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Leadership Rounding in the Intensive Care Unit to Improve Satisfaction

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Abstract

A mid-sized hospital in Alameda County would like to increase its Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) scores by improving the patient care experience. The specific aim for this project is that by August 2018, the implementation of daily leadership rounding in the ICU will result in an increase of patient satisfaction HCAHPS scores by 5%. The project team used the Plan-Do-Study-Act cycle to guide the implementation of leadership rounding. Leadership rounding was conducted daily over a 10-week period by the project team, which consisted of the floor manager and clinical nurse leader (CNL) student. The project team utilized a leadership rounding script that included introducing themselves, safety checks, information about hospital services, and actively listening to patient and family concerns. Based on the results of this intervention, the hospital rating decreased from 62.3% of patients rating the hospital a 9 or a 10 to 48%. Nurse communication increased from 64.2% to 66.6%. Staff Responsiveness decreased from 57.2% to 55.9%. Communication about pain increased from 60% to 71.4%. Communication about medications increased from 28.3% to 98.3%. The conclusion of utilizing this intervention is that the June HCAHPS metrics, communication about pain and communication about medications, met the project aim statement with an increase of 5% or greater. Hospital rating and staff responsiveness decreased in score leading the project team to recommend further study on leadership rounding.

Keywords: Leadership Rounding, ICU, Patient Satisfaction, HCAHPS, CNL

Leadership Rounding in the Intensive Care Unit to Improve Satisfaction

Leadership rounding is a new, innovative, and simple interview that can be implemented in any care facility. Leadership rounding can be used to improve upon the patient centered care currently implemented. The main objective of this leadership rounding project is to improve patient experience and provide leaders with the tools and resources to perform effective customer service including changing the processes for handling customer complaints. With the unit leaders dedicating more time to the patients, they are proactively preventing unforeseen problems and addressing immediate issues, ergo contributing to higher patient satisfaction scores. Furthermore, leadership rounding can be effectively directed towards staff to identify issues early and increase staff morale and satisfaction.

Problem Description

Hospital Consumer Assessment of Healthcare Providers and System, also known as HCAHPS, is a survey sent to patients after they receive care at a hospital (Medicare, n.d.). HCAHPS is a voluntary, publically reported, standardized survey of a patients' perspective of care (Richholt, Vecepia, & Kriebl, 2014). The survey consists of 27 questions regarding hospital performance (Medicare, n.d). Communication with nurses, communication with doctors, responsiveness of staff, pain management, medication education, and transition of care are the most heavily weighted questions in terms of ratings (Richholt, Vecepia, & Kriebl, 2014). The responses are calculated by the Centers for Medicare and Medicaid Services (CMS) into a composite score (Centers for Medicare & Medicaid Services (CMS), 2018). Based on these scores health care facilities are reimbursed a certain amount by CMS (Hudson-Covolo, Rivers, & Irwin, 2018). The desired scores are equal to a 9 or 10 and an 'always' rating (Hudson-Covolo et al., 2018).

A mid-sized hospital in Alameda County, California has a primary focus of improving the patient experience. Another important goal of the hospital administration is to improve HCAHP scores. The hospital 2018 HCAHPS goals are as follows, 66% of patients rating the hospital a 9 or 10, 81.3% of patients rating 'always' in nurse communication, 68% of patients rating 'always' in staff responsiveness, and 77.8% of patients rating 'always' in communication about pain, and lastly 66.9% of patients rating 'always' in the communication about medicine category (Leer, 2018). Currently, the hospital stands at 61.6%, 71.4%, 59.7%, 66.5%, and 60.4%, respectively (Press Ganey, 2018). See Appendix A for current HCAHP scores.

Rationale

A PICOT statement is considered a guide for concentrating an evidence-based search (Boswell & Cannon, 2017). P stands for population, I for intervention, C for comparison, O for outcomes, and T for time. The PICOT question for this project is: In ICU patients (P), what is the effect of leadership rounding (I) on satisfaction scores (O) implemented over a two month period (T) compared to patient satisfaction scores pre-leadership rounding (C)? This PICOT statement guided the evidence-based literature search using medical databases such as CINAHL Complete, and Pub Med. Key words used in the search included leadership rounding, intentional rounding, and patient satisfaction.

Available Knowledge

Through the literature search, it was found to be difficult to find similar evidence based studies. Two studies were located regarding leadership rounding. The first study by Hudson-Covolo, Rivers, and Irwin (2018), initiated their project with a 3-hour training session with four charge nurses and the floor manager. They were given a script and checklist with

questions to ask. They were also trained on how to use the electronic charting tool. The study took place on a 34-bed medical-surgical unit over a two month period. The authors saw a correlation between rounding and the improvement of HCAHP scores.

Additionally, a retrospective study performed by Cody and Williams-Reed (2018) found no statistically significant change in patient satisfaction data. The authors did notice a statistically significant decrease in patient HCAHPS in the nurse communication category on two units in their facility. Although, they did not hypothesize a reason for these results. This study analyzed nine months of pre-project implementation data from April- December of 2014. The authors then compared this data to the nine months of HCAHPS data collected during leadership rounding implementation (April-December 2015). In concluding, the authors mentioned other hospitals within their healthcare system reported favorable results. They believe further research is necessary to determine the differences between their facility and those that reported positive outcomes. The authors are hopeful that rounding can improve the patient experience and satisfaction scores by adding it to other interventions.

Specific Aims

The project aim statement is what a team hopes to achieve by the end of the project. The specific aim for this project is that by August 2018, the implementation of daily leadership rounding will result in an increase of patient satisfaction scores by 5%.

Context

A microsystem assessment was performed in the ICU during fall of 2017, followed by a reassessment in March of 2018. (See Appendix B) The microsystem assessment is a beneficial tool to assess the safety, quality, and function of the ICU. The main focus of a microsystem

assessment is on the 5 P's: purpose, patients, professionals, processes, and patterns (Nelson, Batalden, & Godfrey, 2007).

Purpose

The purpose of this medical-surgical ICU is to provide care for critically ill patients 18 years and older.

Patients

The top patient diagnoses include acute and chronic renal failure, sepsis, diabetic ketoacidosis, active gastrointestinal bleed, COPD, alcohol withdrawal, and post vascular surgery patients. Approximately 80% of admitting patients come through the Emergency Room and 20% are transferred from the operating room, another floor, or a private practice (C. Morano, personal communication, March, 2018).

Professionals

The ICU staff consists of the floor manager, two intensives, registered nurses, monitor technicians, and unit clerks (C. Morano, personal communication, October 24, 2017). 78% of the registered nurses have their bachelor's degree and 65% of the nurses have their Critical Care Registered Nurse certificate (C. Morano, personal communication, October 24, 2017).

