Implementation Packet

1. Purpose and Intent of Rounding for Outcomes
2. How-To Guide
3. Sample Tracking Logs
Rounding is all about gathering information in a structured way. It's a way to get a handle on problems before they occur and to reinforce positive and profitable behaviors.

Types of Rounding

- Senior Leader Rounding (rounding on leaders)
- Rounding on Patients and Families (for all who provide patient care)
- Rounding on Physicians (for all who support physicians)
- Rounding on Internal Customers/Areas Served (for those who do not directly care for patients)
Purpose:
The purpose of rounding on patients is to demonstrate to the patients and families the organization’s commitment to provide quality care. By interacting with patients and families on a consistent basis, leaders are able to connect staff back to purpose when they share feedback. Rounding on patients also provides an opportunity to proactively manage the patient experience to assure expectations are met. The table below describes the types of patient rounding.

Tips for Rounding on Patients:

- Round on staff prior to rounding on patients. Connect the dots on the areas of focus for rounding on patients. Staff should view rounding on patients as a positive activity because of the feedback the leader shares with them from their patients.
- Know the patient (name, diagnosis, physician, nature of visit, etc)
- Sit to help the patient feel you are listening
- Set the time expectation up front
- Use rounding for auditing front line staff competencies such as AIDET, hourly rounding, whiteboard completion, etc.
- Provide the patient with specific information when managing up the staff, “Today Stephanie will be taking care of you, she is an excellent nurse. I have worked with her for ten years and would want her to be my nurse if I was having this procedure”.
- Dig deeper into specific issues-use phrases such as “please tell me more about that” or “I am pleased to hear you think your nurse is great. What is she doing to make you feel that way”
- Use closing statements-when a leader says, “Is there anything I can do for you before I leave?” it tells the patient you care and their input is important
- Communicate outcomes with staff following any interaction with patients
- Information that is documented should include a patient identifier, feedback on areas of focus, staff and physicians to recognize, and items for follow-up
# Suggested Parameters for Rounding on Patients

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Evidence-Based Practice Parameters</th>
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| Inpatient     | Patients should be rounded on in this order of priority:  
- Upon admission  
- Follow up  
- Prior to Discharge  
- Patients being held in the ED greater than X hours for admission  
Goal is 100% of patients each day                                                                 |
| Critical Care | 100% of patients and/or families each day  
100% of patients prior to transfer from unit                                                                                                                                  |
| Emergency Department | 25% of treat and release patients  
100% of patients holding for an inpatient bed  
Waiting room:  
- every 30 minutes if arrival to DC time is < 150 minutes  
- every hour if arrival to DC time is > 150 minutes                                                                 |
| Outpatients   | 25% of patients daily  
100% of new patients to episodic care (rehab, infusion, etc)                                                                                                               |
| Medical Practice | 100% of new patients  
100% of patients in waiting room more than 30 minutes                                                                                                                   |

## Developing a Rounding Plan

- Identify who will be responsible for rounding on patient on your unit. On nursing units this should be the nurse manager. Nursing directors will also want to round.
- Define parameters and frequency-for example 100% of new patients daily
- Determine areas of focus-behaviors
- Establish a process for reporting compliance with parameters on a weekly basis
- Implement a system for communicating the outcomes (options include huddles/stand-up meetings, communication boards and newsletters)
Purpose:
To establish sincere communication and interest in collaboration between physicians and hospital leaders.

How:
Executive leaders and leaders who directly provide services or support to physicians should establish a rounding schedule to conduct purposeful rounding.

At your Initial Rounding Appointment:

1. Review the purpose of rounding.
2. Review improvement efforts.
3. What is working well? Is there anyone I need to recognize?
4. Are there any tools/equipment you need?
5. Close the feedback loop, provide follow up information to the physician.
6. Schedule additional appointments.

Keep in mind that key drivers of physician engagement and satisfaction include:

- Having confidence in the organization’s success;
- Believing that the organization cares about its customers;
- Being satisfied with the teamwork demonstrated among departmental staff;
- Being satisfied with the overall performance of hospital administration;
- Feeling patients are satisfied with the quality of care they receive;
- Perceived usefulness of the continuing medical education offered;
- Being satisfied with the performance of the nursing staff;
- Feeling the organization cares about quality improvement;
- Believing that the organization treats physicians with respect.
Rounding on Internal Customers

Purpose:
- Understand the customer’s point of view
- Identify ways to enhance and improve service
- Build relationships
- Reduce barriers
- Enhance communication

How:
1. Develop a rounding plan for key customers – establish who and what frequency.
2. Discuss the schedule with your leadership team so that you share the work.
3. Schedule appointments. Explain intent to round on them because they are a key customer of yours.

Initial Rounding Appointment:
1. Ask the following rounding questions (found on the Internal Customer Rounding Log):
   a) What’s the connection your department shares? What role does your department play in getting your customer, and ultimately our patients, what they need?
   b) What’s new in YOUR department that your customer should know about?
   c) What’s new in THEIR department that you need to know about?
   d) What’s working well in the service you provide to your customer?
   e) Is there anyone on my team I should recognize that is doing a great job? Why?
   f) What is not working well AND what can we do better?
   g) Commit that you will be following up with them on any “to-do’s” and that you will be scheduling standing appointments to round on them.
   h) Thank them for their time.

Subsequent Rounding Appointments:
1. Follow steps above
2. Follow up with: Are there any other process /supply issues? How we can improve?
3. Schedule follow-up Rounding appointment
4. Every 6 months review and redefine Customer Expectations

Some examples:
Supply Chain might determine Surgery to be a key customer.

The Business Office might consider Ombudsman/Patient Affairs Reps. a key customer.

Marketing might consider a Nurse Leader over a specific service line a key customer.
### Tips For Success

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<th>DO</th>
<th>DO NOT</th>
<th>ALWAYS</th>
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<tr>
<td>• Build the Bridge You Want Others To Cross...&lt;br&gt;• Make service, and serving others within KentuckyOne a behavior you want others to model.</td>
<td>• Rounding for Outcomes is NOT...&lt;br&gt;• The proverbial wave and/or social rounding&lt;br&gt;• Management by wandering around&lt;br&gt;• Reactive&lt;br&gt;• Focused on “what's wrong”&lt;br&gt;• Simply being “out there”&lt;br&gt;• Asking what’s working well during meetings</td>
<td>• Own It...&lt;br&gt;• There are no excuses in handling service recovery. Simply put; own it. Regardless of WHO your customer is, simply say...&lt;br&gt;• “I'm sorry you have had that experience. What can I do right now to make this right?”&lt;br&gt;• Communicate when the issue will be resolved or when you will provide an update.</td>
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*Content Notation:* The research to assemble this content incorporates literature from Becker, The Advisory Board, The Beryl Institute, Studer Group and other industry content experts
Need more information?

Should you need department or facility coaching or information on the implementation of ANY type of rounding, please reach out to KentuckyOne’s Patient Experience Department.

**CONTACT INFORMATION:**

KentuckyOne Health Patient Experience Department

250 E. Liberty, Suite 800 (Medical Plaza II)

Louisville, KY 40202

*Melissa Marksbury Roe*

System Director, Patient Experience
MelissaMarksburyRoe@catholichealth.net

*Melissa Wood*

Manager, Patient Experience
MelissaWood@KentuckyOneHealth.org

*Tina M. Jones*

Manager, Patient Experience
Tinajones2@KentuckyOneHealth.org

*Kathy Thompson*

Operations Coordinator, Patient Experience
KathyThompson@KentuckyOneHealth.org