



STUDER GROUP TOOLKIT: LEADER ROUNDING ON PATIENTS

A guide for leader rounding on patients in all healthcare settings.

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LRP1: ROUNDING GUIDELINES (PAGE 1 OF 9)

 **Why and How:**

The purpose of rounding on patients is to demonstrate our organization's commitment to providing quality care to our patients and families – and also to validate that this level of care is occurring with every patient, every time. By interacting with patients and families, leaders are able to manage the patients' expectations, learn about effectiveness, and identify members of the care team for reward and recognition. When done consistently, leaders can manage the patient expectations and experiences **proactively** as opposed to finding out later that a gap occurred, perhaps through complaint letters, poor patient outcomes, or poor patient experience.

Another key purpose of rounding on patients is to verify that employees/members of the care team have hardwired specific tools and tactics critical to providing excellent care. For example, if a medical practice is working to hardwire the tactic of Room and Round, then the leader who rounds on the patient would ask a targeted question about whether or not they had been checked on while waiting in the exam room.

When Leader Rounding on Patients is done well, it communicates the following:

- I am the leader and responsible for the quality of care delivered. I care about you. (Empathy and Expectations)
- I appreciate you sharing that. (Reward and Recognition)
- I am proud of the care we provide. (Manage Up, Quality)
- I am sorry. (Service Recovery if needed)

Leader Rounding on Patients enables us to build relationships with our patients and their loved ones, promote a culture of safety, and further our mission to deliver patient-centered care.

The keys to effective rounding on patients include:

1. **Set expectations.** When a leader interacts with a patient, they should inform the patient and family the goal of the organization is to meet/exceed their expectations. This is 'The Promise' of leader rounding on patients.
2. **Validate the behavior expectations of care team.** Design questions test whether the implemented best practices are having the intended impact from the patient's perspective. There are multiple tactics and behaviors that if done consistently will improve the patient's perception of care. Some examples include Hourly Rounding®, Individualized Patient Care, Bedside Shift ReportSM, and AIDET®. Therefore, if the goal is to hardwire the use of AIDET® with every patient, one of the questions to ask the patient would be: "Our goal is to keep you informed. How **well** are we explaining what is happening and how long it takes?"
3. **Manage up.** The leader has a great opportunity to reduce the patient's and family's anxiety while rounding by managing up the care team and physicians who are taking care of them. Sharing information about the care team's education and experience will put the patient at ease and let the employees know they are valued by their leaders.
4. **Harvest reward and recognition.** Leaders have the opportunity to ask patients if there are any members of the care team they have interacted with who have done a good job and whom we can reward and recognize. Gathering this information and the specifics of what the care team has done will reinforce those behaviors that have great meaning to patients.
5. **Use closing statements.** No patient contact is complete without a closing statement. When the leader says, "Is there anything I can do for you before I leave?" it tells the patient that the hospital caregivers do not want to leave if something needs to be done and lets patients know that their input is important.

6. **Communicate with the care team.** After rounding on patients, leaders need to provide feedback to the care team in terms of reward and recognition for behaviors that patients identify as making a difference and coaching for care team members who are not using the behaviors that have been identified as important to the patients.
7. **Perform service recovery.** When the organization fails to meet a patient's expectations, the leader needs to apologize ("I am sorry you had that experience.") and take action to resolve the situation ("What can I do to address your concern?"). These two actions allow the leader to turn unmet expectations into a positive experience.

After rounding on patients, leaders should ask themselves two questions to validate that the rounding experience was fruitful. The first question is "What do I know now that I did not know?" and the second is "What will I do about it?" Close the loop by taking appropriate steps to address these questions. You may:

- **Reward and recognize** those staff who are doing a great job
- **Coach and develop** staff with patient/family-identified opportunities for improvement
- **Improve processes** that were identified as not working
- **Address issues** of environmental safety

Rounding Questions

One of the most important pieces of Leader Rounding on Patients is determining which questions you will ask during your round. Since Leader Rounding on Patients is one of the very best mechanisms by which to validate that staff are demonstrating specific behaviors crucial to providing quality care, the questions asked during a leader round should be aligned to the goals and opportunities for improvement of the specific unit.

The best rounding questions are determined from analysis of patient experience scores, and as such, they align to the patient perception of care action plan. In doing so, we are able to test whether a.) the things that we have asked staff to do are actually happening from the patient's perspective and if b.) those actions are having the impact we expect/desire.

Hospital/Nurse Leader Rounding Example:

For example, if the unit's HCAHPS "Responsiveness" scores are low, the nurse leader may ask the patient, "Have you needed to use your call light?" If yes, "What did you need?" and "Did the staff respond to your request in you felt was a reasonable amount of time?"

Clinic Leader Rounding Example:

If access is a focus of your clinic, you may choose to ask the patient, "When you called to get an appointment, were you able to speak with someone who could help you schedule?" or "Were you able to make an appointment in the timeframe needed?" or perhaps, "Have you ever had to call us after hours with a question?" If yes, "Were we able to get you the answer that you needed in a timely fashion?"

As important as the questions you ask is how many you ask. Select no more than two targeted questions to ask during your leader rounds. Asking one or two targeted questions allows actionable information to be gathered so that these areas of focus may improve. When we ask more than two questions, we are unable to "zoom in" on the focus areas and provide them with the attention that they need in order to improve. Likewise, these questions should continue to be asked during leader rounds for at least two quarters, or as long as it may take for improved results to be sustained for the same length of time.

Another key component of determining Leader Rounding on Patients questions is to ensure that we ask **open-ended questions**, rather than questions that can be answered with a simple “yes” or “no.” Open-ended responses provide more rich insight into our patients’ experiences, and allow us to connect on a more personal level.

Some sample Leader Rounding on Patients questions can be found [here](#).

Rounding Log

Utilization of a rounding log is a critical component of Leader Rounding on Patients. The rounding log is a tool that enables you to house your specific rounding questions, and collect patient responses in real time. It is critical to immediately complete the rounding log while the information gathered is top of mind; otherwise, important information—such as trends in opportunities for improvement—may be lost. Sample Leader Rounding on Patients logs are available in sections [LRP6](#) and [LRP7](#).

To maintain consistency and alignment between multiple leaders rounding on the patients, organizations 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.

MyRounding

In place of a paper rounding log, MyRounding offers a rounding application. MyRounding is a flexible technology that can be accessed from a desktop computer, tablet, or smart phone.

The screenshot displays the MyRounding application interface. On the left, a grey sidebar titled 'round details' contains input fields for 'First Name', 'Last Name', 'Email', and 'Patient ID'. The main content area, titled 'round questions', contains several sections:

- A question: 'Tell me what we have told you about your plan for the day OR What did <nurse's name> say about your plan of care? (Be sure to write it on the whiteboard)'. Below it are 'Pass' and 'Fail' buttons.
- A question: 'Are there any personal preferences you have that would assist us in providing you an excellent experience and ensuring you are very satisfied?'. Below it are 'Yes' and 'No' buttons, followed by a text area labeled 'Please elaborate'.
- A question: 'I see <nurse's name> is your nurse today. (Manage up – \$/he is excellent...!) Did <nurse's name> review your plan of care for the day?'. Below it are 'Yes' and 'No' buttons.
- A question: 'May I ask a few questions on how we are doing so far? (Customize as appropriate based on focus areas)'. Below it are 'Yes' and 'No' buttons.
- A question: 'PAIN: How are we doing managing your pain? Can you explain what we have done today to manage your pain?'. Below it are 'Yes' and 'No' buttons.

MyRounding

MyRounding features the following:

- Easy Navigation
 - Simple navigation menus put structured leadership rounding at your fingertips
- Completely Customizable:

- Create custom rounding templates for anyone in your organization, or use pre-loaded templates, for structured data gathering and tracking
- Structured Rounding:
 - Achieve consistency and standardization across departments, facilities, and systems
- Instant Reporting:
 - Use the robust reporting tools, dashboards, and charts to view past rounding results and create accountability for follow up
- Issue Escalation:
 - Assign issue types and priority for fast reporting, accountability, and resolution
- Easy Administration:
 - Web portal technology gives you 100% control over users, template customization, system hierarchy, detailed reporting, and flexible analytics

If you would like to learn more about MyRounding, please connect with your Studer Group coach.

Where can patients be rounded on?

