

# Getting an “A” in Patient Satisfaction Scores: Rounding

Pat Schou, FACHE  
Executive Director

Illinois Critical Access Hospital Network



Survey Solutions  
by ICAHN



# Cover today...Agenda

---

1. Provide background on the practice of rounding and its impact on patient satisfaction scores
2. Identify the different types of patient rounding programs
3. Learn key steps in follow up to issues identified during rounding
4. Be able to implement/update a patient rounding program into your work culture
5. Evaluate the impact of a rounding program



# Patient Rounding

- Practice of checking patients on a routine basis – not new and historically the first thing out of report for nurses.
- Rounding from nurse to nurse/ caregiver to caregiver can vary and be inconsistent.
- Quint Studer made *rounding* key for quality improvement and patient experience.
- The **Institute for Healthcare Improvement (IHI)** endorsed hourly rounding as the best way to reduce call lights and fall injuries, increase both quality of care and patient satisfaction.
- **Agency for Healthcare Research and Quality** acknowledge interdisciplinary rounds are in the best interest of patients. Poor communication among staff is a root cause of many patient adverse and sentinel events. Communication among disciplines can be improved if viewed through the eyes of an objective observer.

# Rounding – What does this mean?

- Periodic and **purposeful** checking on patients, visitors or areas of concern. (scheduled and a priority)
- Types: most common are nursing, physician and administrative rounds in the hospital setting. Other types are multi-disciplinary, teaching, safety, clinic, public relation, housekeeping, infection control (COVID-19), and more.

## Name for Special Rounding Program

- **AIDET.** Acknowledge, introduce, duration, explanation, and thank you. Richard Rubin, Studer Group, coined the evidenced based communication framework.



# Who does Patient Rounding?

- Anyone involved in patient care and support patient services
- Nurses, medical providers, housekeepers, dietary, patient advocates, hospital and department leaders, social workers, rehab staff, others
- Inpatient, outpatient, emergency department and clinic settings
- **Why? Putting your best foot forward and allows you to address problems and concerns right away**

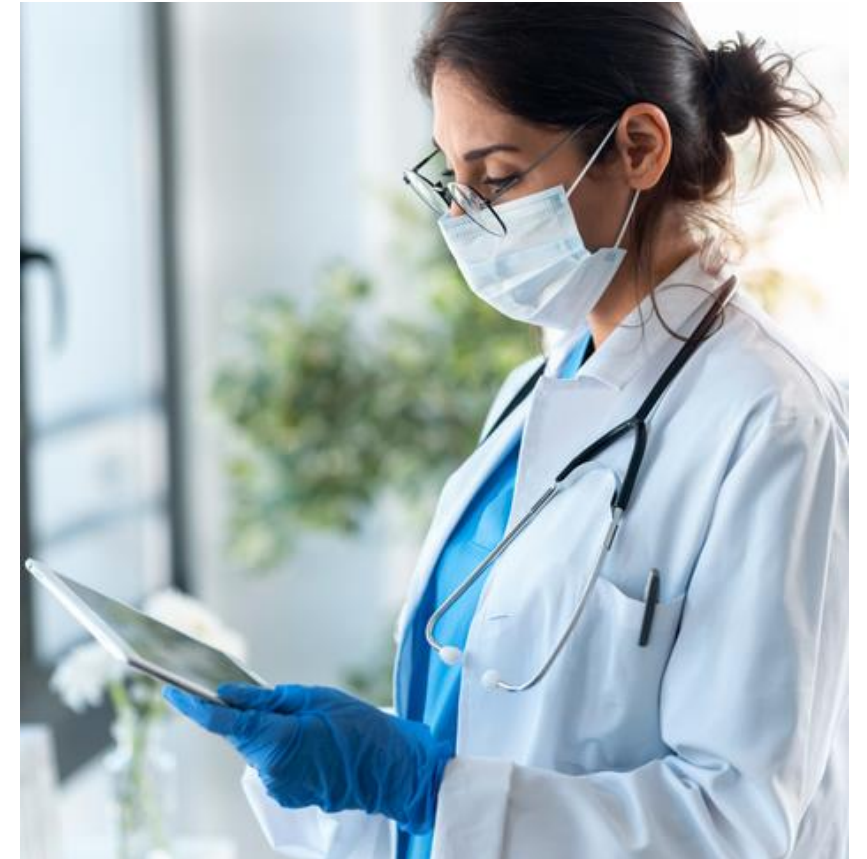


Example: Housekeeping

# Rounding Practice – Scheduled times

---

- Inpatient setting – hourly by patient care team
- Administrative rounds - daily
- Physician/Practitioner rounds – daily or twice a day
- Clinic rounds - variable (chemotherapy, clinic visit)
- Emergency Department and Outpatient – depends on procedure and workload
- **Remember....Always about the patient and/or family member**
- **Purposeful**



