

PROMEDICA BIXBY HOSPITAL/HERRICK HOSPITAL - LEADERSHIP ROUNDING

Department: _____

Date: _____

Leader Rounding: _____

If patient is out for testing or sleeping and family is not present, please note that below. Completed forms are to be turned in to Jenah Wahl in Administration.

<u>Patient / Room #</u> Introduction: • 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.	<u>ED Care</u> Were you seen in the ED? • If yes, how was your wait time? • How was your care in the ED?	<u>Communications with Nurses & Doctors</u> 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?	<u>Safety</u> 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.	<u>Clean & Quiet</u> 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?	<u>Communication about Meds</u> • Do you have any questions or concerns about your medications that I could relay to your nurse?	<u>Discharge Planning</u> • Do you have any concerns about your discharge plan or aftercare needs?	<u>Recognition/Miscellaneous</u> • 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?
Please share any additional comments or concerns from patients or noteworthy events here for follow-up							

****Ask patients as appropriate if they would like to be a member of our Patient Family Advisory Council. Meetings are held the 3rd Wednesday of each month at 5:30pm in the Board Room at Bixby Hospital. If interested, include name and phone number to reach them so we can call and provide additional details.**