Patients can be rounded on in a variety of settings. In the inpatient setting, it is appropriate for a leader to round on a patient in their room, a waiting room, or in the lab, etc. Anywhere a patient may encounter a wait of some sort or be available to chat for a few minutes could be deemed appropriate. It is most common for physician leaders to round on patients in their rooms or in a reception area.

In the medical practice/ambulatory setting, it is appropriate for leaders to round on the patient in the waiting room, in the exam room while they wait to see their provider, or as the patient closes their appointment at checkout. Physicians in this setting often round in reception or during their clinical time with the patient, while the patient is with them in the exam room.

Rounding on Patients in the Inpatient Setting:

Nurse Leader Rounding

➔ Key Words:

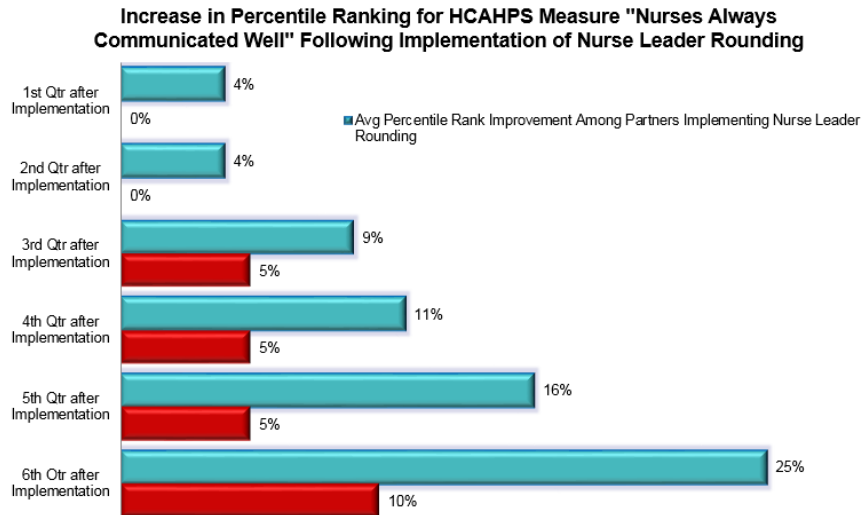
- Here at [organization name], we want to provide you with quality care without exception.
- My job is to make sure that we provide you with this level of care, so I would like to talk to you and ask you some questions about your care now.
- To ensure that we are providing you with high quality care, our nursing care team will be rounding on you frequently to manage your pain, offer assistance to the restroom, get you comfortably positioned in bed, and ensure all your personal belongings are within your reach.
- Tell me what we have told you about your plan for the day. Or... What did say about your plan of care?
- Are there any personal preferences you have that would assist us in providing you an excellent experience?
- I see is your nurse today. (Manage up – S/he is excellent...!) (Did review your plan of care for the day?)
- May I ask a few questions on how we are doing so far? (Customize as appropriate based on focus areas)
 - PAIN: How are we doing managing your pain? Can you explain what we have done today to manage your pain? Do you need to ask for pain meds or does your nurse ask you about your pain when s/he comes in? Have you had to use your call light to request pain meds? When you ask for something...do we bring it right away?
 - POSITION: It is important to me that you are comfortable, positioned in your bed...etc. How have we done? Have you been up today? Have we repositioned you for your comfort in bed?
 - RESPONSIVENESS: We want to anticipate/be attentive to your needs. When was the last time you had to put on your call light for the bathroom? Now tell me....when you did have to put on your call light, what did you have to put on your call light for? Do we ask you when we come in to check on you if you need to get up?
- OBSERVE for call light, water, and other possessions in reach. Are side rails up?
- Tell me about a care team member I can be sure to thank for you...Tell me what they did that you specifically liked.
- END round by telling the patient our desire is to ensure they and their family have received quality care and to let the staff or leader know if we have not met their expectations. Leave your business card.

➔ Key Actions:

- Know the patient (name and diagnosis) and enough about the patient care to know if patient communication board is up to date
- Sit to help the patient feel you are listening
- Set the time expectation up-front
- Focus the patient on the positive
- Dig deeper into specific issues
- Manage up positives in their mind
- End with validating the quality of care
- Ask yourself:
 - What did I (we) learn about the care of the patient based on the rounding?

- What must I (we) do with this information?
- Are there gaps in performance?
- What actions will be taken to address gaps in performance?
- What type of reward and recognition will be evident for those who are doing desired behaviors consistently?

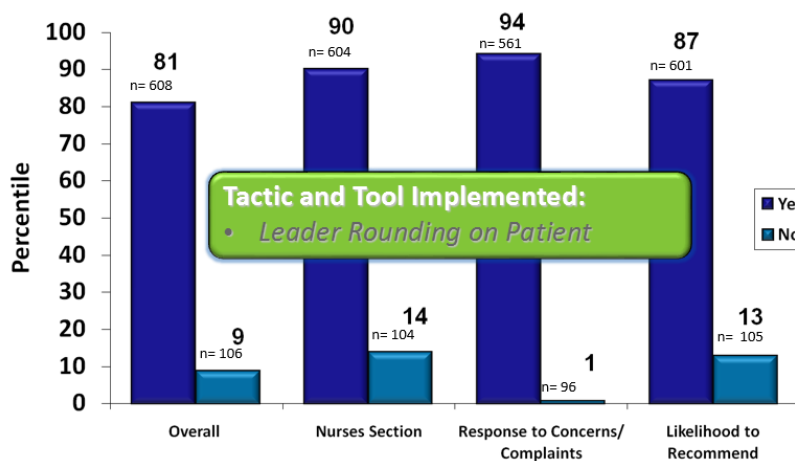
Evidence



Source: The graph above shows a comparison of average percentile rank improvement using the Studer Group partner database compared to CMS data based on 3Q09-2Q10.

This graph shows the quarterly improvement in the HCAHPS Nurse Communication domain (measured by percentile ranking) following implementation of Nurse Leader Rounding. Each subsequent quarter following implementation of Nurse Leader Rounding demonstrates sustained and increasing performance in this domain.

“Did a Nurse Manager Visit You During Your Stay?”



Source: Arizona Hospital, Total beds = 355, Employees = 4,000, Admissions = 10,188; updated 2Q2010

This graph demonstrates the difference in HCAHPS performance (measured by percentile ranking) of the Overall Rating, Nurse Communication, Staff Responsiveness, and Likelihood to Recommend domains following implementation of Nurse Leader Rounding. Patients who reported that they had been rounded on by a nurse leader during their stay rated each domain significantly higher than those who did not.

Rounding by Nurse Assignment

When conducting Nurse Leader Rounding on Patients, best practice is to round by nursing assignment. By rounding on all of on nurse's patients, you are able to assess how consistently each individual nurse executes the expected behaviors. The trends and findings that you discover via rounding by assignment will be invaluable to providing quality, effective coaching for your staff.

- **Step One:** Have a brief conversation with each nurse prior to rounding on his/her patients. Round on each of the nurse's patients. This allows you to build a personal connection with the nurse; it also ensures that you are informed on the patient's condition and plan of care upon entering the room, as well as any issues that may have occurred since your last round.
- **Step Two:** Document each round via your rounding log.
- **Step Three:** Review the information you have gathered to identify the trends, wins, and coaching opportunities. Follow up with the nurse to share this information; focus on one specific opportunity for improvement when providing coaching feedback. When this is complete, you may move on to round on the next nurse's patients.

Physician Leader Rounding

➔ Key Words:

- Hello, <patient name>. My name is <physician name> and I am <tell a little about yourself>. Here at <organization name>, we want to provide you with quality care without exception. May I speak with you about your care for just a few minutes?
- I see that <physician's name> is your physician. (Manage up.) Can you tell me about what s/he has told you about your plan of care? (Be sure to verify on the patient communication board).
- May I ask a few questions on how we are doing so far? (Customize as appropriate based on focus areas such as pain management, fall risks, identification of physician, etc.)
 - How are we doing managing your pain? Can you explain what we have done today to manage your pain? Do you need to ask for pain meds or does your nurse ask you about your pain when s/he comes in? Have you had to use your call light to request pain meds? When you ask for something...do we bring it right away?
 - Can you tell me about your plan of care for the day?
- END round by telling the patient our desire is to ensure they and their family are very satisfied (without exception) with their care and at any time if they do not feel they are very satisfied, to please let the nurse or yourself know.