# Why Initiate a Rounding Program?

---

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results / focus of today's program
- **Ultimately – improve patient care**
- Quality improvement initiative
- Patient experience initiative – goal of organization and/or unit
- Staff performance improvement
- Public Relations
- Other reasons



# HCAHPS Survey Questions Inpatient

- Communication with physicians/practitioners
- Communication with nurses
- Responsiveness of hospital staff
- Pain management
- Communication about medication
- Cleanliness of hospital
- Quietness at night
- Other: Discharge experience, willingness to recommend, food and overall hospital rating

**HCAHPS**

Hospital Care Quality Information  
from the Consumer Perspective



# Patient Expectations – Competent and Nice

---

- Patients and Family expect competent and have the right to the highest quality of care.
- Why the best care fails?
- HCAPHS scores up or down
- Service quality and lack of kindness, niceness, sincerity
- **Rounding can catch staff attitude and change perception not only in the satisfaction scores but coffee shop**

# Survey Findings – Proactive and Reactive

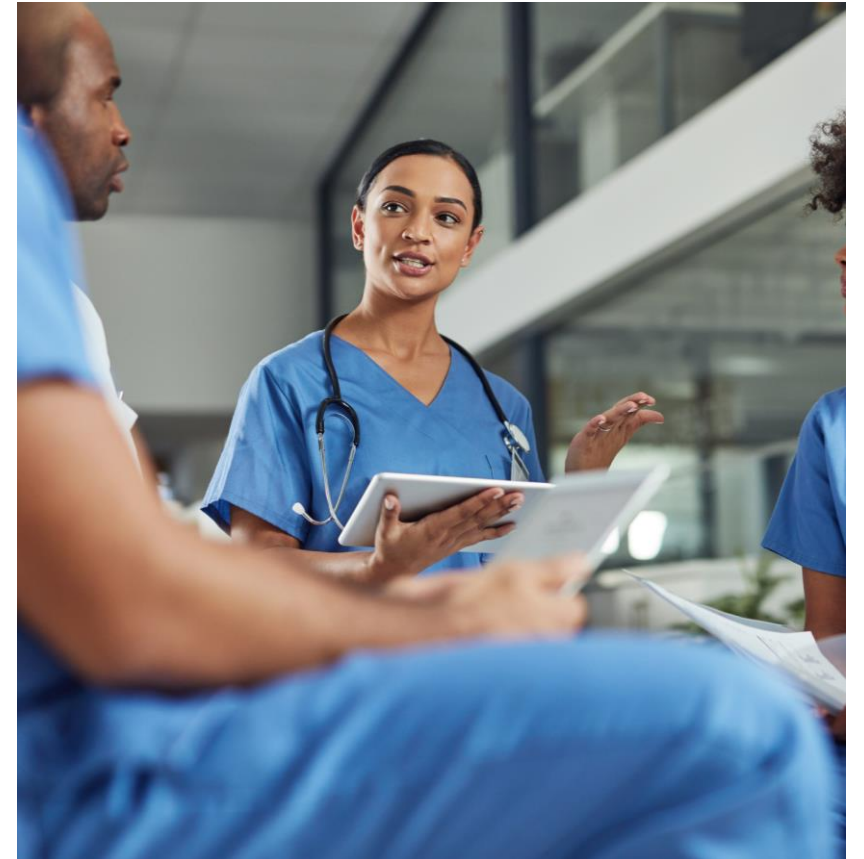
---

- Focus on your scores...what do you want to improve? Are there problems such as complaints about pain management or room is dirty or cluttered? *Reactive and Need to Improve*
- Good scores...how do you keep improving? *Proactive and High Bar*
- Survey findings – feedback from the patient but remember scores are 3 months or more behind (HCAHPS)

