# Purposeful Leadership Rounding

May 16, 2023

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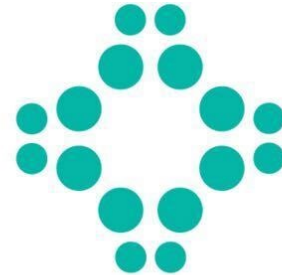


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# Our Speakers



**Eric Moore, RN, BSN, MBA, NEA-BC**
*Inpatient Unit Director*
UC Davis

**Jane Peña, RN, BSN, MSN/Ed, NEA-BC**
*Inpatient Unit Director*
UC Davis

**Donna Pritchard, DNP, FNP-BC, MSN, RN**
*Vice President of Clinical Services*
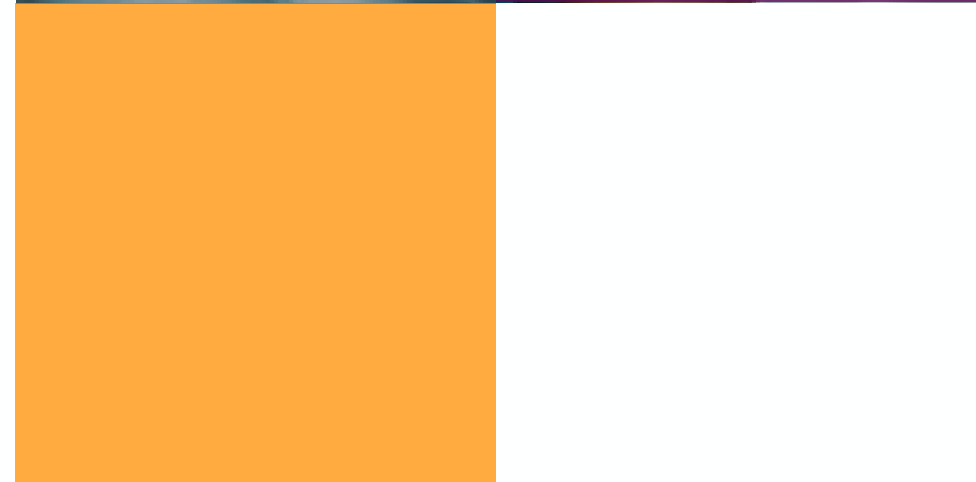CipherHealth

# UC DAVIS HEALTH

# Purposeful Leadership Rounding: Patients & Staff

Eric Moore, RN, BSN, MBA, NEA-BC
Inpatient Unit Director
UC Davis Health

Jane Pena, RN, BSN, MSN/Ed, NEA-BC
Inpatient Unit Director
UC Davis Health

Donna Pritchard, DNP, MSN, BC-FNP
VP, Clinical Services
CipherHealth

# Agenda

| | |
|---|---|
| **1** | Revitalize the Rounding Culture |
| **2** | Best Practice Rounding Guides |
| **3** | Key Principles and Strategies of Purposeful Rounding |
| **4** | Staff Wellbeing: The Power of Staff Recognition |
| **5** | Q&A |

# Revitalize the Rounding Program –
## Challenge the Status Quo.

Today is a New Day

We must get comfortable with letting go in order to start anew.

**1** **Keep Organizational Priorities Top of Mind**

**2** **Align rounding program focus to Departmental and Organizational Goals**

**3** **Ensure Rounding is Purposeful emphasizing Quality over Quantity**

**4** **Emphasis on Patient Feedback**

# "I talk to patients and families all the time.
## *Why do I need to round?"*

- The way we ask group questions is important. "**Best Practice Scripting" allows for Standardization and a uniform approach to rounding**. Rounding quickly becomes Intentional and aligned with organizational priorities.

- Unstructured conversations are always valuable and can **communicate caring and respect**, unfortunately, the patient may still feel there are gaps in their care.