➔ Key Actions:

- Know the patient (name and diagnosis) and enough about the patient care to know if patient communication board is up to date (if rounding in hospital room)
- Provide an introduction as a physician leader so the patient does not think that the physician is there to provide care
- Sit to help the patient feel you are listening
- Set the time expectation up-front
- Manage up positives in their mind
- End with validating the quality of care
- Ask yourself:
 - What did I (we) learn about the care of the patient based on the rounding?
 - What must I (we) do with this information?

Rounding on Patients in the Ambulatory Care/Medical Practice Setting:

Clinic Manager/Leader Rounding

➔ **Key Words:** *(please note, the following questions do not have to be asked in totality, but the rounding questions should be tailored to fit specific organizational outcomes and asked to verify hardwiring of specific tactics)*

- Here at <organization name>, we want to provide you with quality care without exception.
- My job is to make sure that we provide you with this level of care. May I ask you a few questions to make sure that we are providing you with care consistent to our mission?
- Did you experience a wait today? *If yes, "Thank you for your patience; we know your time is valuable. Did our staff keep you informed during your wait?" If the patient did not experience a wait, "Excellent. It is always our goal to run on time and be respectful of yours."*
- Did someone check in on you while you waited in the exam room to be seen?
- I see that you are a patient of <provider's name>. *(Manage up – S/he is excellent...!)* Did <provider's name> answer the questions that you had today during your appointment? or... Can you tell me about any medication changes that were made today?
- Were any labs ordered for you today? *If yes, Can you tell me when you will receive the results of these tests?*
- Tell me about a member of our care team I can be sure to thank for you...please tell me what they did that you exceptionally liked.
- END round by telling the patient our desire is to ensure they and their family are very satisfied (without exception) with their care and at any time if they do not feel they are very satisfied, to please let you know. Leave your business card.

➔ **Key Actions:**

- Know the patient (name and diagnosis) and enough about the patient care to know about their plan of care (review chart before rounding on)
- Sit to help the patient feel you are listening
- Set the time expectation for the round up-front
- Focus the patient on the positive
- Dig deeper into specific issues
- Manage up positives in their mind
- End with validating the quality of care
- Ask yourself:
 - What did I (we) learn about the care of the patient based on the rounding?
 - What must I (we) do with this information?
 - Are there gaps in performance?
 - What actions will be taken to address gaps in performance?
 - What type of reward and recognition will be used for those who are doing desired behaviors consistently?

Physician Rounding

➔ Key Words:

- *(If you approach the patient in the reception area, acknowledge the patient, introduce yourself, and tell them why you are speaking with them. Make sure to highlight that you are there not as a clinician, but as a leader inquiring about their care.)*
- Here at <organization name>, we want to provide you with quality care without exception.
- My job is to make sure that we provide you with this level of care. May I ask you a few questions to make sure that we are providing you with care consistent to our mission?
- *(If in the reception area) Are you a new patient, or have you visited our clinic before?*
- *Ask questions that highlight issues that are important to you, like medication reconciliation or wait times.*
 - Tell me about booking your appointment for today. *(Probe for access to care, was the patient able to get an appointment quickly, did they have to wait two weeks before an appointment was available, etc.)*
 - Did you bring your medications today? *If yes, "Has someone checked your medications?" If no, "Can you tell me what medications you take regularly?"*
 - Did you experience a wait today? *If yes, "Thank you for your patience; we know your time is valuable. Did our providers keep you informed during your wait in the reception area?" If the patient did not experience a wait, "Excellent. It is always our goal to run appointments on time and be respectful of yours."*
 - Did someone check in on you while you waited in the exam room to be seen?
- Can you tell me about a care team member I can be sure to thank for you...please tell me what they did that you exceptionally liked?
- END round by telling the patient our desire is to ensure they and their family are very satisfied (without exception) with their care and at any time if they do not feel they are very satisfied, to please let you know. Leave your business card.

➔ Key Actions:

- Sit to help the patient feel you are listening
- Set the time expectation of the round up-front
- Dig deeper into specific issues
- Manage up positives in their mind
- End with validating the quality of care
- Ask yourself:
 - What did I (we) learn about the care of the patient based on the rounding?
 - What must I (we) do with this information?

LRP2: LEADER ROUNDING STANDARD (PAGE 1 OF 7)

NURSE LEADER ROUNDING ON PATIENTS					
Pillar(s) to Move	Scope	Frequency	Validation	Tools	Comments
People Quality Service Finance Growth	Inpatient Rounding	<ul style="list-style-type: none"> ▪ 100% of inpatients daily <p>Phased Implementation:</p> <ul style="list-style-type: none"> ▪ Initially at least once during hospitalization; priority is the following: <ul style="list-style-type: none"> ○ Within 36 hours of admission ○ Follow-up for a concern or complaint ○ Prior to Discharge ○ Patients being held in the ED greater than X hours for admission 	<ul style="list-style-type: none"> ▪ Rounding Logs are mandatory ▪ Validated by review during 1:1 meeting with supervisor using monthly meeting model. ▪ Logs reviewed by one up supervisor at a minimum weekly until hardwired, then minimum of monthly in 1:1 meeting ▪ Optional: If you have the question on your survey tool – Did a nurse leader visit you during your stay? Share yes, no responses with nurse managers. 	<ul style="list-style-type: none"> ▪ Rounding Log ▪ Accountability Report ▪ Monthly Meeting Model ▪ 90-Day Plan ▪ Patient Perception of Care Survey Tool 	<ul style="list-style-type: none"> ▪ If performance is less than goal, more frequent review by one up supervisor is needed with direct observation of leader rounds to assess skill. ▪ Best practice-Nurse leader conducts rounds. As needed to cover vacation, days out of office, etc., no more than 50% may be delegated to achieve 100% daily. ▪ Calculating percent of patients rounded on: Denominator = all patients on unit for a <u>7-day period</u>, e.g., 20- bed unit/ 19 patients on unit each day. 19X7=133. 120 rounds conducted, 120 are <u>90%</u> of 133 possible.

LRP2: ROUNDING STANDARD (PAGE 2 OF 7)

NURSE LEADER ROUNDING ON PATIENTS					
Pillar(s) to Move	Scope	Frequency	Validation	Tools	Comments
People Quality Service Finance Growth	Critical Care	<ul style="list-style-type: none"> ▪ 100% of patients and/or families each day ▪ Recommend rounding on transferred patients 1 day post transfer 	<ul style="list-style-type: none"> ▪ See Inpatient 	<ul style="list-style-type: none"> ▪ Rounding Log ▪ Accountability Report ▪ Monthly Meeting Model ▪ 90-Day Plan 	<ul style="list-style-type: none"> ▪ See Inpatient
People Quality Service Finance Growth	Emergency Department	<p>Patients</p> <ul style="list-style-type: none"> ▪ 25% of treat-and-release patients- over 24-hour period ▪ 100% of patients holding for an inpatient bed <p>Reception Area:</p> <ul style="list-style-type: none"> ▪ Every 30 minutes if arrival to DC time is < 150 minutes ▪ Every hour if arrival to DC time is > 150 minutes 	<ul style="list-style-type: none"> ▪ See Inpatient 	<ul style="list-style-type: none"> ▪ Rounding Log ▪ Reception Area Rounding log ▪ Accountability Report ▪ Monthly Meeting Model ▪ 90-Day Plan 	<ul style="list-style-type: none"> ▪ See Inpatient

LRP2: ROUNDING STANDARD (PAGE 3 OF 7)

LEADER ROUNDING ON PATIENTS					
Pillar(s) to Move	Scope	Frequency	Validation	Tools	Comments
People Quality Service Finance Growth	Ambulatory Surgery	<ul style="list-style-type: none"> ▪ Sampling customized based on volume. Suggested minimum of 25% of volume. ▪ 100% of new patients in recurring care setting (i.e., rehab, infusion) <p>Reception Area</p> <ul style="list-style-type: none"> ▪ Every 15 or 30 minutes when wait time > 30 minutes for any patient 	<ul style="list-style-type: none"> ▪ See Inpatient 	<ul style="list-style-type: none"> ▪ Rounding Log ▪ Accountability Report ▪ Monthly Meeting Model ▪ 90-Day Plan 	<ul style="list-style-type: none"> ▪ If performance is less than goal, more frequent review by one up supervisor is needed with direct observation of leader rounds to assess skill. ▪ When a leader rounds is dependent on the care team behavior being validated and when patients are available in natural flow of care. Often best accomplished post-care. ▪ Calculating percent of patients rounded on: Denominator = # of visits <u>in a 7-day period</u>, e.g., 425 pts seen this week for plain films. Rounded on 10 pts/day for 5 days for a total of 50 patients. 11.75% of patients rounded on