# Rounding – A tool to Improve Scores

---

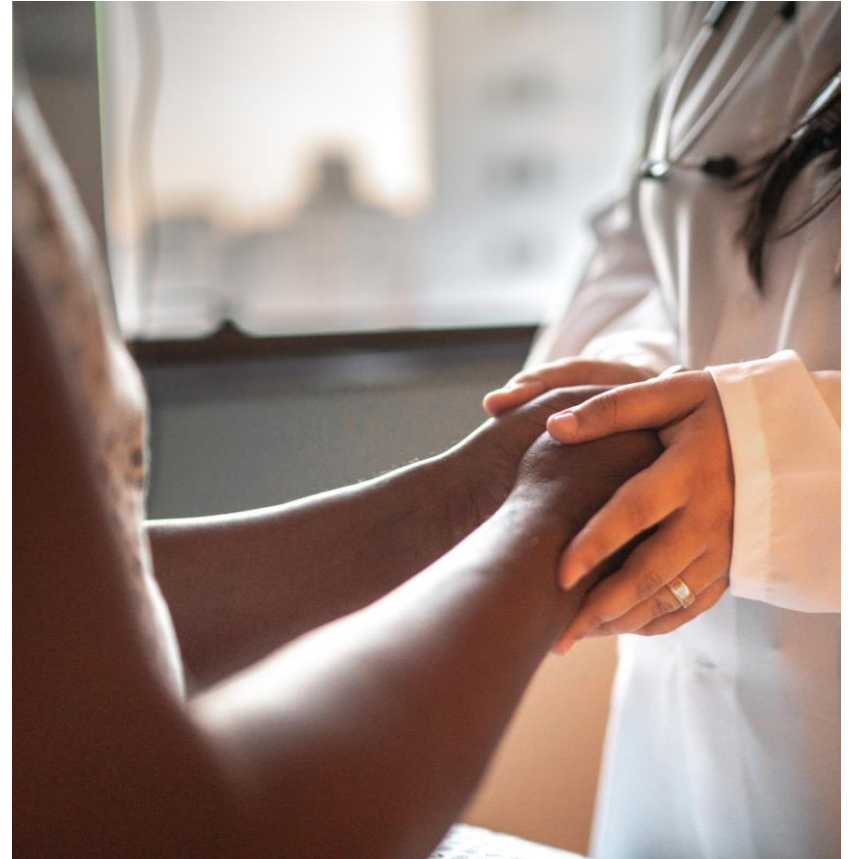
- **Feedback now**...patient and family (*real time*)
- **Patient team** - opportunity to improve care and patient experience/service – patient care team rounding
  - Consistency, responsiveness, performance, change in patient condition
- **Administrative** – public relations, staff performance, good well, accountability, build/reinforce “culture”



# Patient Care Concerns...name a few

---

- Management of Pain
- Helpfulness
- Information about care and treatment
- Understanding medical plan
- Handoff
- Outcomes
- Discharge /transfer needs



# Rounding Tools

---

Patient Care





# Hospital Culture Evaluate Before Adding Rounding

---

- Administrative Support
- Medical Staff Support
- Buy in – staff and others
- Communication
- Readiness
- Openness to solve problems and new ideas
- Bottom line – important to success



# Where to Start: Effective Rounding Steps - *Studer Based (framework)*

---

- **Set expectations.** *Greet and inform patient of care and goals*
- **Validate the behavior of patient team.** *Let patient know rounding schedule and why*
- **Manage up.** *Share information about team and hospital – experience and ability/great nurse aide*
- **Harvest reward and recognition.** *Identify examples of things gone well or not*
- **Use closing statements.** *What can I do in follow up or inform patient of next treatment, as example*
- **Communicate with the care team.** *Share information with care team or update care plan any findings*
- **Perform service recovery.** *If there are problems/issues, apologize and take action – be proactive*



# Training is Important – All on Same Page

---

- Studer “hardwiring” strategies to instill best practices rounding and ease communication for staff.
  - Takes time...
- Consistency and performance standard/evaluation
- Scripting as an option
- Ongoing





# Value of Scripting - Rounding

---



- ***Pros and cons***
- Most prefer scripting to teach new staff and improve current staff performance.
  - *Our goal is to consistently provide excellent care to you. What does that mean to you?*
  - *We want to help you manage your pain.*
  - *Let me tell you about your nurse or staff in radiology.*
- Improves handoff (care), perception and scores (grouchy staff)
- Not everyone is a good communicator.
- Key: Must be genuine and sincere



## Value of Listening - Rounding

---

- Active listener (avoid looking at computer)
- Undivided attention
- Body language (at person's level)
- Acknowledgement
- Non-judgmental
- Thoughtful response
- *I want to make sure I understand.*



# Value of Observation - Rounding

---



- Build relationship
- Clues to changes to physical and emotional condition
- Satisfaction with care
- Prevent problems - be proactive
- Whiteboard in rooms
- Example: room cleanliness – reduce clutter

# Social and Emotional Problems

---

- Identify issue and need
- Listener
- Important to patient recovery
- Important to patient discharge
- Social services
- Patient advocates
- Culture and language issues





# Making Service Recovery Work

---

- So, I found a problem...what to do?
- Listen and details
- Kindness
- Can you solve or someone else?
- Follow up
- Documentation as appropriate