- Standardization of the Rounding Process helps create **a Culture of Rounding with a timely and effective approach** to issue resolution

- Organizations with a Culture of Rounding allow the "Voice of the Patient" to be not only **heard** but also **acted upon** with a timely and effective approach to issue resolution

## Purposeful Rounding Tools

### Care Notes
Personalize the round

### Round History
Build upon the feedback of previous rounds

### Flags
Leverage identifiers to note important attributes about the patient

### Service Alerts
Leverage real-time notification to care team members to resolve issues

### Round Share
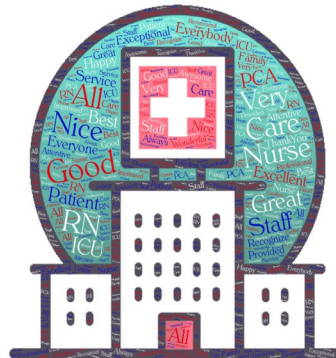Certain rounds should be shared with other directors to ensure patient feedback is heard

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# UC Davis Rounding Programs

## Quality/Safety

- CAUTI
  - CAUTI Prevention
- CLABSI
  - CLABSI Prevention
- Hand Hygiene
  - Hand Hygiene Audits

## Transition of Care

- Patient Relations

- Post-Discharge Calls

## Leadership

- Nurse Leader Rounding
  - Nurse Leader
- Charge Nurse Rounding
  - Charge Nurse

## Location & Patient Flow

- Location Rounding
  - PO&M Observation Round
- Daily Huddle
  - Multidisciplinary Huddle Audits

# Purposeful Rounding: Key Principles/Strategies

Allows the "voice of the patient" to be heard and considers patient preferences and social determinants as essential components in the patient's plan of care. Critical next steps are determined by what is most important to the patient and emphasizes issue resolution while incorporating DEI principles (Diversity, Equity & Inclusion). Purposeful Rounding also emphasizes staff wellbeing using patient feedback to recognize and reward frontline staff.

**Quality Over Quantity**

**Personalization of the Round to the Patient**

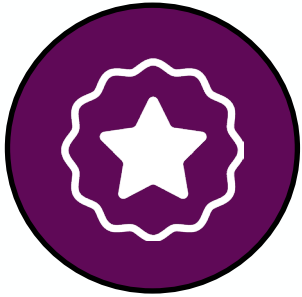**Performance of a Visual Sweep**

SITUATIONAL AWARENESS

**Staff Well-Being Focus and Staff Recognition**

**Issue Identification and Resolution**

**Purposeful Rounding:** Key Principles
# Emphasize Quality Over Quantity

Quality Over Quantity

| Quality | Rounds that become 'checking a box' can do more damage than not rounding at all |
|---------|---------------------------------------------------------------------------------|
| Resolution | If a patient tells you of a concern and the issue is not promptly and effectively addressed, they will lose trust in both the care team and the organization |
| Presence | It is important to be "present" both mentally and physically |

**Myth:** *"Any Round is better than no Round at all."*

**Recommendation:** Has not changed with COVID-19 - Round at least once per stay >70% of the time

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**Purposeful Rounding:** Key Principles
# Personalize the Round to the Patient
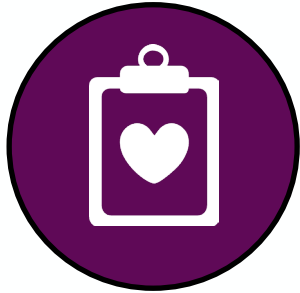
### Personalization of the Round to the Patient

| | |
|---|---|
| **Utilize** | Utilize Care Notes and Rounding histories to demonstrate awareness of previous issues that may have occurred |
| **Instill** | Instill trust that future care plans are respectful, safe, and incorporate these issues |
| **Incorporate** | Incorporate DEI principles into Rounding Approach |

**Myth:** *"Using tech devices like an iPad will inhibit the quality of my round."*

**Recommendation:** Note patient preferences and/or unique attributes in Care Notes to ensure the voice of the patient is integrated into future areas of focus.

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# Perform a "Visual Sweep"

Upon entering the room, conduct a "visual sweep", leverage vital information from observational assessment to personalize the round to the patient – while gently probing for issues that are relevant to the patient and considerate of the situation around them.