LRP2: LEADER ROUNDING STANDARD (PAGE 4 OF 7)

<p>People Quality Service Finance Growth</p>	<p>Outpatient</p>	<ul style="list-style-type: none"> ▪ Sampling customized based on volume. Suggested minimum of 10% of volume or 20 per month, whichever number is greater. ▪ 100% of new patients in recurring care setting (i.e., rehab, infusion) <p>Reception Area</p> <ul style="list-style-type: none"> ▪ Every 15 or 30 minutes when wait time > 30 minutes for any patient 	<ul style="list-style-type: none"> ▪ See Inpatient 	<ul style="list-style-type: none"> ▪ Rounding Log ▪ Accountability Report ▪ Monthly Meeting Model ▪ 90-Day Plan 	<ul style="list-style-type: none"> ▪ If performance is less than goal, more frequent review by one up supervisor is needed with direct observation of leader rounds to assess skill. ▪ When a leader rounds is dependent on the care team behavior being validated and when patients are available in natural flow of care. Often best accomplished post-care. ▪ Calculating percent of patients rounded on: Denominator = # of visits <u>in a 7-day period</u>, e.g., 425 pts seen this week for plain films. Rounded on 10 pts/day for 5 days for a total of 50 patients. 11.75% of patients rounded on
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LRP2: LEADER ROUNDING STANDARD (PAGE 5 OF 7)

<p>People Quality Service Finance Growth</p>	<p>Medical Practice</p>	<ul style="list-style-type: none"> ▪ Sampling customized based on volume. Suggested minimum of 10% of volume or 20 per month, whichever number is greater. ▪ 100% of new patients in recurring care setting (i.e., rehab, infusion) <p>Reception Area</p> <ul style="list-style-type: none"> ▪ Every 15 or 30 minutes when wait time > 30 minutes for any patient 	<ul style="list-style-type: none"> ▪ See Inpatient 	<ul style="list-style-type: none"> ▪ Rounding Log ▪ Accountability Report ▪ Monthly Meeting Model ▪ 90-Day Plan 	<ul style="list-style-type: none"> ▪ If performance is less than goal, more frequent review by one up supervisor is needed with direct observation of leader rounds to assess skill. ▪ When a leader rounds is dependent on the care team behavior being validated and when patients are available in natural flow of care. Often best accomplished post-care. ▪ Calculating percent of patients rounded on: Denominator = # of visits <u>in a 7-day period</u>, e.g., 425 pts seen this week for plain films. Rounded on 10 pts/day for 5 days for a total of 50 patients. 11.75% of patients rounded on
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LRP2: PHYSICIAN LEADER ROUNDING STANDARD (PAGE 6 OF 7)

PHYSICIAN LEADER ROUNDING ON PATIENTS					
Pillar(s) to Move	Scope	Frequency	Validation	Tools	Comments
People Quality Service Finance Growth	Inpatient Rounding	<ul style="list-style-type: none"> Sampling customized based on volume. Suggested minimum is 5 patients a week if physician leader is also seeing patients. 	<ul style="list-style-type: none"> Pocket Cards Review of reports in 1:1 meeting with direct supervisor 	<ul style="list-style-type: none"> Rounding Pocket Card Rounding Log Monthly Meeting Model 90-Day Plan 	<ul style="list-style-type: none"> If performance is less than goal, more frequent review by one up supervisor is needed with direct observation of leader rounds to assess skill. When a leader rounds is dependent on behavior being validated and when patients are available in natural flow of care.

LRP2: PHYSICIAN LEADER ROUNDING STANDARD (PAGE 7 OF 7)

PHYSICIAN ROUNDING ON PATIENTS					
Pillar(s) to Move	Scope	Frequency	Validation	Tools	Comments
People Quality Service Finance Growth	Outpatient Ambulatory Surgery Medical Practice	<ul style="list-style-type: none"> Sampling customized based on volume. Suggested minimum is 5 patients a week if physician leader is also seeing patients. 	<ul style="list-style-type: none"> Rounding Pocket Card 	<ul style="list-style-type: none"> Rounding Pocket Card Stoplight Report Rounding Log Monthly Meeting Model 90-Day Plan 	<ul style="list-style-type: none"> If performance is less than goal, more frequent review by one up supervisor is needed with direct observation of leader rounds to assess skill. When a leader rounds is dependent on behavior being validated and when patients are available in natural flow of care.

LRP3: COMPETENCY CHECKLIST – INDIVIDUAL, INPATIENT SETTING

Note: To be used with Nurse Leader Rounding. Feedback is recorded to provide specific instruction and follow-up. Competencies are numbered to help prioritize focus when coaching and providing feedback.

Date: _____ Leader Name: _____ Unit/Area: _____

STRENGTHS ✓	ESSENTIAL SKILLS	IMPROVEMENT NEEDED ✓	COACHING PRIORITY
	USED KEY PRIORITIES OF FOCUS (<i>QUALITY/ HCAHPS/ SERVICE SURVEY</i>)		1
	1.		
	2.		
	3.		
	Knocked before entering the room and determined if a good time		3
	SAFETY: Sanitized hands per policy, environmental safety, & other		1
	AIDET® Plus the Promise– Acknowledge, Introduce, Duration, Explanation (“Why” behind rounding), Thank you for your time, Promise and commitment to care		1
	Managed up others in conversation (co-workers, other departments, physicians, and/or shifts); harvested recognition		1
	Service recovery made (only if applicable)		1
	Assessed 24/7 (nights/weekends)		3
	Asked if there was anything they could do before leaving		2
	Assessed care team performance (communication boards, Hourly Rounding® documentation, patient understands plan of care, etc.)		2
	Nonverbal communication cues used effectively (body language – eye contact, distance, tone, physical positioning, use of touch)		3
	Utilized excellent communication skills in conveying empathy and managing patient expectations appropriately		1
	Documented outcomes from rounding on rounding log		2

STRENGTHS ✓	NEXT STEPS	IMPROVEMENT NEEDED ✓	COACHING PRIORITY
	<p>A. Able to articulate findings from rounds. (Quality, Safety, and Patient Experience)</p> <ul style="list-style-type: none"> ▪ What did you learn about the care of this patient? ▪ What are you going to do with this knowledge/information? 		2
	<p>B. Appropriate actions taken based on findings:</p> <ul style="list-style-type: none"> ▪ Effective individual follow-up/coaching delivered. ▪ Effective reward and recognition harvested and delivered. ▪ Identified key messages to provide to all staff. 		1

****Priority levels: 1 = first coaching priority; 2 = second coaching priority; 3 = third coaching priority**

LRP3: COMPETENCY CHECKLIST – INDIVIDUAL, INPATIENT SETTING

Note: To be used with Nurse Leader Rounding. Feedback is recorded to provide specific instruction and follow-up. Competencies are numbered to help prioritize focus when coaching and providing feedback.

Date: _____ Leader Name: _____ Unit/Area: _____

STRENGTHS ✓	ESSENTIAL SKILLS	IMPROVEMENT NEEDED ✓	COACHING PRIORITY
	USED KEY PRIORITIES OF FOCUS (<i>QUALITY/ HCAHPS/ SERVICE SURVEY</i>)		1
	1.		
	2.		
	3.		
	Knocked before entering the room and determined if a good time		3
	SAFETY: Sanitized hands per policy, environmental safety, & other		1
	AIDET® Plus the Promise– Acknowledge, Introduce, Duration, Explanation (“Why” behind rounding), Thank you for your time, Promise and commitment to care		1
	Managed up others in conversation (co-workers, other departments, physicians, and/or shifts); harvested recognition		1
	Service recovery made (only if applicable)		1
	Assessed 24/7 (nights/weekends)		3
	Asked if there was anything they could do before leaving		2
	Assessed care team performance (communication boards, Hourly Rounding® documentation, patient understands plan of care, etc.)		2
	Nonverbal communication cues used effectively (body language – eye contact, distance, tone, physical positioning, use of touch)		3
	Utilized excellent communication skills in conveying empathy and managing patient expectations appropriately		1
	Documented outcomes from rounding on rounding log		2

STRENGTHS ✓	NEXT STEPS	IMPROVEMENT NEEDED ✓	COACHING PRIORITY
	B. Able to articulate findings from rounds. (Quality, Safety, and Patient Experience) <ul style="list-style-type: none"> ▪ What did you learn about the care of this patient? ▪ What are you going to do with this knowledge/information? 		2
	B. Appropriate actions taken based on findings: <ul style="list-style-type: none"> ▪ Effective individual follow-up/coaching delivered. ▪ Effective reward and recognition harvested and delivered. ▪ Identified key messages to provide to all staff. 		1

**Priority levels: 1 = first coaching priority; 2 = second coaching priority; 3 = third coaching priority

LRP4: COMPETENCY CHECKLIST – CLINIC MANAGER OR PHYSICIAN IN MEDICAL PRACTICE/AMBULATORY CARE SETTING (Page 1 of 2)

Note: Competency Checklist to be used by the reviewing team during skills lab session. Feedback is recorded to provide specific instruction and follow-up.

