

Leadership Rounding in the ICU to Improve Satisfaction

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 Expected Graduation: August 2018



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Introduction

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.

Objectives

Aim Statement

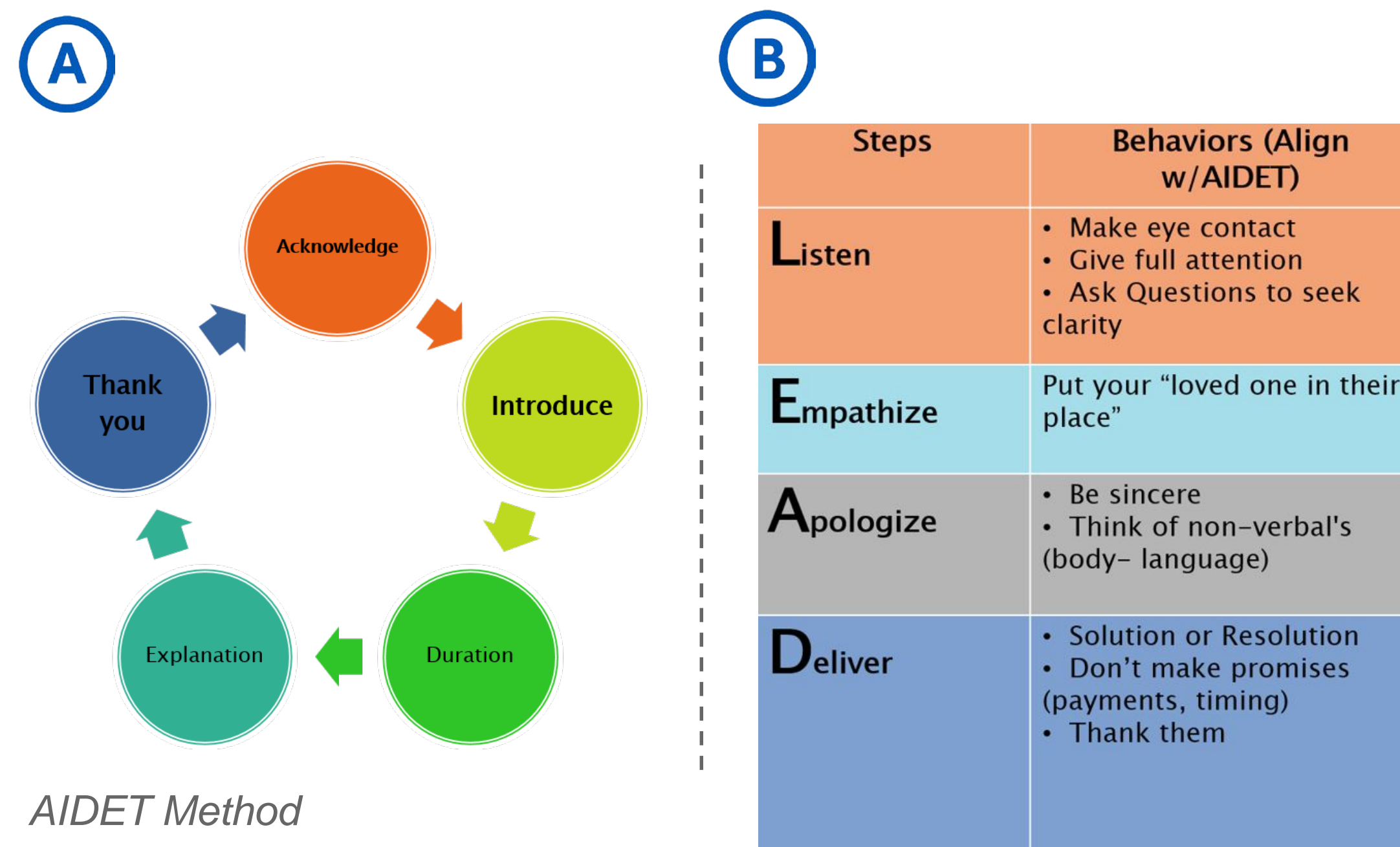
- By August 2018, the implementation of daily leadership rounding in the ICU will result in an increase of patient satisfaction scores by 5%..