Performance of a Visual Sweep

Gain Situational Awareness
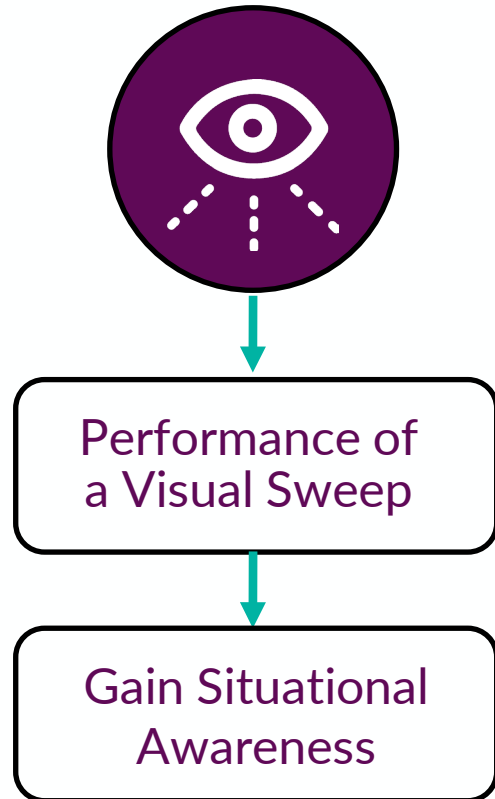
## Gain Situational Awareness with a "Visual Sweep"

- **Does the room look clean?**

- Is the room temperature comfortable? Is there an odor?

- Is the patient positioned comfortably?

- Are their possessions within reach?

- Is their unnecessary or avoidable noise in the room?

- Does the patient appear anxious, upset, angry, or in pain?

- Central lines, Foley, IV lines as per protocol

# Diversity, Equity, & Inclusion (DEI) Questions Championing Interpreting Services

"Recently, the daughter of a Spanish speaking patient was completely enraged from fear because no one called her when her father was transferred to ICU. **She believed the reason was not called is because she was Mexican and did not speak English.** What happened to her father or to her that created that narrative for her? Here at UCDH?
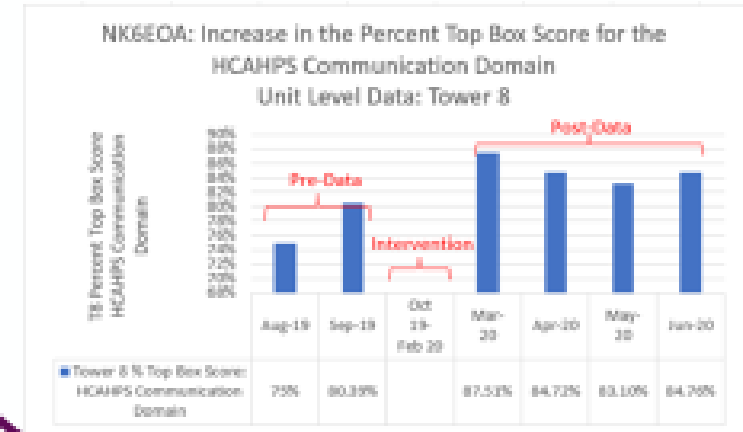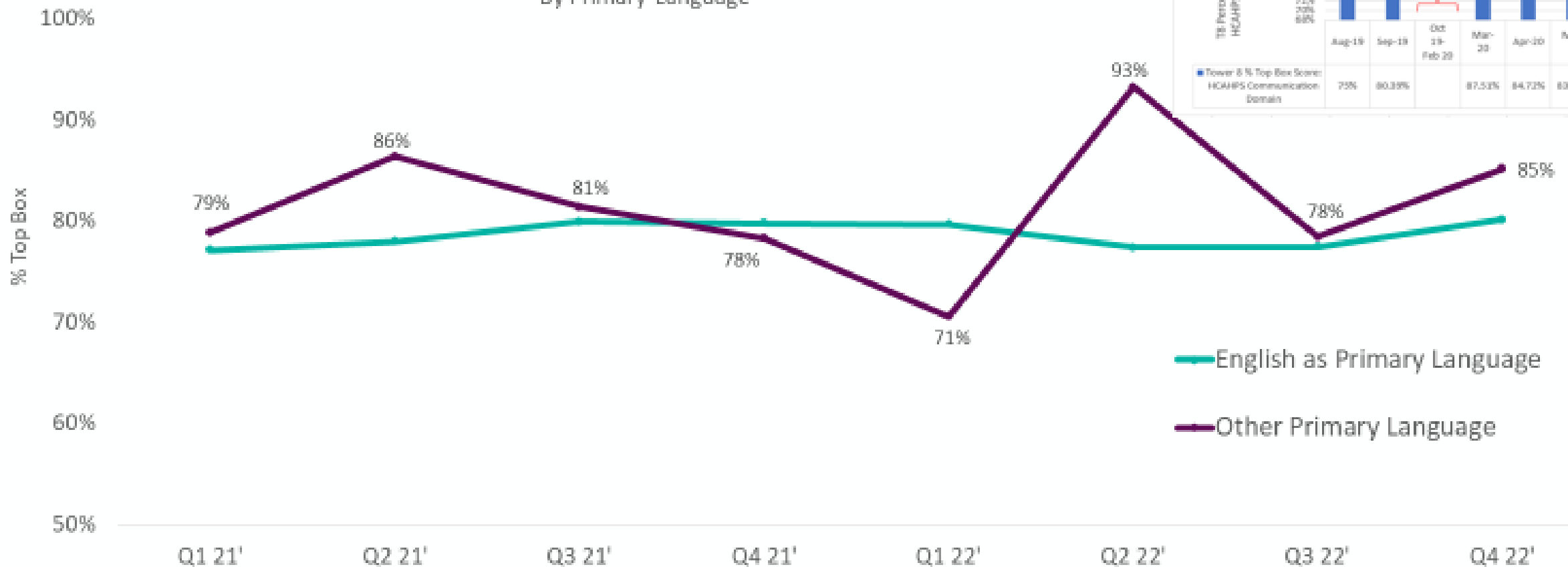
While we can buckle down and think 'well, she is wrong and she just misunderstood' – **I ask you to flip the pedagogy and empathize with her."**