Date: _____ Leader Name: _____ Unit/Area: _____

STRENGTHS IDENTIFIED/RATING ✓	ESSENTIAL SKILLS	NEED TO FOCUS ON IMPROVEMENT ✓
	USED KEY PRIORITIES OF FOCUS (<i>QUALITY/ CGCAHPS/ SERVICE SURVEY</i>)	
	1.	
	2.	
	3.	
	Asked patient if willing to answer a few questions about the quality of their care.	
	A of AIDET® – Patient: Acknowledged patient with eye contact, body language, and expression of empathy. Asked patient if new or existing. Used patient name.	
	A of AIDET® – Family/Visitors: Acknowledged family and visitors and assessed needs if appropriate.	
	I of AIDET®: Used effectively. Introduced self, role, and competencies. Articulated The Promise.	
	D and E of AIDET®: Used effective key words appropriate to set expectation and explain the purpose of round.	
	Managed up others in conversation (co-workers, other departments, physicians, and/or shifts).	
	Harvested recognition for care team and physicians.	
	Service recovery made (only if applicable).	
	Asked if there was anything they could do and offered business card.	
	T of AIDET®: Thanked patient (i.e., thank you for your trust, thank you for letting me spend time with you, etc.).	
	Assessed care team performance (Room and Round, Rounding in Reception, medication reconciliation, AIDET®, etc.).	
	Body language used effectively: <ul style="list-style-type: none"> ▪ Active listening ▪ Non-multi-tasking ▪ Eye contact ▪ Tone of voice ▪ Appropriate speed of speech ▪ Appropriate use of touch 	

	<ul style="list-style-type: none"> ▪ Appropriate use of humor/emotion ▪ Physical positioning – mirror customer’s position, sit without table or desk between if possible, etc. ▪ Energy mirrors the needs of the customer 	
	Documented outcomes from rounding on rounding log or pocket card.	

STRENGTHS IDENTIFIED/RATING ✓	NEXT STEPS	NEED TO FOCUS ON IMPROVEMENT ✓
	A. Able to articulate findings from rounds. (Quality, Safety, and Patient Experience) <ul style="list-style-type: none"> ▪ What do I know now that I did not know? ▪ What am I going to do about it? 	
	B. Appropriate actions taken based on findings: <ul style="list-style-type: none"> ▪ Effective individual follow-up/coaching delivered. ▪ Effective reward and recognition harvested and delivered. ▪ Identified key messages to provide to all members of care team. 	

EVALUATION SUMMARY:		
<input type="checkbox"/> Expert Rounder	Evaluator Comments:	<input type="checkbox"/> Repeat Skills Assessment
<input type="checkbox"/> Would be a good mentor to others		<input type="checkbox"/> Recommend not round until skills demonstrated

LRP5: COMPETENCY CHECKLIST – SUMMARY FOR INPATIENT/MEDICAL PRACTICE/AMBULATORY CARE SETTING

Note: This form allows reviewers to summarize the feedback/scoring of leaders' skill in rounding on patients. Each person's result can be recorded from the individual competency forms for easy reference and follow-up.

	DATE	NAME	TITLE	DEPARTMENT/ UNIT/CLINIC	COMPETENCY MET X	SKILL REASSESSMENT X	COMMENTS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							

LRP6: NURSE LEADER ROUNDING COMPETENCY CHECKLIST- NOVICE TO EXPERT¹

Name: _____ Unit: _____

<p>Instructions:</p> <ol style="list-style-type: none"> Complete the self-assessment portion of this document A evaluator will observe 5 separate interactions of you rounding on patients Return to Manager for your file <p>Method of Evaluation: Direct Observation by Evaluator</p>	<p>Competency Statement: All clinical leaders will demonstrate consistent proficiency in rounding on patients to validate the provision of excellent quality, patient-centered care.</p> <p>Learning Resources: Leadership Rounding Guide – Rounding for Outcomes</p>
<p>Rating Scale for Skills:</p> <p>5 = Expert. Has intuitive grasp of the concept. Can coach and influence others. Can teach and verify competency in others.</p> <p>4 = Proficient. Can adapt to nuances of the concept, are nimble and flexible. Can role model to others.</p>	<p>3 = Competent. Proactively correlates behavior to results. Demonstrates skill and cognitive understanding of the concept.</p> <p>2 = Advanced Beginner. Demonstrates acceptable performance after coaching. Task oriented. Focus on policy and procedure.</p> <p>1 = Novice. New with minimal experience. Completed training.</p>

Performance Criteria	Self-Assessment	Evaluator's Assessment				
		Date Completed				
Dates Completed						
<input type="checkbox"/> Sanitizes hands per policy/uses safety key words						
<input type="checkbox"/> Articulates the purpose of rounding on patients						
<input type="checkbox"/> Understands prioritization of rounding						
<input type="checkbox"/> Role models behavior standards						
Rounding on Patients						
<input type="checkbox"/> Rounds on staff first to prioritize rounding						
<input type="checkbox"/> Acknowledges patient and family						
<input type="checkbox"/> Introduction: name, role, manage up of self						
<input type="checkbox"/> Articulates The Promise.						
<input type="checkbox"/> Discusses duration and purpose of rounding						
<input type="checkbox"/> Manages up care team (staff and providers)						
<input type="checkbox"/> Begins with focus on priority questions						
<input type="checkbox"/> Validates how well staff are doing with providing quality care (focus on consistency)						
<input type="checkbox"/> Verifies patients kept informed about their care team and plan of care (IP care board completed)						
<input type="checkbox"/> Invites recognition of care team						
<input type="checkbox"/> Assesses environment including cleanliness, safety						
<input type="checkbox"/> Thanks the patient for opportunity to care for them						
Service Recovery (if applicable)						
<input type="checkbox"/> Apologizes and shows empathy						
<input type="checkbox"/> Thanks the patient for their feedback						
<input type="checkbox"/> Takes follow-up action/reports back to patient						
Rounding at Discharge/End of Care						
<input type="checkbox"/> Validates knowledge of follow-up care/discharge instructions						
<input type="checkbox"/> Invites to complete survey if received						

¹ Benner, P. (1982). From novice to expert. American Journal of Nursing, 82(3), pages 402-7.

<input type="checkbox"/> Thanks patient for opportunity to care for them (if elective visit: for choosing organization)						
Post-Rounding Communication with Staff						
<input type="checkbox"/> Provides specific feedback/recognition based on patient feedback and leader observations						
<input type="checkbox"/> Coaches staff on behaviors based on patient interaction						
Documents on Rounding Log						
Completes Weekly Reports for Nursing Leadership						
Identifies trends and has follow-up actions to address concerns/issues						
Body language used effectively:						
<input type="checkbox"/> Active listening						
<input type="checkbox"/> Non-multi-tasking						
<input type="checkbox"/> Eye contact						
<input type="checkbox"/> Tone of voice						
<input type="checkbox"/> Appropriate speed of speech						
<input type="checkbox"/> Appropriate use of touch						
<input type="checkbox"/> Appropriate use of humor/emotion						
<input type="checkbox"/> Physical positioning – mirror patient’s position, sit without table or desk between if possible, etc.						
<input type="checkbox"/> Energy mirrors the needs of the patient						

Nurse Leader Signature

Date/Time

Evaluator Signature/Initials

LRP7: DAILY ROUNDING LOG – INPATIENT SETTING (PAGE 1 OF 2)

Name _____ Department/Unit _____ Date/Week of _____

Key words for patient perception priorities:
1.
2.
3.