Processes

This Alameda County hospital has protocols and guidelines for all types of patients including ventilated patient, and those that experience sepsis, myocardial infractions, and alcohol withdraw (C. Morano, personal communication, October 24, 2017). These protocols are reviewed every three years to ensure best practice, and are adjusted sooner if data supports an immediate change. The quality care department, critical care committee, and the unit based council for the ICU are dedicated to reviewing and changing processes (C. Morano, personal

communication, October 24, 2017). The unit based council members include the floor manager, charge nurses, staff nurses, a respiratory therapist, and unit clerks.

Patterns

Adhering to plans and patterns is vital to caring for critically ill patients. For each patient the health care team assesses the patient, formulates a plan of care involving diagnostic tests, medical procedures, case management, and family conferences (C. Morano, personal communication, October 24, 2017). The plan of care may involve interdisciplinary departments such as case management, social services, and pastoral care. Furthermore, the patients in the ICU are critically ill, and an important pattern is to actively listen to the patient and family, and give them time to make appropriate care decisions.

Interventions and Method

The leadership rounding project was initiated in January 2018 with a microsystem reassessment of the ICU. The existing hospital processes and policies on provider-patient communication were reviewed and analyzed. Informational interviews were conducted with key staff to identify interventions. The project team also attend leadership committee meetings to learn more about the organizations goals and priorities. The project team used the Plan-Do-Study-Act (PDSA) cycle to guide the implementation of leadership rounding (See Appendix C). Using the PDSA model for improvement, the project team set aims, established measures, selected changes, and tested the change (Institute for Healthcare Improvement, 2018). A root cause analysis, and SWOT analysis were performed, and a project timeline was established (See Appendices D, E, and F, respectively).

During the duration of the project, research and literature reviews were performed to study similar projects and their results. A portion of the research was spent on patient-provider communication. To improve upon provider communication with the patient, the project team utilized the TeamSTEPPs framework. TeamSTEPPs framework is a system designed to help healthcare teams provide safe and high quality patient care to achieve the best clinical outcomes (AHRQ, 2015). The TeamSTEPPS training on Team Structure, called partnering with the patient, helped create the leadership rounding template. Heyland et al. (2018) state that partnering with patients and their family in the ICU leads to better patient outcomes and improved experience. Better patient outcomes and improved experience would potentially increase HCAHPS scores.

The leadership rounding template was also influenced by the facilities hourly rounding template and the AIDET and LEAD models (see Appendixes G, H, and I). The project team used the leadership rounding template during patient rounds at least once per day. The project team, which included the floor manager and CNL student, used a script that includes introducing themselves, safety checks, information about hospital services, and time to actively listen to patient and family concerns. Following their time with the patients, the team entered the data and information collected during their rounding into the electronic charting system. Once monthly, the electronic charting company will send the data collected during rounds to the hospital including the percentage of patients rounded on each day.

Throughout the intervention, the project team took on several roles of the clinical nurse leader including outcomes manager, client advocate, systems analyst, and member of a profession as demonstrated by the activities above.

Study of the Intervention

To measure the effect of leadership rounding on patients and their families, the HCAHPS survey was administered post visit. This survey is voluntary, and is collected and reported by an outside corporation. The survey includes quantitative and qualitative questions about the patient's experience. The project team also elicited verbal feedback during rounding. A retrospective HCAHPS score review was used to assess the patient experience prior to the implementation of leadership rounding. This data was then compared to the post intervention HCAHPS data.

Measures

The HCAHPS scores were chosen for studying the outcome of the intervention. HCAHPS is an unbiased, standardized patient survey, which allows patients to give feedback regarding the care they experienced. This survey is meant to give hospitals objective and quantifiable data on topics that are important to patients. Although, many of the questions on the HCAHPS are word questions, they are correlated with numbers. This allowed for the project team to quantify any improvement.

In addition to this quantitative data, qualitative data was collected during the leadership rounding on patients. These comments, questions, or concerns were immediately addressed and then recorded in the electronic charting tool. Any positive feedback was passed directly onto the correlating staff. The staff appreciated the feedback, and the project team noticed a boost in morale. The nurse manager received a few letters from patients regarding their positive care experience. The CNL student called the patients to thank them for their feedback and passed along the message to staff.

Analysis/Discussion

One of the hospital database quality analyst compiled the HCAHPS scores into a chart and color coded the scores based on if the figure was less than baseline (red), greater than or equal to baseline but less than the goal (yellow), or above the goal (green). See Appendix A for chart example. The 2018 HCAHPS data was then used to create a bar graph for visualization of each metrics fluctuation (See Appendix J). The March through June 2018 HCAHPS scores were then placed along with the patient rounding percentages (May through July 2018) on a line graph. See Appendix K for visualization of the relationship between HCAHPS and percentage of patients rounded on by the project team.

Ethical Considerations

Acknowledgements

The author would like to acknowledge the cooperation and help of the hospital administration, nursing staff, patients and their family members.

Competing Interest

None to be noted.

Ethics Approval

This project was approved by the University of San Francisco through a Statement of Non-Determination Form.

Results

Over the course of the 10 week project, 221 patients of the 380 patients (58%) were rounded on. This exceeded the project's goal of 50% of the patient census to be rounded

on. See Appendix L for rounding data and bar graph of patients rounded on versus census. Appendix M shows the percentage of patients rounded on each week.

The HCAHPS results had three metrics with significant changes, and two metrics with minor changes. The hospital rating decreased from 62.3% of patients rating the hospital a 9 or a 10 to 48%. A significant decrease of 14.3%. Nurse communication increased from 64.2% to 66.6%. Staff Responsiveness decreased from 57.2% to 55.9%. Communication about pain increased from 60% to 71.4%, which is a significant increase of 11.4%. The biggest change was in regards to communications about medications. This metric increased 70% from 28.3% to 98.3%.

The June data is preliminary and may change slightly based on additional survey responses. The project team has not yet received the July data, which is essential to identifying any patterns or changes needed in the implementation. Preliminary July data is expect the first week of August.

During the leadership rounding, 95% of patients were receptive and grateful for the communication. Some of the more prominent statements the team received during rounding was “I am so blessed to be alive”, “Thank you for your business card”, “The staff has been wonderful. They are treating me well and attending to my needs”, “I really enjoyed having _____ as my nurse”. On several occasions we alerted staff to the patient needs regarding position change, toileting, and pain medication.

Summary

The overall hospital rating and staff responsiveness showed a decrease in score. Nurse communication, communication about pain, and communication about medications showed an

increase in score. The June communication about pain and communication about medications met the project aim statement with an increase in score of at least 5%.

In addition, this project had several strengths that contributed to a partial success, including an enthusiastic project team and receptive floor staff. The nurse manager works Monday through Friday and was available to round most days. Other strengths include minimal resources including staff and materials making this a cost effective project.

