Leader Rounding on Patients
Ensuring a Strategic Approach in Nursing

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Account Lead/Coach
Studer Group
Session Objectives

• Verbalize up to 2 strategies to increase the frequency of achieving rounding on 100% of patients

• Recall the patient selection criteria for Nurse Leader Rounding when 100% of patients is not possible

• Describe the essential elements of successful nurse leader rounds
LEADER EVALUATION
Implement an organization-wide leadership evaluation system to hardwire objective accountability

LEADER DEVELOPMENT
Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

MUST HAVES®
Rounding, Thank You Notes, Employee Selection, Pre and Post Phone Calls, Key Words at Key Times

PERFORMANCE GAP
Re-recruit high and middle performers, Move low performers up or out

STANDARDIZATION
Agendas by pillar, peer interviewing, 30/90 day sessions, pillar goals

ACCELERATORS
Leader Evaluation Manager®
Validation MatrixSM
Provider Feedback SystemSM
Studer Group Rounding
Patient Call ManagerTM
## Leader Rounding on Patients

### The “WHY” of Leader Rounding on Patients/Families:

1. Foundational tactic that drives results
2. Reconnects leaders to patient care
3. Provides best opportunity for “eyes on the field”, “boots on the ground” leadership
4. Improves clinical quality (Setia & Meade, 2009)
5. Improves both patient and staff experience (Setia & Meade, 2009)
6. Builds leadership assessment skills, just like we built nursing assessment skills
Leader Rounding on Patients and Patient Experience

Leader Round vs. No Leader Round

<table>
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<tr>
<th>Implementation Timeline</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<tr>
<td>Y2Q4</td>
<td>95.7</td>
<td>6.7</td>
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</table>

Source: Southwest Washington Medical Center; ED visits = 81,799
Percent of Medicare Spending per Beneficiary that Occurs After Discharge by Hospital Overall Rating for Patient Experience of Care

R² = 0.7103
Correlation between Patient Experience and Margin

Figure 2. The “happy patients, healthy margins” correlation is nationwide across all hospital types

<table>
<thead>
<tr>
<th>Type</th>
<th>Margin increase per 10% increase in HCAHPS score</th>
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<tbody>
<tr>
<td>For Profit</td>
<td>+ 3.3%</td>
</tr>
<tr>
<td>Non-Profit</td>
<td>+ 1.4%</td>
</tr>
<tr>
<td>Academic</td>
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<td>Non-Academic</td>
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<td>Urban</td>
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<tr>
<td>Rural</td>
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<tr>
<td>Part of a System</td>
<td>+ 2.3%</td>
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<tr>
<td>Stand-Alone</td>
<td>+ 1.4%</td>
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</table>

Sources: Accenture analysis, HCAHPS Hospital Survey, Centers for Medicare and Medicaid Services
Practices to Engage Health Consumers

Put Patients First
Use what you know about the patient to create experiences people appreciate.

Inspire Your People
Empower your people to do great things.

Build Trust and Loyalty
Demonstrate that your first priority is your patient's health and welfare.

Embed Digital Everywhere
Recognize that you must meet your patients whenever they are and wherever they go.

Make It Easy
Guide patients to the right doctors to get the care they need when and where they need it, and help them understand how much care will cost in advance.

Continuously Innovate
Recognize the future of healthcare extends beyond the four walls of a traditional care setting.
The “What”
Leader Rounding on Patients: Essential Components

- Introduction as the leader of the department (AIDET®)
  - Role model behavior
- Validate
- Feedback on points for improvement; pattern of care determination
- Gather information for recognition and/or coaching
- Service recovery (if needed)
- Coaching performance

2 Questions to ask yourself after you are done:

“What did I just learn about the care being provided?”
“What will I do with the information?”
Leader Rounding on Patients: Quality at all Levels

• Evaluates and monitors quality of care and processes
• Betters staff communication (coaching and recognition) that elevates staff performance
• Reduces patient/family anxiety
• Proactively manages concerns
• Enhances environment and safety
“Leader rounding is not optional. It has to be looked at as seriously as giving correct medications.”

Quint Studer
Leader Rounding on Patients: Inpatient Best Practice
Leader Rounding on Patients: Time
Leader Rounding on Patients: Strategies

• Prepare the right questions BEFORE the round
• Make sure to touch base with primary nurse in advance (time management)
• Develop front line leaders (Core Group):
  − Teach
  − Validate
  − Coach
• Block time on your calendar that is reserved for rounding
  − Some organizations have implemented NO meeting zones
• Have a formal rounding plan; and have a plan B and a plan C
• Timing of rounds
• Set expectations with patients (time)
• Provide only urgent intervention
Leader Rounding on Patients: Priorities

- Newly admitted patients
- Planned discharged patients
- Patients with service recovery
- Patients with complicated (multi service/physician) plan of care
- Patients being cared for by a new nurse &/or a nurse you’ve specifically coached and need to validate compliance to coaching
- Patients with longer than normal length of stay
The HOW
Session Objectives

• Verbalize up to 2 strategies to increase the frequency of achieving rounding on 100% of patients
  • Plan your time and questions in advance
  • Block dedicated short periods of time on your calendar
  • Train a core group of formal or informal leaders

• Recall the patient selection criteria for Nurse Leader Rounding when 100% of patients is not possible
  • New admissions
  • Service recovery
  • Discharges

• Describe the essential elements of successful nurse leader rounds
  • Quality
  • Safety
  • Validation
  • Coaching Performance
"It always seems impossible until it is done."

Nelson Mandela
“Always bring it back to values...”
— Quint Studer
EVALUATION REMINDER:
We want your feedback to get better. Please remember to take the session evaluation. Thank you!

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Next Presentation: HCAHPS Open Forum: Ask the Experts!

Faye Sullivan, RN, Vikki Choate, RN, MSN, CPHQ, Erin Shipley, RN, MSN, and Diana Topjian, RN, MSN, D.M., C-ENP