TIPS:

- Talk to your care team before and after rounding.
- Knock before entering and ask patient for a few minutes of their time. Use your “I.”
- Articulate The Promise.
- Look for opportunities to manage up care team and other departments.
- Review patient communication board information.
- Dig deeper when needed. Ask follow-up questions. Avoid yes/no questions.
- Capture the wins and recognize care team members and physicians immediately when possible.
- Look for opportunities to address issues for immediate service recovery.
- Thank them before leaving.

SAFETY ITEMS TO LOOK FOR:

- Patient Care Board
 - Correct date
 - Room number
 - Nurse’s name
 - Nurse’s contact info
 - Physician’s name
 - House supervisor’s name
- Plan of Care
 - Pain level,
 - Pain goal
 - Pain medication (last dose/next dose)
 - Today’s plan
- Discharge plan
- Diet
- Fall risk
- Environment
 - Remove food tray
 - Floors clean
 - Linens clean
 - Bathroom clean
- Other
 - Siderails up
 - Call light within reach
 - Table accessible

Examples of key phrases to use during your visit:

- Here at <organization name>, we want to provide you with quality care without exception.
- To ensure you are very satisfied with us, our nursing care team will be checking on you frequently to manage your pain, offer assistance to the restroom, get you comfortably positioned in bed, and ensure all your personal belongings are within your reach.
- Tell me what we have told you about your plan for the day. Or...What did <nurse’s name> say about your plan of care? <Be sure to write it on the patient communication board.>
- Are there any personal preferences you have that would assist us in providing you an excellent experience and ensuring you are very satisfied?
- I see <nurse’s name> is your nurse today. (Manage up – S/he is excellent...!) Did <nurse’s name> review your plan of care for the day?
- May I ask a few questions on how we are doing so far? (Customize as appropriate based on focus areas)
 - PAIN: How are we doing managing your pain? Can you explain what we have done today to manage your pain? Do you need to ask for pain meds or does your nurse ask you about your pain when s/he comes in? Have you had to use your call light to request pain meds? When you ask for something...do we bring it right away?
 - POSITION: It is important to me that you are comfortable, positioned in your bed...etc. How have we done? Have you been up today? Have we repositioned you for your comfort in bed?
 - RESPONSIVENESS: We want to be responsive to you 100% of the time. When was the last time you had to put on your call light for the bathroom? Now tell me....when you did have to put on your call light, what did you have to put on your call light for? Do we ask you when we come in to check on you if you need to get up?
- OBSERVE for call light, water, and other possessions in reach. Are side rails up?
- Tell me about a care team member I can be sure to thank for you...Tell me what they did that you exceptionally liked.
- END round by telling the patient our desire is to ensure they and their family are very satisfied (without exception) with their care and at any time if they do not feel they are very satisfied, to please let the nurse or yourself know. Leave your business card.

LRP7: DAILY ROUNDING LOG – INPATIENT SETTING (PAGE 2 OF 2)

Date _____

Patient / Room #	Nurse's Name	Priority	Priority	Priority	Care Team Members/ Physicians to Recognize (who and what)	Issues/ Follow-up	Notes, Observations, and Patient Comments
							Patient Communication Board Updated: <input type="checkbox"/> Room Clean: <input type="checkbox"/> Hourly Rounding® logs signed?: <input type="checkbox"/> <hr/>
							Patient Communication Board Updated: <input type="checkbox"/> Room Clean: <input type="checkbox"/> Hourly Rounding® logs signed?: <input type="checkbox"/> <hr/>
							Patient Communication Board Updated: <input type="checkbox"/> Room Clean: <input type="checkbox"/> Hourly Rounding® logs signed?: <input type="checkbox"/> <hr/>
							Patient Communication Board Updated: <input type="checkbox"/> Room Clean: <input type="checkbox"/> Hourly Rounding® logs signed?: <input type="checkbox"/> <hr/>
							Patient Communication Board Updated: <input type="checkbox"/> Room Clean: <input type="checkbox"/> Hourly Rounding® logs signed?: <input type="checkbox"/> <hr/>
							Patient Communication Board Updated: <input type="checkbox"/> Room Clean: <input type="checkbox"/> Hourly Rounding® logs signed?: <input type="checkbox"/> <hr/>

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.

LRP8: DAILY ROUNDING LOG – MEDICAL PRACTICE/AMBULATORY CARE SETTING (PAGE 1 OF 2)

Name _____ Clinic _____ Date/Week of _____

Key words for patient perception priorities:
1.
2.
3.

TIPS:

- Talk to your care team before and after rounding.
- Ask patient for a few minutes of their time. Use your “I.” (Knock before entering, if appropriate.)
- Articulate The Promise.
- Look for opportunities to manage up care team.
- Review Patient Visit Guide information/care follow-up instructions.
- Dig deeper when needed. Ask follow-up questions. Avoid yes/no questions.
- Capture the wins and recognize care team and physicians immediately when possible.
- Look for opportunities to address issues for immediate service recovery.
- Thank them before leaving.

Examples of key phrases to use during your visit:

- Here at <organization name>, we want to provide you with quality care without exception.
- May I ask you a few questions to make sure that we are providing you with care consistent to our mission?
- Did you experience a wait today? *If yes*, “Thank you for your patience; we know your time is valuable. Did our care team keep you informed during your wait?” *If the patient did not experience a wait*, “Excellent. It is always our goal to run on time and be respectful of yours.”
- Did someone check in on you while you waited in the exam room to be seen?
- I see that you are a patient of <provider’s name>. (Manage up – S/he is excellent...!) Have you been a patient of theirs before? Did <provider’s name> answer the questions that you had today during your appointment? or... Can you tell me about any medication changes that you had during your last visit?
- Were any labs ordered for you today? *If yes*, Can you tell me when you will receive the results of these tests?
- Tell me about a member of our care team I can be sure to thank for you...please tell me what they did that you exceptionally liked.
- END round by telling the patient our desire is to ensure they and their family are very satisfied (without exception) with their care and at any time if they do not feel they are very satisfied, to please let you know. Leave your business card.

LRP9: WEEKLY REPORT – INPATIENT ROUNDING (PAGE 1 OF 2)

Note: Below is a sample of a weekly report that can be used as a cover page/summary of rounding. Page 1 of this form captures the compliance and frequency of the rounding. Page 2 records four key quality components of the round: (1) What did you learn? (2) Who do you need to recognize? (3) What follow-up/coaching is needed? (4) What messages need to be shared with care team?

Leader Name: _____ Week Ending: _____

PATIENT PERCEPTION OF CARE: *(Include percentile ranking and number of surveys)*

Last Quarter to Date:	Last Month:	Current Month to Date:
# of Surveys: Percentile Ranking:	# of Surveys: Percentile Ranking:	# of Surveys: Percentile Ranking:

AREAS OF FOCUS WHILE ROUNDING:

(Include patient perception of care priority questions or validation of key behaviors such as AIDET® or Hourly Rounding®)

Priority/Focus 1:	Priority/Focus 2:	Priority/Focus 3:

COMPLIANCE:

Parameters	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
# Patients								
# Patients rounded on								
% Patients rounded on								
# Patients new admits/transfers/initial visit								
# Patients who validated focus area #1 is working well								
# Patients who validated focus area #2 is working well								
# Patients who validated focus area #3 is working well								
# Patients who identified issues or concerns								
# Care team members to recognize								
# Care team members to coach								

LRP9: WEEKLY REPORT – INPATIENT ROUNDING (PAGE 2 OF 2)

PERCEPTION OF CARE: *After rounding on the patients, what did you learn about the level of care provided in your area?*

FOLLOW-UP: *What follow-up/coaching is needed as a result? Date completed?*

Who – What – When	Date Completed

REWARD AND RECOGNITION: *Who do I need to recognize? Date completed?*

MESSAGES: *What key messages need to be shared with care team? Date completed?*

Who	Why	Date Completed

Messages	Date Completed

LRP10: PHYSICIAN LEADER ROUNDING POCKET CARD EXAMPLES

Note: Physician leaders may prefer to use a pocket card to record rounding activity. To customize, physician asks patients about areas of focus for issues one and two (i.e., does the patient know who their physician is, fall risks, diet confirmation, pain management, medicine reconciliation?).