Setting

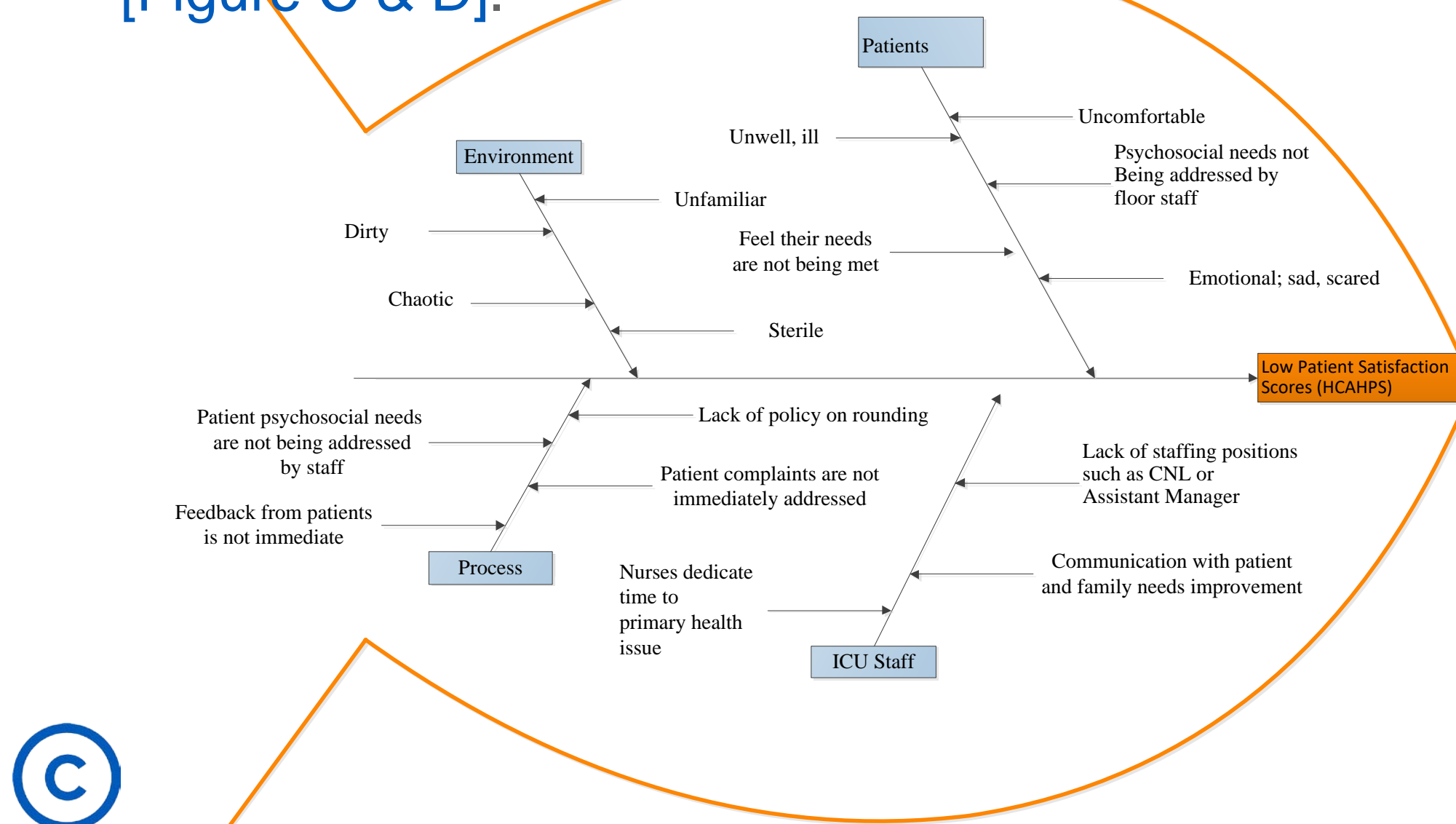
- Eight bed Intensive Care Unit in a mid-sized hospital in Alameda.

Methods

- Existing hospital processes and policies on provider-patient communication were reviewed and analyzed
- Informational interviews were conducted with key staff to identify interventions
- The leadership rounding template was influenced by the AIDET and LEAD models [See Figures A & B].