Interpretation

After this quality improvement project was implemented, the patient satisfaction scores stayed relatively the same. Although, three ratings did display a noticeable change. Hospital rating decreased from 62.3% in April to 48% in June. Whereas, communication about medications increased from 28.3% in April to 98.3% in June, and communication about pain increased from 60% in April to 71.4% in June. See Appendix J for HCAHPS graph.

This data in comparison to results of other studies is similar. In the 2018 "Daily Intentional Nurse Leader Rounding on Patients" study by Hudson-Covolo, Rivers, and Irwin there was an increase in patient satisfaction scores across all categories, although, none were found to be statistically significant. The authors did write about the positive impact of rounding and receiving immediate feedback. Leadership rounding also provided the opportunity to solve problems in real time. Conversely, in a study by Cody and Williams-Reed (2018), they found a decrease in HCAHPS in the nurse communication category. Both studies conclude that further research is needed and should be continued due to positive results in other facilities.

Through this leadership rounding, the project team learned that patients and families appreciate being valued and feeling like a member of the health care team. This was consistent with the other leadership rounding studies. When prompted, patients and family members were excited to share their experience and give feedback. Some patients and families expressed gratitude that the manager came by to talk to them and left them her card.

The anticipated outcome from this project was that patient satisfaction scores would increase. Three out of five of the metrics increased, while the other two decreased. A possible reason for the observed outcomes could be due to a change in the Chief Administrative Officer. The previous Chief Administrative Officer was a transformational leader with a focus on improving patient experience. The change in direction could have had an impact on staff and indirectly affected the patients. Another reason for the observed outcomes, could be that not all the patients were rounded on either due to timing or the severity of care. Perhaps if they were, the scores would be higher.

Furthermore, replicating this project could be impeded by lack of support from hospital administration or lack of staffing. Barriers include getting staff buy-in, training and staff scheduling. The lack of conclusive evidence could also be a barrier to initiating a leadership rounding project.

Limitations

This project had several limitations. Although rounding was performed most days, due to the schedule of the project team, rounding was not performed every day, particularly on weekends. The floor manager went on vacation between the weeks of June 18th and July 2nd, which contributed to a significant drop in leadership rounding. Moreover, as the

ICU turnaround is relatively quick, some patients would be discharged before the team could round on them. This could potentially impact patient satisfaction scores, as the patient is told that rounding happens daily. On the other hand, some patients were rounded on prior to discharge, but by the time the project team went to enter that data into the system, the patient had been removed and that rounding data was not included in the data analysis. Lastly, the author did not receive the July HCAHPS scores before the paper deadline. These scores would have given the author greater insight to the effects of leadership rounding on HCAHPS scores.

Conclusion

Leadership rounding is about improving the patient experience. The short five minute interview is a useful tool to identify immediate issues, potential issues, and system wide issues. Also, it is a reliable technique to gain feedback about the staff, facilities, and care provided. This project is sustainable as it requires minimal monetary and staff resources. The other advantage is that Leadership Rounding requires little time, and because of such it has become increasingly popular in bay area facilities.

As this projects results were limited due to time, it is the author's suggestion to continue this study for six months to a year. The data collected should be compared to patient satisfaction score. In addition, it would also be interesting to see if leadership rounding has an impact on length of stay. Ultimately, if the individual's HCAHPS data could be compared to the individuals rounding data that would give the strongest view of impact and effect. The project team should also expand to ensure 90% of patients are rounded on during their stay. Furthermore, the floor staff should be scheduled to ensure

there is one member trained and able to perform leadership rounding on each shift to optimize results.

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Appendix A

FY18 HCAHPS Bi-Weekly Report 7/16/2018

HCAHPS/ Inpatient	TRUE NORTH METRIC						Watch Metrics (Drivers)											
	"Rate the Hospital 9 or 10"						Nurse Communication			Staff Responsiveness			Communication About Pain			Communication About Meds		
FY18 YTD TB%	61.6						71.4			59.7			66.5			60.4		
FY18 Goal TB%	66.0						81.3			68.0			77.8			66.9		
FY17 Baseline TB%	62.8						73.9			61.8			70.7			60.8		
Month	Apr-18		May-18		Jun-18		Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18
Metric	*Top Box % Closed*		*Top Box % Closed*		*Top Box % Prelim*		*TB% Closed*	*TB% Closed*	*TB% Prelim*	*TB% Closed*	*TB% Closed*	*TB% Prelim*	*TB% Closed*	*TB% Closed*	*TB% Prelim*	*TB% Closed*	*TB% Closed*	*TB% Prelim*
Status																		
Closing Date	06/15/18	n	07/15/18	n	08/15/18	n	06/15/18	07/15/18	08/15/18	06/15/18	07/15/18	08/15/18	06/15/18	07/15/18	08/15/18	06/15/18	07/15/18	08/15/18
INPATIENT (All Units)	64.7	15	52.5	11	42.4	9	66.2	68.9	69.9	60.5	59.4	57.5	60.0	50.0	68.8	28.3	42.0	91.2
3RD	NR	0	NR	0	NR	0	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
2ND	62.3	14	48.0	10	48.0	8	64.2	66.7	66.6	57.2	59.4	55.9	60.0	50.0	71.4	28.3	34.0	98.3

Notes: Quarterly scores include ICU responses in total sample size.
Beginning with January 1st, 2018 discharges, CMS notified hospitals regarding change to the Pain Management domain which is now called the Communication About Pain domain.

Less Than Baseline
Greater than or Equal to Baseline and Less Than Goal
Above Goal

NR = No Responses

Figure A1. Analyzed HCAHPS data by metric. Taken from Leer, C. (2018). *HCAHPS* [PowerPoint Slides]. Retrieved from Alameda Health Systems.

Appendix B
ICU Microsystem Assessment

Inpatient Care Unit Profile

Aim: Provide an organized method to assist practices in collecting information and data to identify opportunities which can lead to significant improvements which improve patient care and outcomes, and staff work life.

Site Name:	Date: 10/30/17
Unit Manager:	Nurse Director: Barbara G.

A. Know Your Patients: Take a close look into your unit, create a "high-level" picture of your PATIENT POPULATION that you serve. Who are they? What resources do they use? How do the patients view the care they receive?