# Lip Service versus Genuine Follow Up

---

- Take action
- Communicate
- Set time frame
- Expectation
- Evaluate



# Patient Care Team - Handoff

---

- Introduction of staff or physician
- Expertise and experience
- Value to organization and patient
- Coordination of care
- Makes patient feel important
- Connect

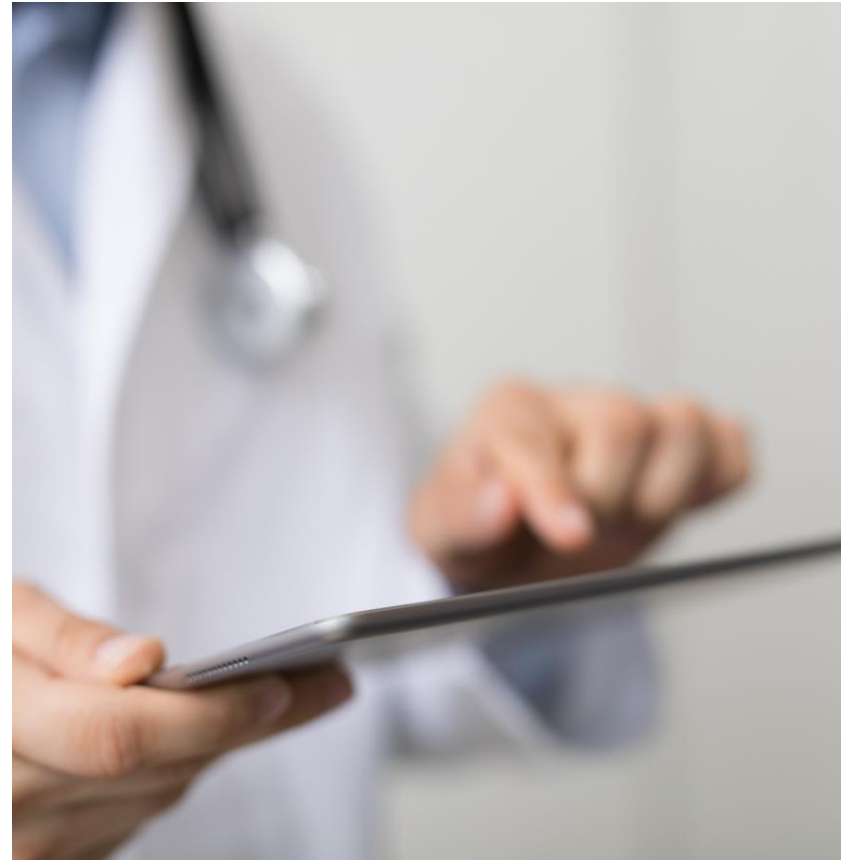




# Keeping Track

---

- Documentation
- Checklists
- Using tablets
- Time frame
- Measuring performance





# What types of Questions Should I ask?

---

- Dependent on your position
  - Open-ended, simple and understandable
  - Dependent on patient satisfaction scores, patient feedback, and/or areas to improve
  - Actionable - Listen
- 
- **Examples:** *Have you needed to use your call light? How have the meals been for you? Has your room been cleaned? Were you able to make an appointment timely? If yes, follow up with more opened questions.*

# Rounding is About the Patient

---

- Waking patient up for labs
- Physician abrupt or avoids family
- Nurse not attentive to pain or daily care not done
- Waste basket overflowing; no water
- Medications or treatments missed
- Patient social issues impact recovery and care
- How caring and empathetic are staff members?
- Patients and family members never forget



# Impacting Patient Satisfaction Scores Improving Your Grade

---

- Unit Scores low...food and noise
- Bring people involved together for their ideas/feedback
- Dietary
  - Visit the dietary department...firsthand experience and staff ideas
- Noise
  - Close doors for privacy and quietness as appropriate



# HCAHPS Survey Questions Inpatient

- Communication with physicians/practitioners
- Communication with nurses
- Responsiveness of hospital staff
- Pain management
- Communication about medication
- Cleanliness of hospital
- Quietness at night
- Other: Discharge experience, willingness to recommend, food and overall hospital rating

**HCAHPS**

Hospital Care Quality Information  
from the Consumer Perspective



# Examples...making improvements through Rounding

---

- How often do you need help getting to the bathroom or need bed pan? Call button?
- During this hospital stay, how often was your pain well controlled? (motorcycle accident)
- During this hospital stay, how often was the area around your room quiet at night?



# Rounding – A tool to improve HCAHPS

---

- Create our own program
- Generally inpatient but used in other settings
- Follow Studer's template or others
- Decide – plan - train – implement – measure – evaluate – change
- Receive the “A”
- [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)



# **Always about the Patient - Let's Do Our Best**