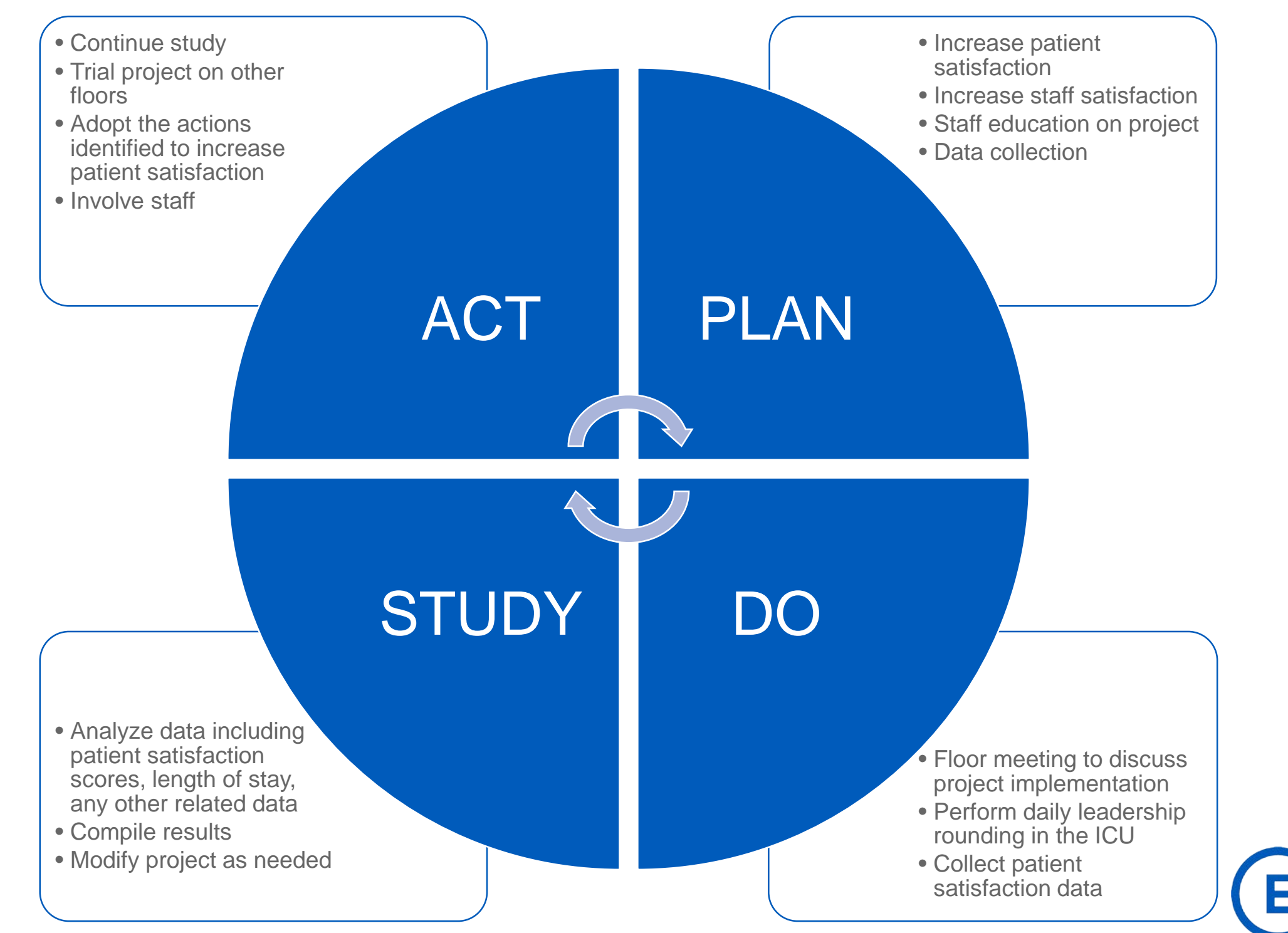


- A root cause analysis, and SWOT analysis were performed, and a project timeline was established [Figure C & D].



Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Difficult to round daily Difficult to ensure staff enter rounding data Viewed as ineffective because data is not clearly dependent on results Not all patients will be rounded on May not have enough staff resources to consistently round Staff resistance to the improvement project

- The project team used the Plan-Do-Study-Act (PDSA) cycle to guide the implementation of leadership rounding [Figure E].



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.

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%.

