Program without any trouble.	
11	**Mental Health/Social Services**	I am able to get connected with mental health and social services care through the H4 Medical Respite Program when I need it.	
12	**Physical Care**	I am able to get physical health care through the H4 Medical Respite Service Program when I need it.	
13	**Illness Prevention**	The healthcare team gives me advice about how to avoid illness.	
14	**Lifestyle**	The advice I received to treat my illness does NOT fit with my lifestyle.	
15	**Referral**	It was easy for me to see another healthcare team member at this facility or get coordinated with follow-up care.	

Post Survey Question:

1. Do you feel the right were asked to understand your overall satisfaction with care? (Yes or No; Comments)
2. Was the survey easy to fill out? (Yes or No; Comments)

Appendix C. Adapted/Modified survey instrument utilizing questions from the Homeless Satisfaction With Care Scale (Macnee & McCabe, 2001) and (Krautscheid, Moos, & Zeller, 2004).

Appendix D

Patient Survey Results

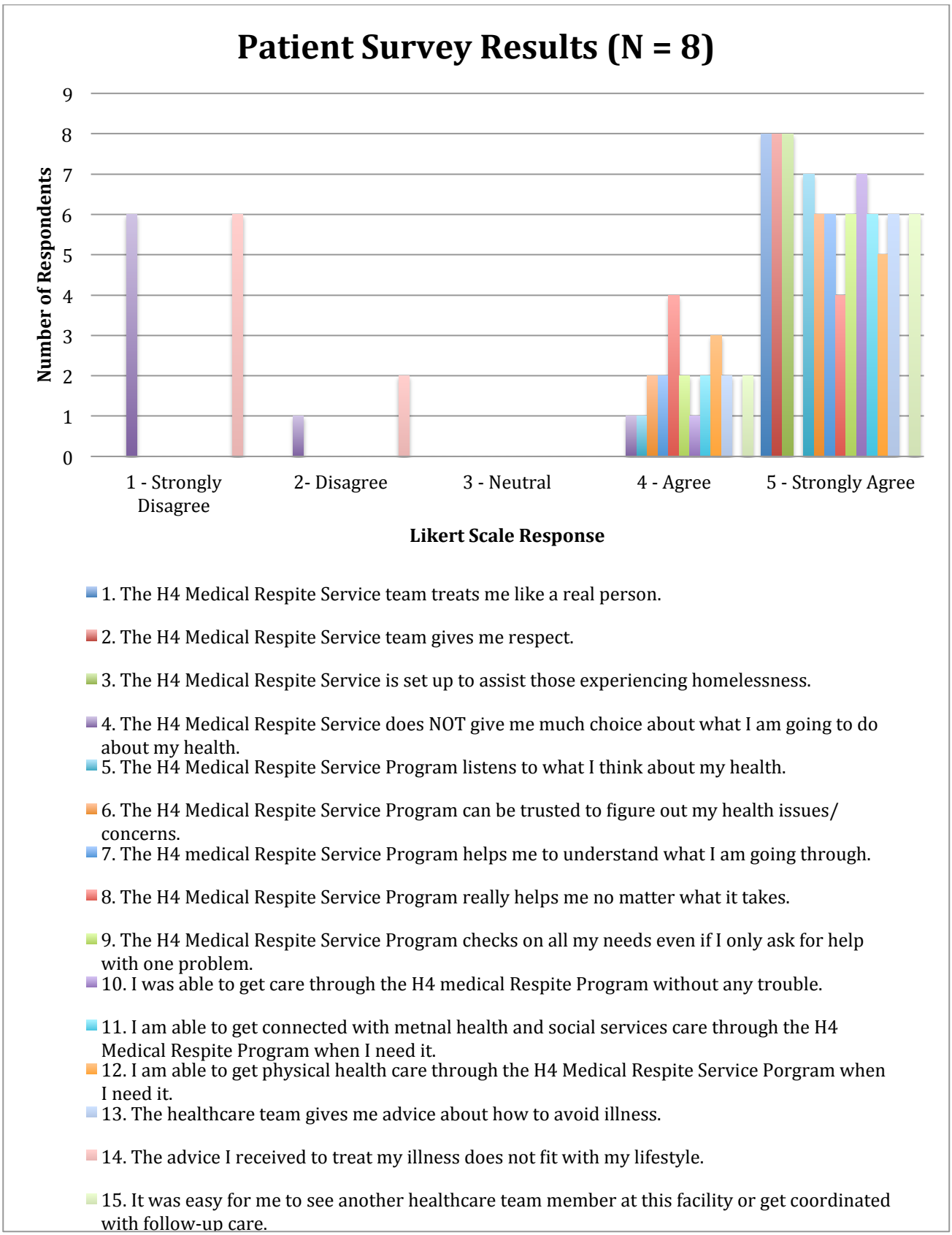
Item #	Subscale	Statement	Response* (Mean)
1	**Respect**	The H4 Medical Respite Service team treats me like a real person.	5
2		The H4 Medical Respite Service team gives me respect.	5
3	**Inclusionary**	The H4 Medical Respite Service is set up to assist those experiencing homelessness.	5
4		The H4 Medical Respite Service does NOT give me much choice about what I am going to do about my health.	1.5
5		The H4 Medical Respite Service Program listens to what I think about my health.	4.87
6	**Trust**	The H4 Medical Respite Service Program can be trused to figure out my health issues/concerns.	4.75
7		The H4 Medical Respite Service Program helps me to understand what I am going through.	4.75
8	**Committed**	The H4 Medical Respite Service Program really helps me no matter what it takes.	4.5
9		The H4 Medical Respite Service Program checks on all my needs even if only ask fo rhelp with one problem.	4.75
10	**Access**	I was able to get care through the H4 Medical Respite Program without any trouble.	4.87
11	**Mental Health/Social Services**	I am able to get connected with mental health and social services care through the H4 Medical Respite Program when I need it.	4.75
12	**Physical Care**	I am able to get physical health care through the H4 Medical Respite Service Program when I need it.	4.63
13	**Illness Prevention**	The healthcare team gives me advice about how to avoid illness.	4.75
14	**Lifestyle**	The advice I received to treat my illness does NOT fit with my lifestyle.	1.25