INPATIENT:

Unit: _____	Patient Name: _____
Issue One: _____	
Patient Feedback: _____	
Issue Two: _____	
Patient Feedback: _____	
Whiteboard filled out? Y or N	Physician name on whiteboard? Y or N
Hourly Rounding® log complete? Y or N	Last time completed: _____
F/U Needed: _____	
Rounding Physician: _____	Date: _____

MEDICAL PRACTICE/AMBULATORY CARE SETTING:

Patient Name: _____	
Issue One: _____	
Patient Feedback: _____	
Issue Two: _____	
Patient Feedback: _____	
Rounded on in Reception? Y or N	Room and Round? Y or N
Medication Reconciliation Completed? Y or N	
F/U Needed: _____	
Rounding Physician: _____	Date: _____

LRP11: SKILLS LAB LETTER/EMAIL TO ATTENDEES

Note: Sample communication sent out prior to the lab from senior leader to all skills lab attendees.

Dear Leaders,

Thanks to each of you for your continued commitment to our journey to excellence. Your leadership and care for our patients is key as we strive to provide excellent patient care to every patient...100 percent of the time...every day.

We are committed and invested in developing the skills you need to lead this journey. With that in mind, on <date>, <names> from Studer Group will be joining us to be part of a skills lab to focus on leader rounding on the patient. This skills lab format allows us to learn and have fun at the same time. Leader rounding validates the consistency and quality of the care we are providing to the patients. We will practice rounding in a real patient setting to improve our patient care and processes. We can build our skills for this tactic in a safe environment.

Mark your calendars and plan to attend this time of learning. One hundred percent participation and attendance is expected. To prepare, please note the following:

- **Schedule/Agenda:** We will be meeting as a leader group at <time> in <location> to learn the skill together. We will then break and you will come back at a scheduled time to the patient room/lab to role-play, practice, ask questions, and validate rounding skills. Check the attached schedule to find the time we have scheduled for you to attend.
- **Skill Validation Form:** Attached you will find a Skill Competency Assessment that outlines the rounding competencies we will be validating. We will use this form to validate rounding skills and for further coaching and skill development.
- **Current CAHPS Results:** Please bring your latest CAHPS report to the morning session as well as to the skills lab to help us review your highest priority items to include in your rounding.

I am looking forward to this skills lab as our next step to drive consistency in our patient rounds. It is going to be an interactive and fun learning day for us all. Please call or email if you have any questions!

Have a great day!

<Executive Name>

LRP12: SKILLS LAB PREPARATION CHECKLIST – INPATIENT SETTING

Note: This checklist helps to prepare and organize the skills lab. Use during the coach planning call.

Review Team	CNO, Champion, Coach			
Component	Description	Owner	Notes, Feedback, and Improvement Needed	Completed? Yes or No
Date	Confirm date			
	Pre-call to establish schedule			
Participants	Nursing CNO/VP			
	Nursing directors			
	Nursing managers			
	Charge nurses			
	COO			
	Directors			
	Managers			
	Supervisors			
	Other senior leaders			
Room Set-Up	Reserve patient room			
	Reserve teaching rm -nurse leader mtg			
	Trash on floor			
	Side rails down			
	Call light not by bed			
	Patient in a gown/family member			
	Patient communication board not filled out			
	IV pole, bag, tubing, and tape			
	Three-four chairs for validators			
Tools	Skill Competency Individual Assessment form copied for each attendee			
	Skill Competency Assessment Summary (1 copy made and updated with attendee names)			
	HCAHPS data by unit: Each unit to bring current results			
	Rounding logs and weekly reports (copy provided for each attendee)			
	Sample rounding questions (copy provided for each attendee)			
	Scenarios – verified and copies made for role-plays			
	Treat/prizes to make it fun			
Communication	Invite sent to participants with blocked time based on title			
	Process for documenting in file			
	Process for annual validation			
	Process for action plans			
Notes				
Additional Resources				

LRP13: SKILLS LAB SCENARIOS – INPATIENT SETTING

Note: Sample scenarios to be used during the skills lab providing opportunities for the leader to practice skill in various patient situations.

PATIENT #1:

Skill Assessed	Scenario
Rounding on patients with no issues	Fully satisfied, everyone doing a very good job with care, recognized one- two care team members by name, care team performance is perfect (logs complete, side rails up, arm band on, patient knows plan of care, knows name of care providers).

PATIENT #2:

Skill Assessed	Scenario
Service recovery	States care is good. When probed, acknowledges care on the weekend was not as prompt, courteous as it could have been. Recognizes some of care team by name for very good care. Care team performance is perfect (logs complete, side rails up, arm band on, patient knows plan of care, knows name of care providers).

PATIENT #3:

Skill Assessed	Scenario
Probing for opportunity to recognize individual care team performance	Fully satisfied, everyone doing a very good job with care- cannot name anyone specifically. Care team performance is perfect (logs complete, side rails up, arm band on, patient knows plan of care, knows name of providers).

PATIENT #4:

Skill Assessed	Scenario
Assessing care team performance	Fully satisfied, states everyone doing a very good job with care, recognized one- two care team members by name. Leader assesses that care team performance is lacking (logs incomplete, side rails down, arm band missing, patient does not know plan of care, does not know name of other care team members).

PATIENT #5:

Skill Assessed	Scenario
Service recovery	States nurse was rude and requests change in nurse assignment. With skillful recovery from nurse leader, patient is willing to accept apology from nurse and allow same nurse to continue to care for her.

PATIENT #6:

Skill Assessed	Scenario
Service recovery/care management	Patient states pain has not been managed well. Had to call several times for meds this morning and waited over 45 minutes when medication was already due.

LRP14: SKILLS LAB PREPARATION CHECKLIST – MEDICAL PRACTICE/AMBULATORY CARE SETTING

Note: This checklist helps to prepare and organize the skills lab. Use during the coach planning call.

Review Team	Coach, Physician Leader, Clinic Manager			
Component	Description	Owner	Notes, Feedback, and Improvement Needed	Completed? Yes or No
Date	Confirm date			
	Pre-call to establish schedule			
Participants	Physician leaders			
	Clinic managers			
	Registration leader(s)			
	Physicians who will round on patients			
	VP of area			
Room Set-Up	Reserve patient room			
	Reserve teaching room			
	Patient on exam table			
	Room temperature is cold			
	No diversional items			
Tools	Skill Competency Individual Assessment form copied for each attendee			
	Skill Competency Assessment Summary (1 copy made and updated with attendee names)			
	CGCAHPS data			
	Rounding logs/cards and weekly reports (copy provided for each attendee)			
	Sample rounding questions (copy provided for each attendee)			
	Scenarios – verified and copies made for role plays			
	Treat/prizes to make it fun			
Communication	Invite sent to participants with blocked time based on title			
	Process for documenting in file			
	Process for annual validation			
	Process for action plans			
Notes				
Additional Resources				

LRP15: SKILLS LAB SCENARIOS – MEDICAL PRACTICE/AMBULATORY CARE SETTING

Note: Sample scenarios to be used during the skills lab providing opportunities for the leader to practice skill in various patient situations.

PATIENT #1:

Skill Assessed	Scenario
Rounding on patients with no issues	Established patient. Rounding in exam room at end of appointment. Fully satisfied, everyone doing a very good job with care, recognized the MA by name for rounding on them in the exam room, care team/physician performance is perfect (wait/delays managed, medications reconciled, patient knows medications, has completed Patient Visit Guide, knows name of providers).

PATIENT #2:

Skill Assessed	Scenario
Access to care issues, No medication reconciliation	New patient. Rounding in exam room at end of appointment. Is satisfied with outcome of appointment. Had some trouble booking an appointment. Nobody asked them about medicines that they are taking. Recognizes some providers/physicians by name for good communication. Care wait/delays managed, patient has completed Patient Visit Guide, knows name of provider.

PATIENT #3:

Skill Assessed	Scenario
Probing for opportunity to recognize individual care team performance	Established patient. Rounding in exam room at end of appointment. Fully satisfied, everyone doing a very good job with care- cannot name anyone specifically. Care team/physician performance is perfect (wait/delays managed, patient knows plan of care, medications were reconciled, knows name of members of care team).

PATIENT #4:

Skill Assessed	Scenario
Assessing care team performance	New patient. Rounding in exam room at end of appointment. Fully satisfied, states everyone doing a very good job with care, recognized one care team member by name. Leader assesses that performance is lacking (patient waited and was not kept informed, no diversionary items offered, room very cold, patient was not asked about medications).

PATIENT #5:

Skill Assessed	Scenario
Service Recovery	Established patient. Rounding in waiting room prior to appointment. States registrar and nurse/MA were rude. Is visibly upset.

