

# LEADERSHIP ROUNDING PROCESS

*PURPOSE: Leadership, as role models and as part of the healthcare team, will round daily to improve the patient experience and ensure accountability for the delivery of safe, quality care.*

**All patients** will be rounded on **daily**, with the exclusion of psychiatric, isolation, dementia, confused, induction/labor, fetal death, and end of life patients.

- Leadership rounding will take place daily between the hours of 10 a.m. and 11 a.m. for all inpatients on Palmer 2, Palmer 3, and OB at Bixby, and on 2 West at Herrick.
- The “Golden Hour” for rounding will be between the hours of 10 a.m. and 11 a.m.
- Rounding will be scheduled in teams of 6, with 5 people scheduled on the Bixby campus and 1 on the Herrick campus. This will allow for adequate personnel coverage daily and rounding completed in a timely manner.
- Holidays and weekends will be excluded, with the house supervisors seeing patients during those times.
- Rounders on the Bixby campus will meet in the OB classroom. If the OB classroom isn’t available, please use the Nursing Office at 10 a.m. to determine assignments. After rounding is completed, all rounders will meet in the above location for a brief huddle to debrief specific patient issues, comments, and/or suggestions. Assignments will be made for any follow-up so leaders can “close the loop” with any patients and/or staff members. The Bixby campus rounders will call the Herrick campus rounder for that week.
- Rounders will fill out a form on each patient to ensure accountability and to allow for certain data to be collected/compiled for improvement review. Trends identified will be discussed at the Leadership meeting.
- Directors, managers, and department leadership will be required to round as assigned. If you are going to be on vacation or unable to complete your assignment, you need to make arrangements for coverage.
- The house supervisors will be responsible for printing two census sheets for Palmer 2, Palmer 3, OB, and 2 West at 7 a.m. each morning, Monday through Friday. They will blue mark those patients who should not be rounded on for the above mentioned exclusions.
- The census sheets will be in the Nursing Office at Bixby and on 2 West at Herrick on the clipboards. Since patients are admitted and discharged all day, the census sheet could change. Leadership should check with the unit clerk to see if any changes have occurred prior to starting the rounds.
- If a patient would like to make a complaint about their stay or about another experience, leadership will take their complaint and apologize for their experience. Then file a report in rl6 and notify Lisa Leader for follow up.

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## Script for Patient Rounding

### Entering the Room

1. Knock on patients' door and ask them if you can come in. Upon entering the room, **ALWAYS** use hand sanitizer.
2. Greet the patient. "Hello Mr./Mrs. \_\_\_\_\_. My name is \_\_\_\_\_ and I am the \_\_\_\_\_ of \_\_\_\_\_. As part of the Leadership team, we are committed to visiting our patients daily. Is this a good time to ask you some questions regarding your stay?"
3. Note: If patient is sleeping or out of the room and their family is present, feel free to ask the family questions.

### Questions to Ask

1. Patient/Room #: Our goal is to provide you with an excellent experience. Please make sure that you let us know of any concerns while you are here.
2. ED Care: Were you seen in the ED? If yes, how was your wait time? How was your care in the ED?
3. Communication with Nurses and Doctors: It's important to us that you are informed about your care. Do you feel we are listening to you? Is our care team taking enough time to explain your treatment plan and answer questions?
4. Safety: Your safety is important to us. Are you getting prompt help when you need assistance? Please remember to call for help if you need to get up or use the restroom.
5. Clean and Quiet: It's important to us that your room is clean. How are we doing? We try to keep things as quiet as possible to allow you to rest and heal. How are we doing?
6. Communication about Meds: Do you have any questions about your medications that I could relay to the nurse?
7. Discharge Planning: Do you have any concerns about your discharge plan or aftercare needs?
8. Recognition/Miscellaneous: Is there anyone you would like to recognize for going above and beyond? Is there anything else you would like to share with me? What could we do better?

### Environmental Surveying

*These are things you should be looking for while talking to the patient, not questions to ask them.*

1. White boards filled out? (Note pain med being on white board, if applicable).
2. Tidiness of room:
  - Call light, phone, bedside table, and tissues are within reach.
  - Cleanliness of room
  - Any facility issues – Make sure to put these into the AIMS Easynet system if any found

### Additional Comment Section

Please note any additional comments or concerns from patients or noteworthy events here for follow-up.

### Exiting the Room

1. "What questions do you have or is there anything else I can do for you while I'm here?"
  - a. If there are issues that you cannot address, upon leaving the room, go to the direct care provider, unit clerk or department director for follow up, depending on urgency/severity of the issue. Make sure to note whom you passed this information onto on the rounding form.
2. "Thank you for your time and have a great day! Would you like your door left open or closed?"

***Leadership will turn completed forms into Jenah Wahl either via email or by dropping them off to her (Bixby 4<sup>th</sup> floor).***