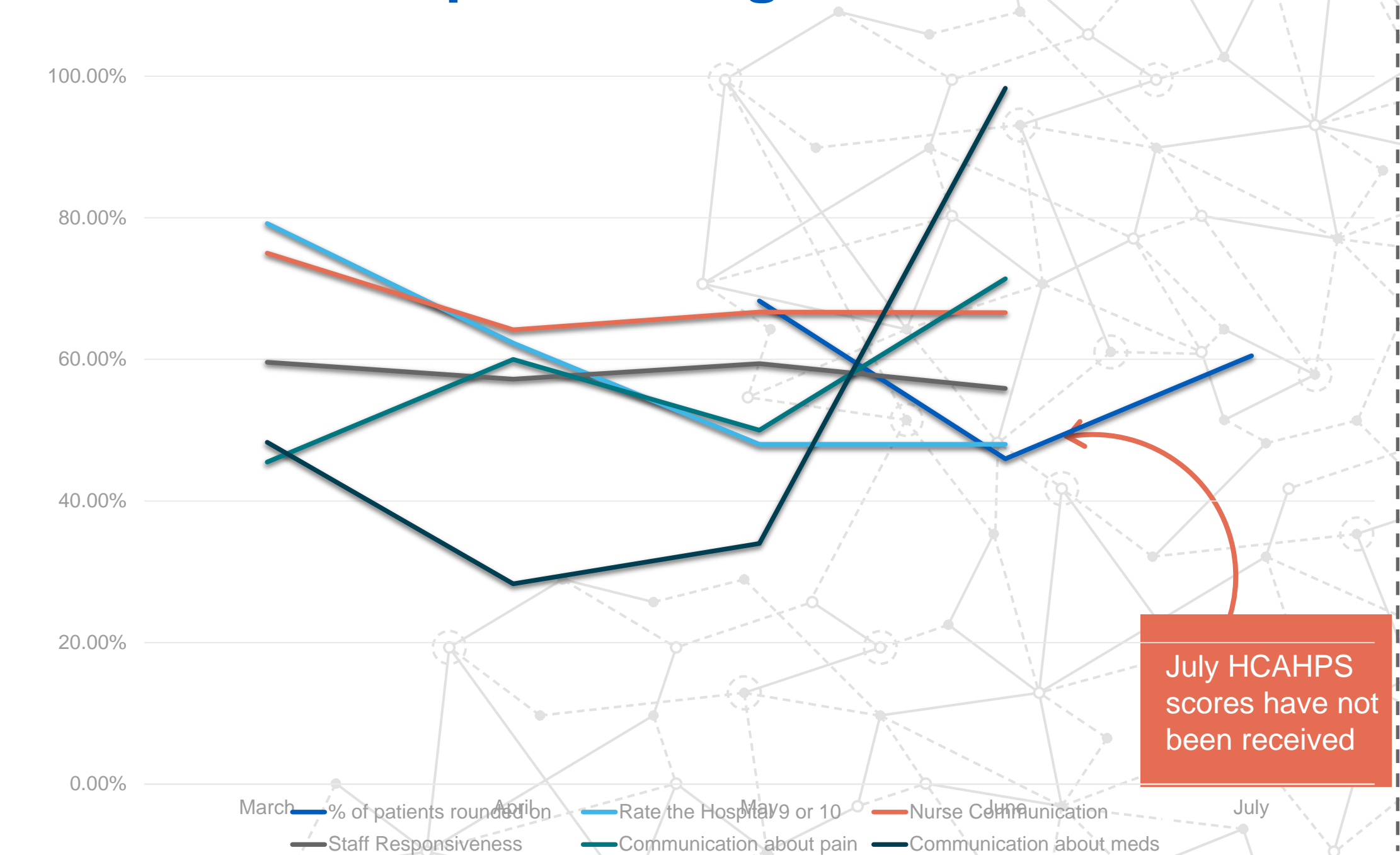
HCAHPS SCORES BY METRIC					
	Rate the Hospital 9 or 10	Nurse Communication	Staff Responsiveness	Communication about pain	Communication about meds
Jan-18	78	83.9	90.1	66.7	60.8
Feb-18	83.7	80.4	84.9	80	98.3
Mar-18	79.2	75	59.6	45.5	48.3
Apr-18	62.3	64.2	57.2	60	28.3
May-18	48	66.7	59.4	50	34
Jun-18	48	66.6	55.9	71.4	98.3
Average	66.5	72.8	67.9	62.3	61.3
Goal	66	81.3	68	77.8	66.9

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. 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 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.

Relationship Between HCAHPS and Leadership Rounding



Selected References

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A special thank you to my Professor, Cathy Coleman, Preceptor, Cathy Morano, my family, friends, and classmates. Your encouragement inspired me and kept me going during this challenging academic journey.