LRP18: SAMPLE ROUNDING QUESTIONS FOR INPATIENT PRIORITY AREAS (PAGE 1 OF 2)

Communication

- Have you received any information from the staff that you have not fully understood or that needs clarifying?
- Have we told you anything about your care that you have not fully understood or that that we need to clarify?
- Hourly Rounding® is an important quality framework for the care we provide. Did anyone share with you what Hourly Rounding® is and why it is so important?
- We do several things to help our nurses and doctors communicate effectively with you. We:
 - have our communication boards (white boards)
 - do Hourly Rounding® and Bedside Shift Report.All of these help us always communicate so you understand.
Has this been explained to you? How has this worked for you? *[Be sure to explain what these behaviors look like.]*
- We always want to clearly answer any questions you have. How have we been doing with this?
- We want to be sure we are communicating the plan for each day during your stay with us. Have the doctors and nurses explained your care in a way you could understand?
- Making sure you are kept well informed is important to me. What questions do you have?
- Has the nurse explained what this bracelet (fall risk) or yellow socks means?
- Are caregivers introducing themselves?
- **Listening:**
 - Your goals are important to us, are we do everything we can to help you achieve your goals?
 - Are we involving you in your plan? What things have we done to include you?

Responsiveness of Staff

- We do several things to meet your needs, hopefully before you even know you need it. Things like:
 - Hourly Rounding®--where we help you to the bathroom, assess your pain, help reposition you and make sure you have everything you need. How has that been?
 - Have we asked you frequently if you need assistance to the bathroom?
 - OBSERVE if urinal or bed side commode has been used and emptying?
- We work hard to make sure we answer our call lights promptly every time. How have we been doing for you?
- Our goal is to always be responsive to your needs, questions and requests—how have we done?
- Have you had to use your call light?
 - If the answer is no: “Fabulous! That is exactly what we prefer, to be meeting your needs before you have to ask!”
 - If the answer is yes:
 - What did you need?
 - Did we respond in what you felt was a reasonable amount of time?” (If not, “Thank you so much for your feedback. I’m sorry that you had this experience. I will address this with our staff.”)
 - I am sorry you have had to use your call light. When you do, how long is it taking my staff to bring you what you need?

Pain Management

- In the last 24 hours, did you have to use your call light (or phone) to request pain medication or other treatment?
- Keeping you comfortable is a focus on our unit. Have you had to ask for pain medication?
- Describe for me what we have done that helped control your pain.

- Were there any things we did to control your pain that didn't work?
- Do we need to try something different?
- What have we done to help manage your pain? What has worked well for you?
- Have we consistently kept the information on your communication board about your pain updated? Is this information useful to you?

Medication Communication

- It's important to me that we teach you about the medicines you are taking - both while you are our patient and when you are home. What have you learned about your medicines from your nurse today?
- Quality care is important and safe medication practices are part of that. What did you learn from your nurse regarding any new medications?
- (If applicable) I see you are using your communication board and that there is an M in the BoxSM. Share with me what that means to you.

Hospital Environment

- During the encounter assess the environment out loud.
Cleanliness:
 - It is important to have a clean, healing environment for our patients.
 - "I see that your garbage can is empty, the linens are clean, and your room is tidy...Do you have any concerns regarding cleanliness?"
 - "Let me take a look in your bathroom..."
- Quiet at Night:
 - While it is not possible to stop all noise at night, since we need to care for patients, it is our priority to keep noise levels as low as possible. Can you tell me if you got some good rest last night?
 - We want you to heal quickly. How well did you rest last night?
 - Have we asked if you would like your door closed at night?

Discharge Planning:

- It's important for us to know you are going to be safe when you go home. Have we talked to you about your plan for care at home?
- It's important for us to know you are going to be safe when you go home. How have we prepared you for your discharge?
- What questions do you or your family have about taking care of yourself at home?

Overall

- "Is there anything else I can do for you before I go? I have time."

NOTE: Avoid phrasing questions to say "did they," "are they," etc. This unintentionally creates "We/They", and puts the patient in a position to tattle on their care team. This can make them uncomfortable. Instead, phrase questions by saying "**we, us**" instead of "they/them."

LRP19: LEADER HUDDLE AGENDA – INPATIENT AND CLINIC LEADER

Weekly Meeting Agenda

1. What is working well?
2. Percent of care team rounded on during prior week (# rounded on/# of employees)
3. Review of Patient Rounding Logs/Cards <ul style="list-style-type: none"> ▪ Number of care team members who received recognition based on patient feedback ▪ Number of care team members who were coached based on patient feedback ▪ Examine trends in rounding feedback
4. Care team members to recognize (include specific behaviors and/or comments from patients)
5. Current performance (month to date and quarter to date) <ul style="list-style-type: none"> ▪ Overall patient perception of care for the unit/clinic ▪ Care team performance for top priority index questions
6. What is being done differently since our last huddle?
7. Key takeaway from meeting
8. Next steps (define who/what/when)

LRP20: PHYSICIAN LEADER HUDDLE AGENDA – MEDICAL PRACTICE

**Physician Leader Rounding on Patients
Weekly Meeting Agenda**

1.	What is working well?
2.	Percent of care team rounded on during prior week (#rounded on/# of employees)
3.	<p>Review of Patient Rounding Cards</p> <ul style="list-style-type: none"> ▪ Number of care team members who received recognition based on patient feedback ▪ Number of care team members who were coached based on patient feedback ▪ Examine trends in rounding feedback <p>Request 100% Rounding on Patients in Reception</p> <p>Request 100% Rounding on Patients in Exam Room (Room and Round)</p>
4.	Care team members to recognize (include specific behaviors and/or comments from patients)
5.	<p>Current performance (month to date and quarter to date)</p> <ul style="list-style-type: none"> ▪ Overall patient perception of care for the unit ▪ Performance for top priority index questions
6.	What is being done differently since our last huddle?
7.	Key take away from meeting
8.	Next steps (define who/what/when)

LRP21: LEADER ROUNDING EXPECTATIONS AND VALIDATION

Below are questions for the senior leader (CNO/CNE/Medical Director/Clinic Manager) to ask their direct reports to verify rounding. Review leader rounding report and ask these questions:

Lead with these two questions:

- What do you know now that you didn't before?

- What are you going to do about it?

Then, build out with these questions (as needed):

- What feedback are you hearing from rounding on the patients in your area?

- What trends are you seeing in terms of quality?

- What issues/barriers are you currently fixing? What have you fixed?

- Which care team members and physicians have you recognized based on what you have learned from rounding on patients?

- Who should I recognize?

- Who is being coached to a higher level of performance?

- Are there gaps in performance? Ask: What will we tolerate and will not? What are the appropriate consequences for not practicing evidence-based principles?

LRP22: LEADER ROUNDING ON PATIENTS HARDWIRING AND VALIDATION (PAGE 1 OF 2)

Three Ways to Hardwire and Validate the Use of Leader Rounding on Patients	
1	Patient Perception of Care/HCAHPS and CGCAHPS Results
2	Direct Observation
3	Care Transition (Post-Visit) Calls

1. PATIENT PERCEPTION OF CARE/HCAHPS and CGCAHPS RESULTS:

Review Patient Perception of Care to address performance gaps or sustain excellent performance. When Leader Rounding on Patients is hardwired, you can expect to see improved perception of care by patients and their families.

HCAHPS: Leader Rounding on Patients will have a positive effect on multiple HCAHPS composites.

HCAHPS DOMAINS	Leader Rounding on Patients	Physician Leader Rounding on Patients
Nursing Communication	●	●
Doctor Communication	●	●
Responsiveness of Staff	●	●
Pain Management	●	●
Communication of Medications	●	●
Discharge Information	●	●
Cleanliness and Quietness of Hospital Environment	●	

CG CAHPS: Leader Rounding on Patients is a fundamental evidence-based tactic that has significant impact on multiple CGCAHPS composites as well.

CG CAHPS DOMAINS	Leader Rounding on Patients	Physician Leader Rounding on Patients
Overall Provider Rating	●	●
Access to Care		
Test Results		
Provider Communication	●	●
Office Staff Courtesy and Helpfulness	●	●

2. DIRECT OBSERVATION:

Evaluate individual employee performance and provide real-time feedback—reward and recognize for positive implementation of Leader Rounding on Patients and coach on gaps.

Examine rounding logs and attend huddle meetings to harvest wins and opportunities for improvement from leaders' rounds.

3. CARE TRANSITION (POST-VISIT) CALLS:

Ask patients during their post-visit call if they were rounded on by a leader from the hospital or clinic.