Leader Rounding on Patients

Video: LRP 1; Leader Rounding on Patients; 37 minutes; 11.11
Skill Building for Leaders

Leader Rounds on Patients

- Why, What, How
- Learn Best Practices in execution
- Improve your skills in dealing with pushback
- Have the tools that support success.
Execution Framework
Evidence-Based LeadershipSM

STUDER GROUP®:

- **Objective Evaluation System**
  - Aligned Goals
    - Implement an organization-wide staff/leadership evaluation system to hardwire objective accountability
  - Principle 1, 2, & 7

- **Leader Development**
  - Aligned Behavior
    - Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results
    - Principle 3, 5, 6, & 9

- **Must Haves®**
  - Aligned Behavior
    - Agreed upon tactics and behaviors to achieve goals

- **Performance Management**
  - Aligned Behavior
    - Re-recruit high and middle/solid performers
  - Principle 4

- **Standardization**
  - Aligned Process
    - Processes that are consistent and standardized
    - Principle 1 & 2

- **Accelerators**
  - Software
    - Process Improvement
      - PDCA
      - Lean
      - Six Sigma
      - Baldrige Framework
      - Principle 1 & 2

Rev 4.8.11
Rounding on Patients

Why?

- Foundational tactic that drives results
- Reconnects leaders to patient care
- Provides best opportunity for “eyes on the field” “boots on the ground” leadership
- Builds leadership assessment skills just like we built nursing assessment skills
Rounding on Patients
What?

- 4 goals
- 2 key questions
Four Goals

- Create Empathetic Connection with Patients
- Service Recovery (if needed)
- Harvest Compliments and Manage Up
- Assess Quality of Care
Two Key Questions

- What have you learned about care being delivered?
- What MUST you do with that information?
Purpose, worthwhile work and making a difference

- Prescriptive To Do’s
- Leader Rounding on Patients
- Self-Motivation
- Bottom Line Results (Transparency and Accountability)

Healthcare Flywheel®

StuderGroup®
Rounding on Patients
How?

1. Establish Rounding Discipline
2. Data review / Prepare the Right Questions
3. Who and How Often?
4. Plan Training
5. Plan Communication
6. Plan Monitoring
7. Plan Measurement
8. Engagement Factors
1. Establish Rounding Discipline

- CEO / Executive Team set expectations
- CNO / CNE led
- Communicate WHY to all nursing leaders
- Plan to post monitoring and measurement data by unit – weekly
2. Data Review / Prepare the Right Questions

- Key Drivers of Patient Satisfaction
- Highest Priority Quality Issues
- Ask Questions in the Right Way
# Assemble Tools

- Logs are Mandatory
  - Determine where logs will be kept
  - Clarify Expectations/Goals

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**Note:** LRP5: DAILY ROUNDING LOG

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## LRP5: DAILY ROUNDING LOG (PAGE 2 OF 2)

<table>
<thead>
<tr>
<th>Patient / Room #</th>
<th>Nurses Name</th>
<th>Priority</th>
<th>Priority</th>
<th>Priority</th>
<th>Staff/Physicians to Recognize (who and what)</th>
<th>Issues/ Follow up</th>
<th>Notes, Observations and Patient Comments</th>
</tr>
</thead>
</table>

*Note: To maintain consistency and alignment between multiple leaders rounding on the patients, organization may find that they can effectively use a Census sheet printed from their Hospital Information System as a rounding log. We suggest keeping this sheet on a clipboard or in a binder. Include on the clipboard or binder key questions, priorities and space for notes related to actions for recognition / follow up.*
## Rounding Best Practices

### Comprehensive Log

1. **Check with staff** (Priority patients to be seen, process success, issues, patient concerns/complaints)

2. **Relationship Building:** Personal connection from the nurse

### Begin Rounding

3. **Acknowledge & Personal Connection**

4. **Introduce Family inclusion** (with permission)

5. **Duration of Rounding**

6. **Explain Process & Why** (key words - Our goal is to provide you with very good care...)

