**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.**

July 18, 2019

---

**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.

<table>
<thead>
<tr>
<th>Patient / Room #</th>
<th>ED Care</th>
<th>Communications with Nurses &amp; Doctors</th>
<th>Safety</th>
<th>Clean &amp; Quiet</th>
<th>Communication about Meds</th>
<th>Discharge Planning</th>
<th>Recognition/Miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Our goal is to provide you with an excellent experience.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Please make sure that you let us know of any concerns while you are here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you seen in the ED?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● If yes, how was your wait time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● How was your care in the ED?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Communications with Nurses & 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?

**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.

**Clean & 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?

**Communication about Meds**

- Do you have any questions or concerns about your medications that I could relay to your nurse?

**Discharge Planning**

- Do you have any concerns about your discharge plan or aftercare needs?

**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?

**Please share any additional comments or concerns from patients or noteworthy events here for follow-up**