-Theresa Pak, RN MS NEA-BC

# …And Learning how this can Impact Patients' Experiences with
## Nurse Communication



Nurse Communication - % Top Box for Patients who Received an Interactive Round
By Primary Language

NK6EOA: Increase in the Percent Top Box Score for the
HCAHPS Communication Domain
Unit Level Data: Tower 8

- English as Primary Language
- Other Primary Language
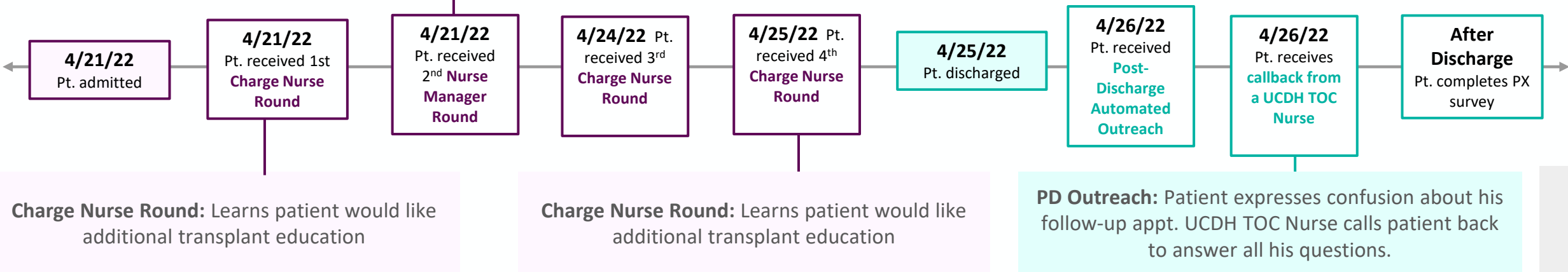
# "We lead with questions."

**Profile:** 26 y/o male inpatient, admitted to Unit T8TS

**Rounding Status:** Received 4 rounds using both Nurse Leader and Charge Nurse rounding scripts over the course of 4 days

**Outreach Status:** Received PD automated outreach and was called back by a UCDH TOC Nurse to address follow-up appt concerns.

## DEI Awareness Insight

*"Patient speaks English. Mom who is colearner needs Spanish interpreter! Has Spanish speaking nurse assigned."*

-Jane Peña, RN, MSN/Ed, NEA-BC

**4/21/22**
Pt. admitted

**4/21/22**
Pt. received 1st **Charge Nurse Round**

**4/21/22**
Pt. received 2nd **Nurse Manager Round**

**4/24/22** Pt. received 3rd **Charge Nurse Round**

**4/25/22** Pt. received 4th **Charge Nurse Round**

**4/25/22**
Pt. discharged

**4/26/22**
Pt. received **Post-Discharge Automated Outreach**

**4/26/22**
Pt. receives **callback from a UCDH TOC Nurse**

**After Discharge**
Pt. completes PX survey

**Charge Nurse Round:** Learns patient would like additional transplant education

**Charge Nurse Round:** Learns patient would like additional transplant education

**PD Outreach:** Patient expresses confusion about his follow-up appt. UCDH TOC Nurse calls patient back to answer all his questions.