Est. Age Distribution of Pts:	%
birth - 10 years	0
11-24 years	10
25-64 years	50
65+ years	40
% Females	40

List Your Top 10 Diagnoses/Procedures	
DKA	GI Bleed
Sepsis	Pnemonia
EtOh Withdrawal	Chronic Renal Failure
COPD	Acute Renal Failure
Vascular	ARDS

Patient Satisfaction Scores	% Excellent
Discharge Phone Survey	80 %
given to all patients	

Health Outcomes by subpopulation	
Mortality rate	

List Your Top 10 Admitting Physicians	
ER physicians	sub acute
Primary care providers	renal
OR	vascular
med-surg	neurology
telemetry	GI

% of Emergency Patients	

Pt. Population Census: Do these numbers change by season? (Y/N)	#	Y/N
Pt. Census by hour	0.25	N
Pt. Census by day	5.93	N
Pt. Census by week	41.54	N
Pt. Census by year	1994	N
Readmission rate	Low	
Frequency of "divert" or inability to admit patients	Low	

B. Know Your People: Create a comprehensive picture of your unit. Who does what? What hours are you open for business? What are your patient's length of stay (LOS)? How many beds do you currently have?

Current Staff	FTE	Hours (Key: D=Day; E=Eve; N=Night)							On-call	Over Time
Enter names below totals		Su	Mo	Tu	We	Th	Fr	Sa		
MDs Total	2									
Ex: Blake, Henry	1	D-8	D-8	X	X	D-8	E-8	E-8		
Dr. Kapur	1		D-8	D-8	D-8	D-8				
Dr. Cornell	1	D-8					D-8	D-8		
RNs Total	32									
LPNs Total										
LNA's Total										
Patient Techs Total	8									
CNS Total										
Residents Total										
Secretaries Total	4									
Others:										

Do you use any of the following? *Check all that apply.*
☑ Standing orders ☑ Guidelines
☑ Critical pathways

Operational hours	24/7	# Beds	9

Patient Type	LOS avg.	Range
	2.6	

Supporting diagnostic departments (e.g. respiratory, lab, cardiology)
Respiratory, Infection control, wound care

Connected clinical microsystem (eg. OR, ICU)
ER, OR, med-surg, telemetry, subacute, dialysis

Staff Satisfaction Scores (Pg 8)	%
How stressful is practice? % Not:	34%
Recommend place to work? % Agree:	82%

8 Complete Personal Skills Needs Assessment, pg 9 "Activity Survey"

C. Know Your Processes:

11 1. Create process map of routine processes:
a) Admission to unit
b) Usual care process
c) Discharge process
d) Adverse event process
e) Change of shift process

12 2. Complete the Core and Supporting Process Assessment Tool to Identify Improvements. (pg 19-21)

D. Know Your Patterns

- Does every member of the practice meet regularly as a team? How frequently? yes, monthly
- Margin after costs: _____
- What are you most proud of? Floor teamwork
- What have you successfully changed? Increasing the rate of retaining staff
- Do the members of the unit regularly review and discuss safety and reliability issues? yes, daily
- How do the members communicate regularly with "connected" microsystems? they connect through phone, orders, and inperson.

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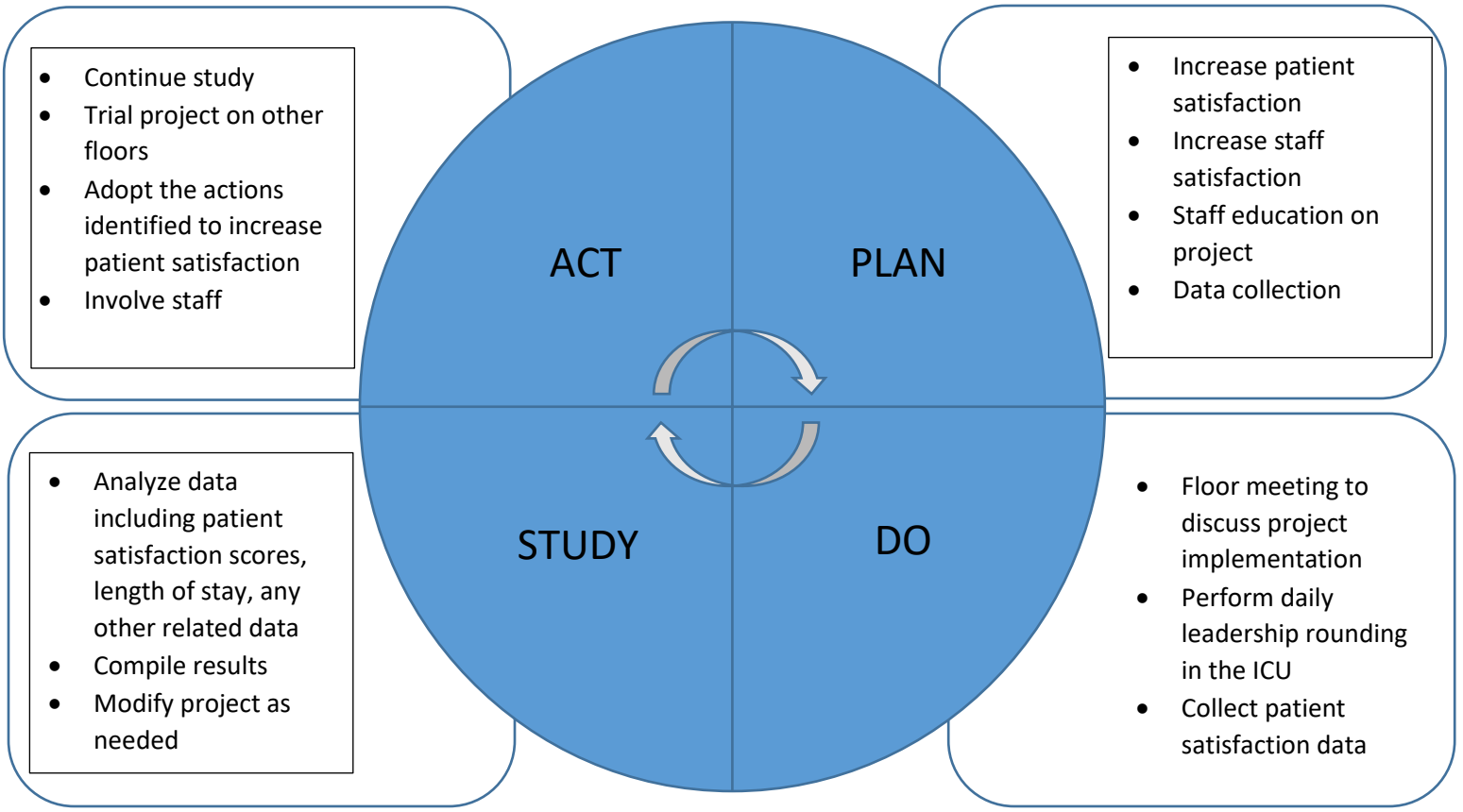
Appendix C