7. **White Board review** (include Very Good Care items): DESIRED PAIN LEVEL ON WHITE BOARD

8. **Manage Up** (staff, organization, departments, MD)

9. **Safety** (hand washing, fall precaution follow up, wrist band checks)

10. **Key drivers from survey addressed** (Dig deeper - Survey issues)

11. **Key Words used relating to survey**

12. **Validate staff behaviors** (e.g. need call light in last 24 hrs, pain managed, intro themselves, etc)

13. **Identified Staff/Physicians to be recognized**

14. **If Discharge** (Introduce survey)

15. **Hourly Round:** complete tasks (environmental assessment, validate tasks done, log signed)

16. **Give Business Card**

17. **Closing Statement:** “Is there anything else...”

18. **Sign Hourly Rounding log** (use red & circle anything questionable)

19. **Thank the patient**

   *Ask self:* What did I learn about the quality of care delivered? How hardwired are behaviors?

20. **Log Rounding information**

21. **Coach every staff member post rounding** (R&R, S-C-S, DESK)

22. **Complete follow up on any issues identified & report back to patient**
3. Who and How Often?

- Manager must conduct 50%.
- May delegate up to 50% to charge nurse, educator, assistant manager.

- Inpatient: 100% patients daily, 7 days / week.
- Outpatient and ED: 10% - 20% / day.
- Ambulatory Surgery: Minimum 50% / day.
4. Plan Training

- Review why
- Conduct Skills Lab
- Require competency Assessment
## Competency Assessment

<table>
<thead>
<tr>
<th>Engagement Attributes</th>
<th>Active listening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-multi-tasking</td>
</tr>
<tr>
<td></td>
<td>Eye contact</td>
</tr>
<tr>
<td></td>
<td>Tone of voice</td>
</tr>
<tr>
<td></td>
<td>Appropriate speed of speech</td>
</tr>
<tr>
<td></td>
<td>Appropriate use of touch</td>
</tr>
<tr>
<td></td>
<td>Appropriate use of humor/emotion</td>
</tr>
<tr>
<td></td>
<td>Physical positioning – sitting, kneeling, etc.</td>
</tr>
<tr>
<td></td>
<td>Energy mirrors the needs of the patient</td>
</tr>
</tbody>
</table>
5. Plan Communication – Communication Plan

- Who needs to know about Patient Rounds?
  - Staff
  - Providers
  - All Leaders

- What do they need to know?
  - Why
  - WIIFM (What’s in it for me?)
6. Plan Monitoring
Validation / Monitoring Plan

- Every unit must report compliance daily
- CNO must be able to see weekly and monthly performance by unit
- Results must be posted publicly

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Rounds</th>
<th>Expected Roundings</th>
<th>Completed %</th>
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<tbody>
<tr>
<td>1/3</td>
<td>24</td>
<td>12</td>
<td>50.0%</td>
</tr>
<tr>
<td>1/4</td>
<td>24</td>
<td>5</td>
<td>20.8%</td>
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<tr>
<td>1/5</td>
<td>24</td>
<td>10</td>
<td>41.7%</td>
</tr>
<tr>
<td>1/6</td>
<td>24</td>
<td>20</td>
<td>83.3%</td>
</tr>
<tr>
<td>1/7</td>
<td>24</td>
<td>24</td>
<td>100.0%</td>
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<tr>
<td>1/8</td>
<td>24</td>
<td>15</td>
<td>62.5%</td>
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<td>1/9</td>
<td>24</td>
<td>20</td>
<td>83.3%</td>
</tr>
<tr>
<td>1/10</td>
<td>30</td>
<td>25</td>
<td>83.3%</td>
</tr>
<tr>
<td>1/11</td>
<td>30</td>
<td>20</td>
<td>66.7%</td>
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<td>30</td>
<td>15</td>
<td>50.0%</td>
</tr>
<tr>
<td>1/13</td>
<td>30</td>
<td>10</td>
<td>33.3%</td>
</tr>
<tr>
<td>1/14</td>
<td>30</td>
<td>2</td>
<td>6.7%</td>
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<tr>
<td>1/15</td>
<td>30</td>
<td>29</td>
<td>96.7%</td>
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<td>9</td>
<td>90.0%</td>
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<td>10</td>
<td>8</td>
<td>80.0%</td>
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<td>1/19</td>
<td>10</td>
<td>7</td>
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<td>6</td>
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<td>24</td>
<td>96.0%</td>
</tr>
<tr>
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</tr>
<tr>
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<td>25</td>
<td>23</td>
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<td>100.0%</td>
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<tr>
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<td>80.0%</td>
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<tr>
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</tr>
<tr>
<td>Totals</td>
<td>638</td>
<td>437</td>
<td>68.5%</td>
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Note: LRP6: WEEKLY REPORT
Validation Tool – Example 2