15	**Referral**	It was easy for me to see another healthcare team member at this facility or get coordinated with follow-up care.	4.75

*** Response Scale:** 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

Patient Post-Survey Results

	Yes	**No**
Do you feel the right questions were asked to understand your overall satisfaction with care?	87.5% (n = 7)	12.5% (n = 1)
Was the survey easy to fill out?	87.5% (n = 7)	12.5% (n = 1)


Patient Survey Results (N = 8)
Number of Respondents
0
1
2
3
4
5
6
7
8
9
1 - Strongly Disagree
2- Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree
Likert Scale Response
1. The H4 Medical Respite Service team treats me like a real person.
2. The H4 Medical Respite Service team gives me respect.
3. The H4 Medical Respite Service is set up to assist those experiencing homelessness.
4. The H4 Medical Respite Service does NOT give me much choice about what I am going to do about my health.
5. The H4 Medical Respite Service Program listens to what I think about my health.
6. The H4 Medical Respite Service Program can be trusted to figure out my health issues/ concerns.
7. The H4 medical Respite Service Program helps me to understand what I am going through.
8. The H4 Medical Respite Service Program really helps me no matter what it takes.
9. The H4 Medical Respite Service Program checks on all my needs even if I only ask for help with one problem.
10. I was able to get care through the H4 medical Respite Program without any trouble.
11. I am able to get connected with metnal health and social services care through the H4 Medical Respite Program when I need it.
12. I am able to get physical health care through the H4 Medical Respite Service Porgram when I need it.
13. The healthcare team gives me advice about how to avoid illness.
14. The advice I received to treat my illness does not fit with my lifestyle.
15. It was easy for me to see another healthcare team member at this facility or get coordinated with follow-up care.

Appendix E

Post-Survey Implementation Staff Feedback Survey

Item #	Statement	Response
1	The survey addressed topics that are important to this organization.	1 (strongly disagree) to 5 (strongly agree)
2	The survey instrument was easy to fill out for the participant.	
3	Routine patient satisfaction surveys are important for this organization.	
4	The survey implementation interfered with provision of care and/or workflow of the clinic.	
5	After reviewing the results, I learned something new.	