PDSA



Appendix D

Root Cause Analysis

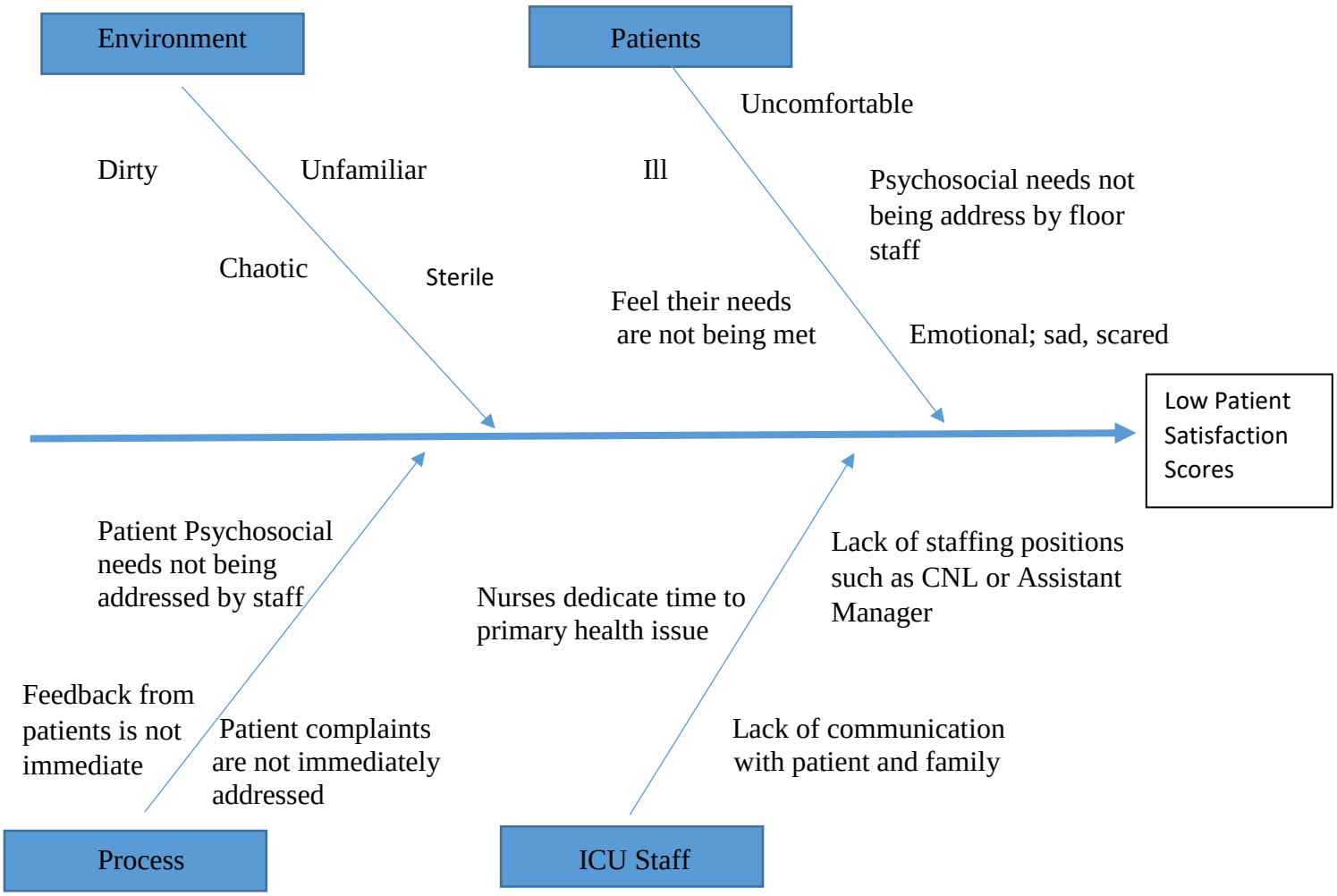


Figure D1. A fishbone diagram depicting factors that contribute to low patient satisfaction scores.

Appendix E

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
• May improve patient satisfaction • Requires minimal resources including staff • May decrease average length of stay • May improve staff satisfaction • Minimal costs • Minimal time required to implement • Decrease lost revenue from increase HCAHPS patient satisfaction scores	• Rounding is an additional task • Outcomes are difficult to track • Staff may not be interested in outcomes and hospital reimbursement • Potentially requires another staff member such as a CNL • More interrupting the patient, which means less resting and recovery • Additional Cost or time to develop data tracking	• If successful could implement in different departments at the hospital • Rounding will help identify other issues or areas that could be improved • Address patient complaints or issues immediately • Build upon teamwork • Staff to be a part of hospital projects, and diversify their interests	• May be difficult to round daily • Difficult to ensure staff enter rounding data • May be seen as ineffective because data is not clearly dependent on results • Not all patients will be rounded on in the ICU as some patients are on the floor for short periods of time • May not have enough staff resources to consistently round • Staff resistance to the improvement project

Appendix F
Ganatt Chart

Year 2018	January	February	March	April	May	June	July	August
Microsystem Reassessment								
Informational Interviews -ICU Manager -Leadership team -Intensivist -Physician Assistant -Informatics								
Literature Review								
Gather Baseline Data								
Assemble Team								
Create Leadership Rounding Interview Template								
Implement change -Provide training -perform daily rounding -perform daily charting								
Evaluate change/ analyze data -HCAHPS Scores -Length of Stay -% of patient that were rounded on daily								
Write final report								
Create poster and present at USF								

Appendix G

Purposeful Hourly Rounding/AIDET Validation Check List

Purpose: This tool provides a competency checklist which documents the demonstration of Purposeful Hourly Rounding competency and behaviors**.**

Target: All staff involved in Purposeful Hourly Rounding

DATE					
STAFF NAME					
DEPARTMENT					
EVALUATOR NAME					
ACKNOWLEDGE	**SELF ASSESS Yes**	**No**	**EVALUATOR Met**	**Not Met**	**Comments**
Give a warm, welcoming Greeting, Smile					
Address patient by preferred name					
INTRODUCTIONS					
Knock on door prior to entering - ask permission					
Manage up your skill or that of your co-worker					
Use good eye contact					
DURATION					
Give realistic timeframes					
EXPLAIN HOURLY ROUNDING UPON ADMISSION					
Explain the purpose of hourly rounding(initial visit)					
Use key words “very good” care					
Describe rounding schedule (6am-10pm q1hr. 10pm-6am q2hr.)					
Describe visit card- we will not wake you if you are sleeping unless we need to.					
UPDATE WHITE BOARDS (COMMUNICATION BOARD)					
Place name on white board					
Update nursing plan of care/goals for patient					

ADDRESS 4 P'S (PAIN, PERSONAL NEEDS, POSITION, PROXIMITY)					
How is your pain? Use scale					
Are you comfortable? May I assist you with turning in bed, so you don't get skin breakdown.					
Do you need to go to the bathroom? I can assist you so you don't fall					
Move items within reach (table, call bell, phone, water) to prevent falls If the patient has Foley, note the duration and contact MD to D/C if necessary					
ASSESS ENVIRONMENT					
Conduct environment assessment (bed alarms, IV pumps)					
PERFORM SCHEDULED TASKS					
Complete MD ordered treatments, procedures					
Complete nursing care as needed					
Administer scheduled medications					
CLOSING - THANK YOU					
We will round again in about an hour					
Is there anything else that I can do for you? I have the time					
Document your rounding in your nursing notes.					

