Because of advances in technology and improved healthcare, people are living longer while burdened with multiple chronic diseases. The parallel increase in life expectancy and comorbidities has a direct impact on the economics of healthcare reimbursement while adding new challenges to the nurse’s role. In this era of transformative healthcare, patients are consumers who expect more from nurses and other healthcare professionals. If patient education is poor, so is patient satisfaction, which will negatively impact hospital reimbursement. This article describes the important relationship between improved patient education, patient satisfaction, and hospital reimbursement.

Fewer nurses, less teaching
Even though nurses represent the largest professional group of healthcare workers, a chronic worldwide nursing shortage continues to raise professional and public concern about the quality of care people receive in hospitals. Fewer nurses means increased stress and heavier patient assignments for direct care nurses. The more patients assigned to a nurse, the less time he or she has to devote to fundamental nursing responsibilities, including patient education.

If asked, many nurses will say that they educate their patients, but education involves far more than handing out discharge instructions. Patients are exposed to information by nurses, but education is more than exposure. Education must be planned, thought out, and intentional.

Optimize learning
For patient education to be effective, the nurse should keep in mind the patient’s age and assess and document any learning disabilities and assistive devices, as well as the patient’s readiness and motivation to learn. Then nurses should take into account what time of day is best for the patient to learn; for example, what time of day the patient is most alert. The nurse should also find a delivery method that’s appropriate for the patient’s learning style; for example, auditory, visual, or kinesthetic (learning by engaging in a physical activity). The easiest way to determine a patient’s learning style is to simply ask the patient. Nurses should also try to educate the patient in a setting that’s conducive to learning. For example, if teaching a patient occurs in his or her hospital room, make sure to minimize distractions by closing the door and turning off the TV.

Don’t exclude anyone
An essential component of patient education is the inclusion of family members (with the patient’s permission) and the use of layman’s terms to enhance understanding and decrease anxiety and fear. Patients and family members are more likely to understand the information when nurses avoid using clinical language.

In the past, nurses had no reliable way to measure or assess patients’ understanding of medical information.
The response to “do you understand?” doesn’t necessarily reveal whether they fully grasp the information they were given. A tool was recently introduced that can help clinicians accurately determine their patients’ knowledge. The Understanding Personal Perception (UPP) scale consists of pictures ranging from a bright sun, representing complete clarity of understanding, down to clouds, which represent confusion, lack of clarity, and a need for more education. Holding up the tool, the nurse asks the patient to look at the images on the scale to indicate which picture best represents his or her understanding of the information he or she received. (See Understanding the UPP scale.)

**Education’s financial impact**
Patient education and satisfaction are important measures in the nation’s new healthcare reform that will have a financial impact on healthcare. In the past, healthcare facilities had no way of directly measuring the satisfaction level of patients in the form of service delivery. In April 2011, the Centers for Medicare and Medicaid Services (CMS) released its Hospital Inpatient Value-Based Purchasing (VBP) final rule, which states that hospitals will have a portion of their Medicare inpatient payments tied to their performance. CMS plans to withhold 1% (roughly $850 million) of base operating diagnosis-related group (DRG) payments for distribution to quality hospitals in the fiscal year 2013, gradually increasing to 2% by the fiscal year 2017. The percentage withheld will then be redistributed to qualifying hospitals. In other words, DRG payments will be withheld from hospitals that don’t meet performance expectations, and the facilities that meet performance expectations will reap the benefits lost by those that don’t.

CMS employs a scoring model based on performance within two principal domains: Clinical Processes of Care Measures and Experience Care Measures. Clinical Processes of Care Measures will account for 70% of the score and Experience Care Measures will include the remaining 30%.

In March 2008, hospitals began to publicly report data on patients’ experiences of care through what’s known as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures. HCAHPS is a standardized survey instrument and data collection methodology that consists of eight dimensions and 27 questions. The questions focus on different aspects of a patient’s hospital experience, including, but not limited to, communication with physicians and nurses, the cleanliness and quietness of the hospital environment, discharge information, and an overall experience rating.

Patients can rate the questions based on their perceptions of care frequency using always, usually, sometimes, or never. The performance dimensions directed toward nursing are communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, cleanliness and quietness of hospital environment, and discharge information.

**Increasing patient satisfaction**
Press Ganey notes that patient satisfaction has steadily improved since public reporting to CMS began. A patient-centered focus, communication, and a trusting relationship between patients and healthcare providers is what improves patient satisfaction. Patients whose time is respected and those who are kept informed are more likely to have more patience, which, in turn, increases their satisfaction. For example, if a patient is made aware of the time frame a test or procedure may

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**Understanding the UPP scale**

<table>
<thead>
<tr>
<th>Patient clarity of the information provided</th>
<th>Image used to indicate clarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I understand this information and can teach it to others.</td>
<td>A visible, bright sun</td>
</tr>
<tr>
<td>2. I know this information, but I need to practice it.</td>
<td>Still visible bright sun with light gray clouds on both sides</td>
</tr>
<tr>
<td>3. I’ve heard and understood this information, but don’t understand how it applies to me. I’ll need some assistance.</td>
<td>The sun is partly covered with gray clouds</td>
</tr>
<tr>
<td>4. I don’t remember hearing some of this information. Some of it makes sense, but I’ll definitely need help to better understand.</td>
<td>Gray clouds blocking most of the sun</td>
</tr>
<tr>
<td>5. This information is new and confusing. I don’t think I understand it.</td>
<td>Dark clouds blocking all of the sun</td>
</tr>
</tbody>
</table>

take, he or she is more likely to wait patiently. If the time frame has to be extended, informing the patient will make him or her more tolerant of delays.  

A review of patient education and HCAHPS measures reveals the potential impact patient education can have on patient satisfaction.

**Future perfection**

Various factors play a major role in the efficacy of patient education, which has been shown to influence patient satisfaction. Patients need to be taught relevant information that must be delivered at a level they can understand. In addition, patients who feel that they’re well informed trust the healthcare system and are more likely to be satisfied with their care.

Someday reimbursement to healthcare facilities may include providing proof of properly educating patients. So, nurses need to perfect the delivery of patient education in order to increase patient satisfaction, patient care, and hospital reimbursements.

**REFERENCES**


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