LRP1: Rounding Guidelines

Why and How:
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, leaders are able to manage to the patients’ expectations, learn about our effectiveness and identify staff for reward and recognition. When done consistently leaders can manage the patient experiences on the front end as opposed to finding out later through complaint letters and poor survey/HCAHPS responses that the patient’s expectations were not met.

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 hospital is to meet/exceed their expectations.
2. **Validate the behavior that the staff is using to provide quality care.** Design questions that allow you to test whether the implemented best practices are having the intended impact from the patients perspective. There are multiple tactics and behaviors that if done consistently will improve the patient’s perception of care. Some examples include hourly rounds, Individualized Patient Care, Bedside Shift Report and AIDET®. So if the goal is to hardwire the use of AIDET® with every patient the question for the patient would be “our goal is to keep you informed, how well are we doing explaining what is happening and how long it takes?”
3. **Managing Up.** The leader has a great opportunity to reduce the patient and family’s anxiety while rounding by managing up the staff and physician who are taking care of them. Sharing information about the staff’s education and experience will put the patient’s 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 staff they have interacted with that have done a good job that we can reward and recognize. Gathering this information and the specifics of what the staff have 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. **Communication with Staff.** After rounding on patients’ leaders need to provide feedback to staff in terms of reward and recognition for behaviors that patients identify as making a difference and coaching for staff that are not using the behaviors that have been identified as important to the patients.
7. **Service Recovery.** When the organization fails to meet a patient’s expectation 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.

**Key Words:**
- 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 <nurses name> say about your plan of care? <Be sure to write it on the white board.>
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- 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 <nurses name> is your nurse today? (Manage Up - They are excellent...!) Did <nurses 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 he/she 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 staff member that 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.

Key Actions:

- Know the patient (name and diagnosis) and enough about the patient care to know if whiteboard 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
- Answer—“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? Ask-- What will we tolerate and will not?  What are the appropriate consequences for not practicing Evidence Based principles?
- What type of reward and recognition will be evident for those who are doing desired behaviors consistently?