Staff signature_____ Evaluator signature_____

Figure G1. Purposeful Hourly Rounding Checklist. Retrieved from Alameda Health Systems.

Appendix H

AIDET

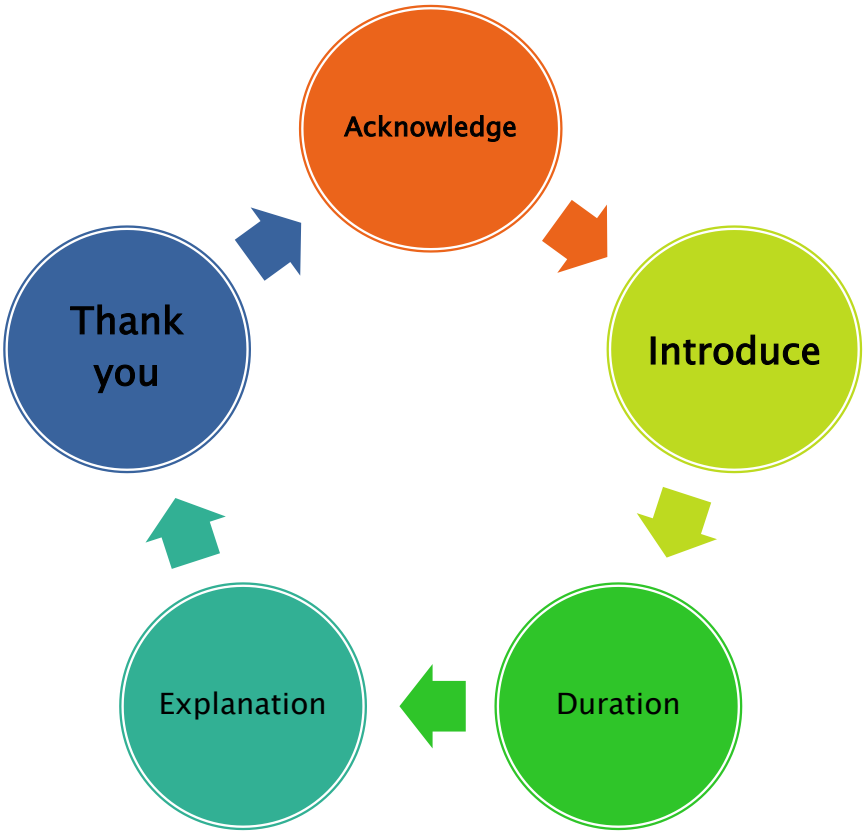


Figure H1. A diagram showing the AIDET method. Taken from Robinson, V. (2018). *Exceptional Service-Service Recovery.* [PowerPoint Slides]. Retrieved from Alameda Health Systems.

Appendix I

LEAD Method

Steps	Behaviors (Align w/AIDET)	Questions to Ask
Listen	• Make eye contact • Give full attention • Ask Questions to seek clarity	1. How can I help you? 2. Can you tell me more about your experience so I can understand
Empathize	Put your "loved one in their place"	It is easy to see why this would be upsetting
Apologize	• Be sincere • Think of non-verbal's (body- language)	1. I am sorry this has happened 2. I am sorry we did not meet your expectations
Deliver	• Solution or Resolution • Don't make promises (payments, timing) • Thank them	1. How can I make this better for you? 2. What would you like to see happen? 3. Let me look into this and get back to you. 4. Thank you for bringing this issue to my attention

Figure I1. A table outlining the LEAD method. Taken from Robinson, V. (2018). *Exceptional Service-Service Recovery.* [PowerPoint Slides]. Retrieved from Alameda Health Systems.

Appendix J

2018 HCAHPS Data

Month	Rate the Hospital 9 or 10	Nurse Communication	Staff Responsiveness	Communication about pain	Communication about meds
Jan-18	78	83.9	90.1	66.7	60.8
Feb-18	83.7	80.4	84.9	80	98.3
Mar-18	79.2	75	59.6	45.5	48.3
Apr-18	62.3	64.2	57.2	60	28.3
May-18	48	66.7	59.4	50	34
Jun-18	48	66.6	55.9	71.4	98.3
Jul-18					
Average	66.53	72.8	67.85	62.26666667	61.33333333
Goal	66	81.3	68	77.8	66.9

Table J1. The calculated average of HCAHPS patient surveys results by month and by metric.