Department of Nursing
Daily Metrics
Week Ending 8/8/10

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Mon 8/2</th>
<th>Tues 8/3</th>
<th>Wed 8/4</th>
<th>Thurs 8/5</th>
<th>Fri 8/6</th>
<th>Sat 8/7</th>
<th>Sun 8/8</th>
<th>Weekly Totals</th>
<th>Daily Avg</th>
<th>July Totals</th>
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</thead>
<tbody>
<tr>
<td># of Patients</td>
<td>107</td>
<td>135</td>
<td>127</td>
<td>141</td>
<td>141</td>
<td>135</td>
<td>130</td>
<td>916</td>
<td>130</td>
<td>3934</td>
</tr>
<tr>
<td># Patients Rounded on by Manager / Designee</td>
<td>103</td>
<td>135</td>
<td>120</td>
<td>131</td>
<td>141</td>
<td>130</td>
<td>129</td>
<td>889</td>
<td>126</td>
<td>3735</td>
</tr>
<tr>
<td>% Patients Rounded on</td>
<td>96%</td>
<td>100%</td>
<td>94%</td>
<td>93%</td>
<td>100%</td>
<td>96%</td>
<td>99%</td>
<td>97%</td>
<td>95%</td>
<td>Goal = 90%</td>
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<tr>
<td># of Discharges</td>
<td>11</td>
<td>22</td>
<td>22</td>
<td>36</td>
<td>24</td>
<td>17</td>
<td>22</td>
<td>160</td>
<td>23</td>
<td>797</td>
</tr>
<tr>
<td># D/C's Call Attempt Total</td>
<td>13</td>
<td>37</td>
<td>25</td>
<td>36</td>
<td>24</td>
<td>20</td>
<td>31</td>
<td>186</td>
<td>27</td>
<td>886</td>
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<tr>
<td># D/C's Connected</td>
<td>9</td>
<td>17</td>
<td>17</td>
<td>27</td>
<td>13</td>
<td>12</td>
<td>12</td>
<td>107</td>
<td>15</td>
<td>509</td>
</tr>
<tr>
<td>% Discharges Connected</td>
<td>82%</td>
<td>68%</td>
<td>77%</td>
<td>75%</td>
<td>48%</td>
<td>71%</td>
<td>59%</td>
<td>67%</td>
<td>Goal = 65%</td>
<td></td>
</tr>
</tbody>
</table>

Note: LRP6: WEEKLY REPORT

7/12/10-8/8/10
Overall Inpatient* Likelihood to Recommend (TB %):
Total n= 59
Top Box n= 52
% Very Good = 88.1%
7. Plan Measurement

Leader Rounding on Patients
“Did a Nurse Manager Visit You During Your Stay?”

Tactic and Tool Implemented:
- Leader Rounding on Patient

Source: Arizona Hospital | Total Beds = 338, Employees = 4,000, Admissions = 10,133; updated 2020
8. Engagement Factors: Dealing with Pushback from Team

- Not enough time
- No one skilled to do rounds on weekends
- I trust my people
- I’m not a micro-manager
- It feels like kindergarten
Nurse Leader Handbook

This Book Provides Nurse Leaders With A Solid Foundation For Success

- Reward and recognize positive behaviors
- Hold crucial conversations with high, middle & low performers
- Use Key Words to drive quality outcomes
- Teach and implement service recovery
- Create a culture where Never Events never happen
- Answer tough questions
- Talk to the C-Suite in a way that gets results
- Walk the work/life blend tightrope without falling off

www.studergroup.com/nurseleaderhandbook
It always seems impossible until it is done.”

Nelson Mandela