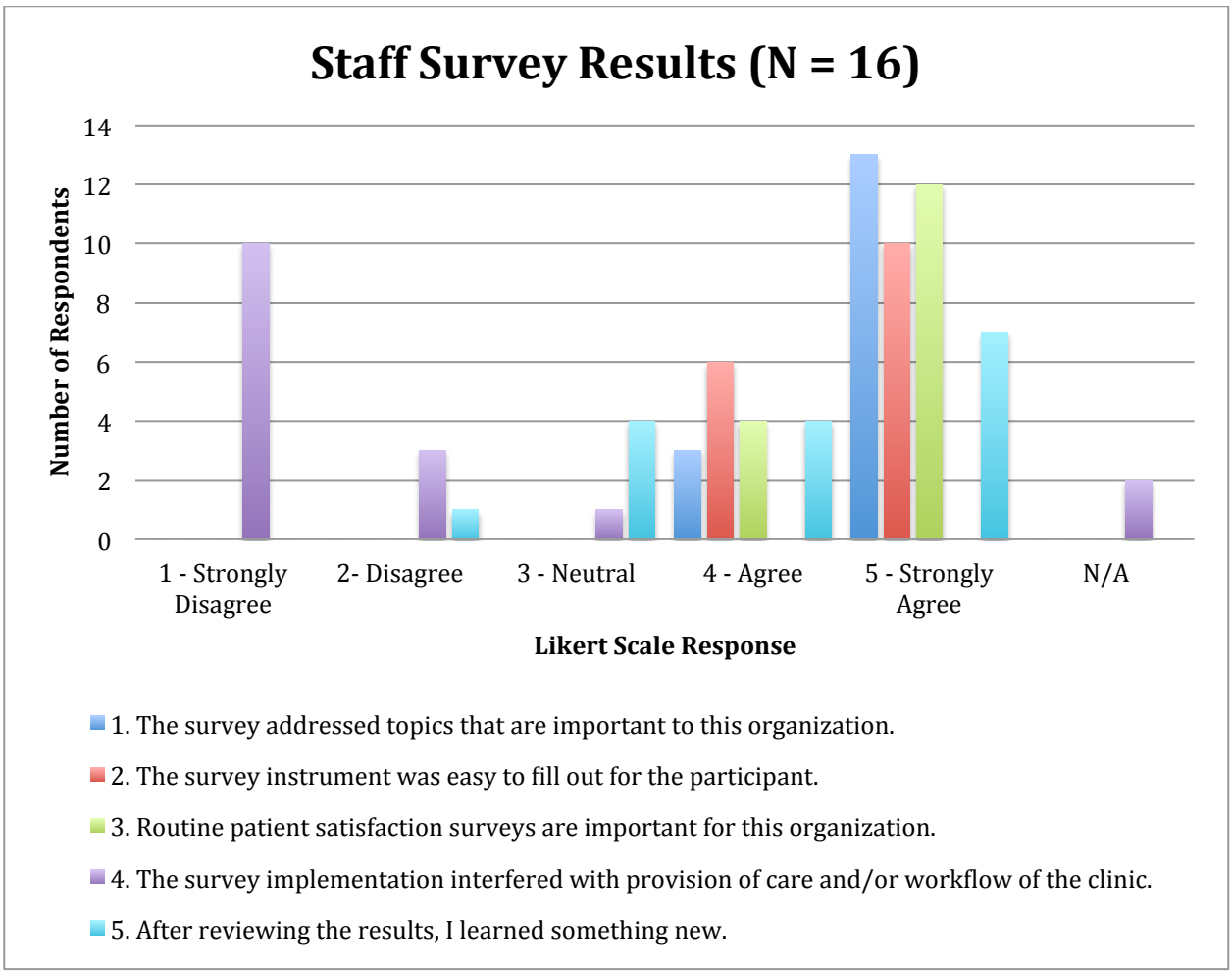
Comments/Suggestions:

Appendix F

Post-Implementation Staff Survey Results

Item #	Statement	Response* (Mean)
1	The survey addressed topics that are important to this organization.	4.81
2	The survey instrument was easy to fill out for the participant.	4.63
3	Routine patient satisfaction surveys are important for this organization.	4.75
4	The survey implementation interfered with provision of care and/or workflow of the clinic.	1.18
5	After reviewing the results, I learned something new.	4.06

*** Response Scale:** 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree


Staff Survey Results (N = 16)
Number of Respondents
14
12
10
8
6
4
2
0
1 - Strongly Disagree
2- Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree
N/A
Likert Scale Response
1. The survey addressed topics that are important to this organization.
2. The survey instrument was easy to fill out for the participant.
3. Routine patient satisfaction surveys are important for this organization.
4. The survey implementation interfered with provision of care and/or workflow of the clinic.
5. After reviewing the results, I learned something new.

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