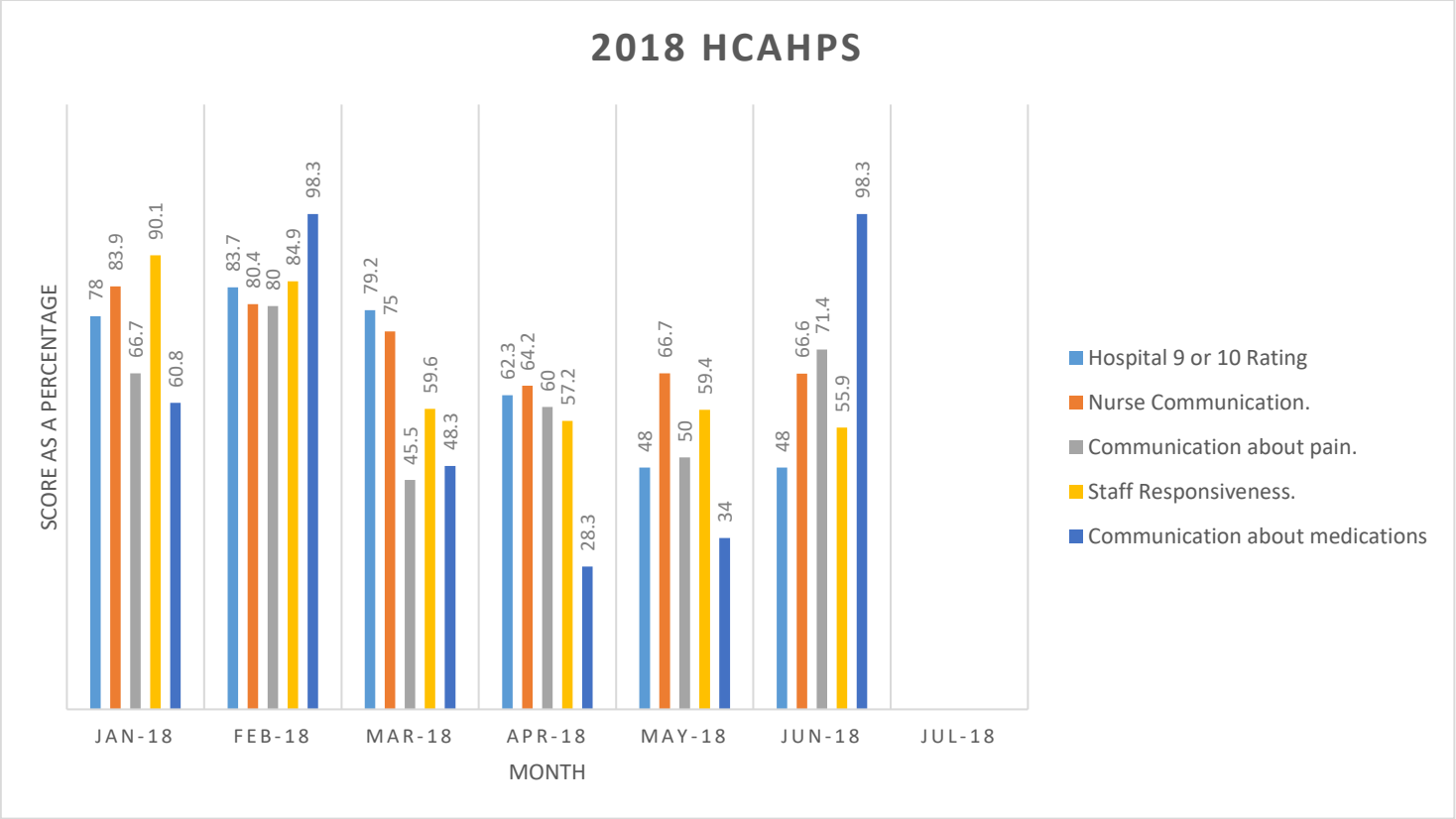
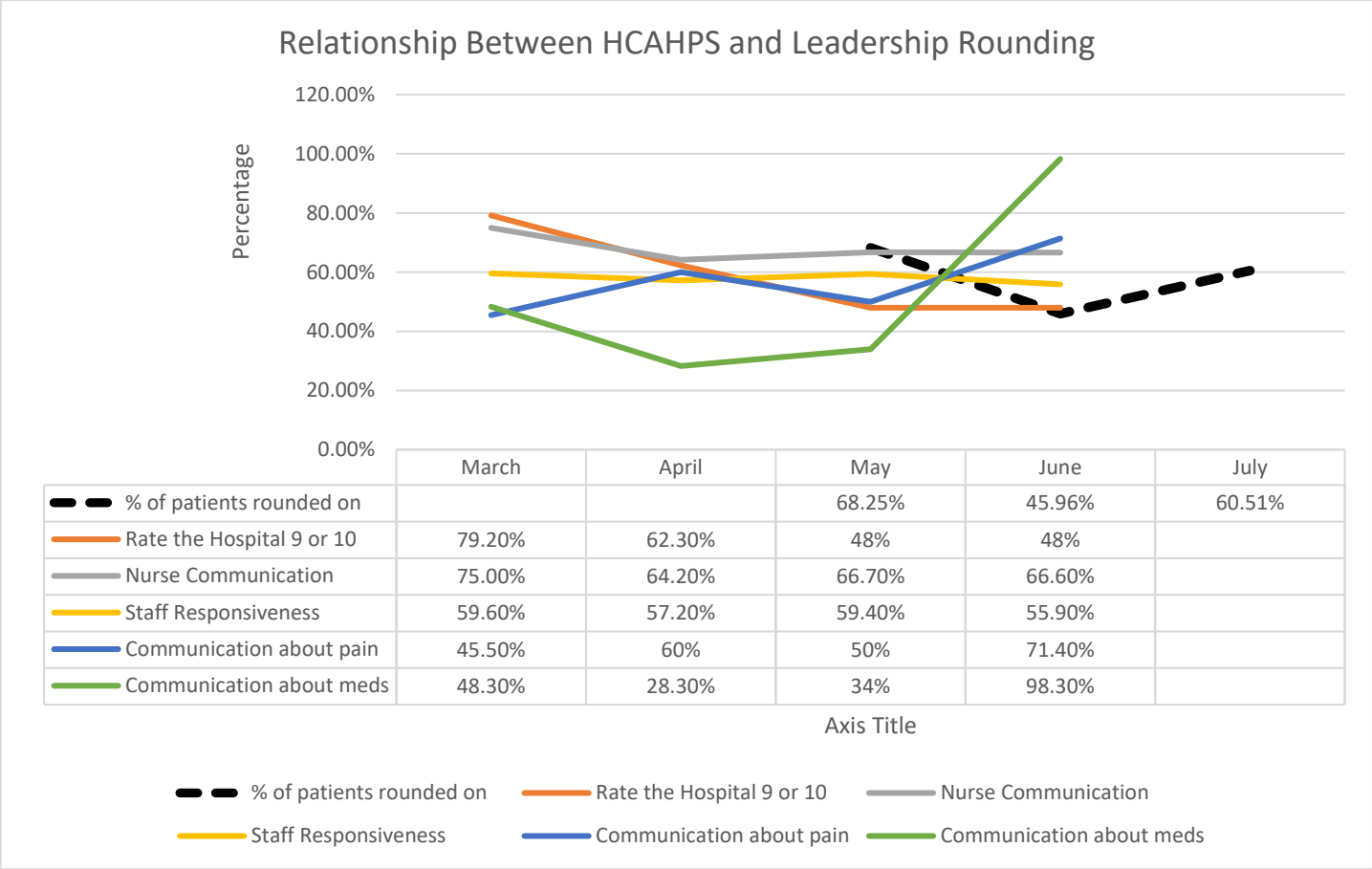


Figure J1. Bar graph depicting data from Table J1; HCAHPS survey results by month and metric.

Appendix K

HCAHPS and Leadership Rounding Line Graph



	March	April	May	June	July
% of patients rounded on			68.25%	45.96%	60.51%
Rate the Hospital 9 or 10	79.20%	62.30%	48%	48%	
Nurse Communication	75.00%	64.20%	66.70%	66.60%	
Staff Responsiveness	59.60%	57.20%	59.40%	55.90%	
Communication about pain	45.50%	60%	50%	71.40%	
Communication about meds	48.30%	28.30%	34%	98.30%	

Figure K1. A line graph depicting the relationship between leadership rounding and patient satisfaction scores by metric. July HCAHPS data has not been received.

Appendix L

WEEKLY ICU LEADERSHP ROUNDING			
Week	TOTAL BEDSIDE ROUNDING	TOTAL ICU CENSUS	CALCULATED PERCENTAGE
5/21/2018	21	28	75%
5/28/2018	28	34	82%
6/4/2018	26	54	48%
6/11/2018	30	38	79%
6/18/2018	14	38	37%
6/25/2018	4	31	13%
7/2/2018	24	50	48%
7/9/2018	23	39	59%
7/16/2018	28	39	72%
7/23/2018	20	29	69%

Table L1. Shows the total number of patients in the ICU each week and the number of patients rounded on.

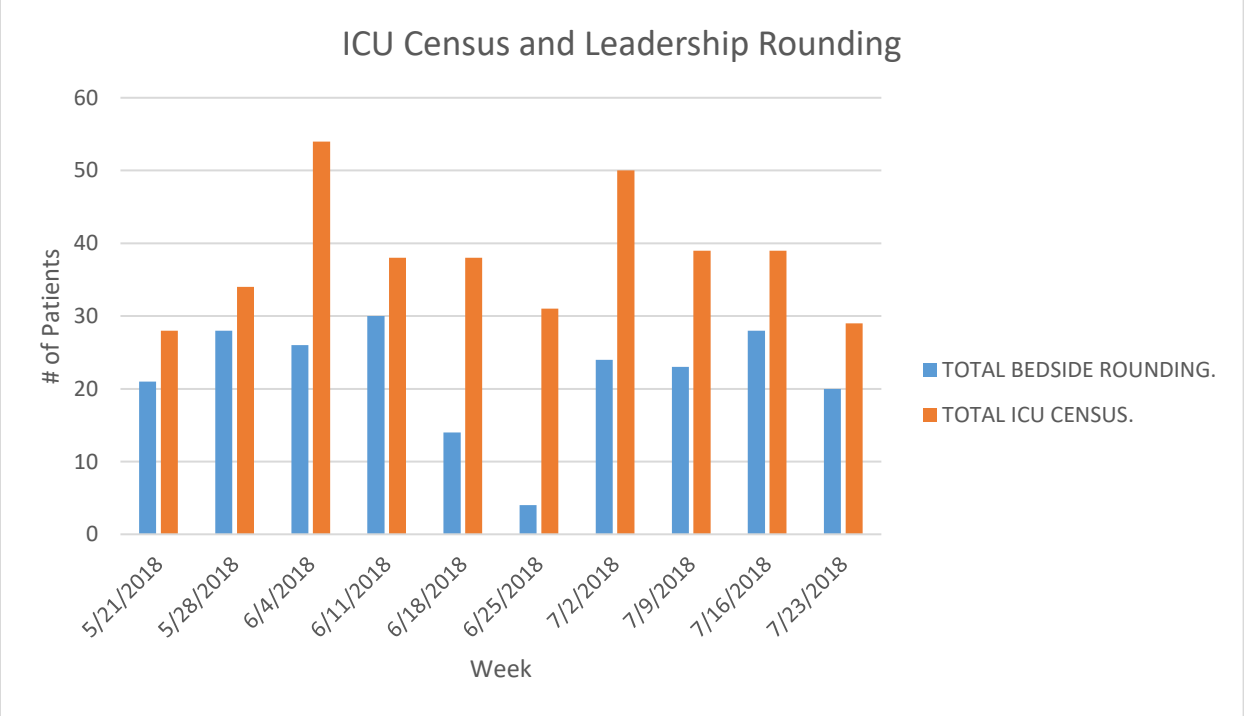


Figure L1. Depicts the relationship between the total ICU patient census (blue) and the patients or families that took part in leadership rounding (orange).

Appendix M

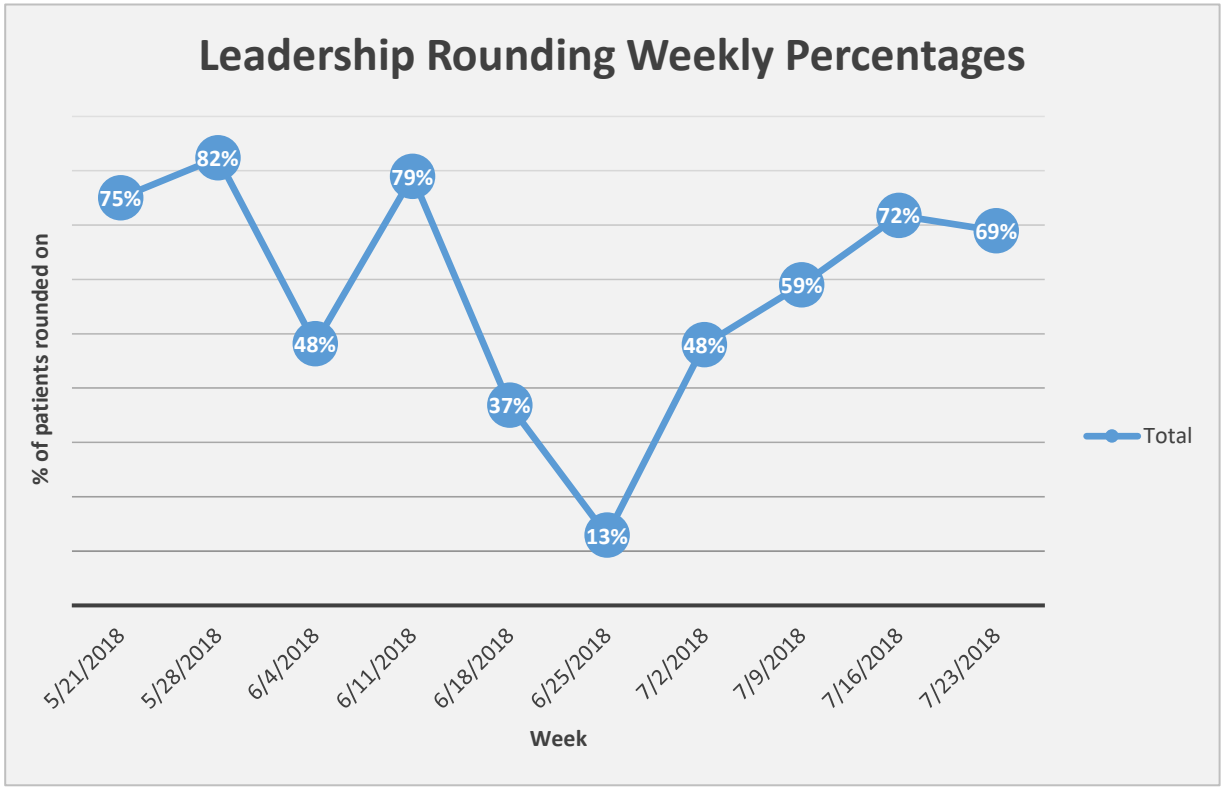


Figure M1. Percentage of patients rounded on each week. Between the weeks of June 18th and July 2nd, the floor manager went on vacation. This contributed to the drop in percentage of patients rounded on.