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**Purposeful Rounding:** Key Principles

# Identify and Resolve Issues in a Timely Manner

Issue Identification and Resolution

| | |
|---|---|
| Notify | Notify care team members of patient needs in real-time |
| Ensure | Ensure prompt and effective resolution and/or service recovery; take the time needed to "close the loop" |
| Ensure | Ensure strategic rounding occurs with rounding prioritized according to patient need and risk for dissatisfaction |
| Prevent | Prevent harm through proactive |

**Myth:** *"Our organization should set the goal of rounding on 100% of patients every day."*

**Recommendation:** Identify at least one opportunity area per round

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# Purposeful Rounding:
## The 4 "P's" that Nurse Leaders should incorporate

**1** **Preparation** for the Round
Review Unresolved Issues, Open Opportunities, Care Notes; think quality vs quantity

**2** **Personalization** of the Round
Personalize, incorporate DEI, Be "Present" - Prioritize Situational Awareness

**3** **Proactively** approach the Round
Perform visual sweep. Identify opportunities and issues and intervene as appropriate with emphasis on prevention of issues and real-time service recovery

**4** **Patient Feedback** to support Staff Wellbeing & Action Planning
Let the "Voice of the Patient" guide you. Learn from those things that patients "recognize" as exceptional from caregrams - reinforce these behaviors in staff while rewarding them for the care they demonstrated

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# Turbulence in Healthcare Staffing

## Rounding on Staff is Essential:

- **"Staff Wellness" Rounds** are critical to assess basic needs with immediate intervention as necessary

- **Alarming numbers** of experienced nurses, doctors, and ancillary staff have left or are leaving their professions

- **Increasing numbers** of healthcare workers and/or their families sick with various problems.

- **Demographic Shifts**: aging population of nurses and increased healthcare needs has caused additional strain on workforce.

- **"New Hire" Rounds** are important to ensure their onboarding is going well

# Acknowledgement and Recognition of Staff Effort Is Essential to Any Staff Wellbeing Strategy:

A deeply **meaningful** and **healing intervention** during these challenging times

- What things do patients feel deserve recognition?

- What is most important to patients? Has the pandemic changed that?

- What are the behaviors patients most recognize in their care team?

# Recognize Staff With Uplifting Patient Feedback

The physical & emotional wellness of front-line staff has a profound impact on  patient satisfaction

CareGrams & Recognition

**Real-time Recognition**

Use CareGrams, Badges, and Rewards to acknowledge staff for outstanding care delivery and rounds completed

# Consistent Themes:

**Emerged After Review of >40,000 "CareGrams*"**

- **Heavy emphasis on making them feel safe**
- **It's the "little things" that have the most impact:**
  - ✓ Warm blankets
  - ✓ Sports
  - ✓ Smiles (Yes — they can be seen even with the masks on!)
- **Empathy/caring** (extending to family as well)
- **Effective communication**
  - ✓ Time, listening, answering questions, provided education, explained "things"
- **Interactions didn't feel rushed**
  - ✓ "Took time with me"
  - ✓ "Made me feel I wasn't a bother"

## Satisfied & Healthy Staff

=

## Satisfied & Healthy Patients

# UC Davis CareGram **Examples:**

- ✓ "Stephanie was just amazing. She killed it last night and just did a phenomenal job."

- ✓ "We love Maggie she is so attentive and wonderful. Actually, all the nurses are so wonderful. We love it here."

- ✓ "Your patient's mom shared that you went above and beyond and taking care of her son. She really appreciates the time you spent to explain things to them and caring way he took care of him. Thank you for providing excellent care to patients."

- ✓ "Jessica is wonderful nurse; she goes above and beyond. She's my ray of sunshine. She strikes a perfect balance between both professional and personal care. She's always on top of things and very attentive. We have been here off and on since 2010 and she is our number 1 and we mean it!"

- ✓ "Pt left the following feedback: "My care at the hospital was excellent. My nurse Jed was wonderful, He took really good care of me as did all the other doctors and nurses. Thank you!"

"I've learned that people will forget what you said, people will forget what you did, but people will never forget **how you made them feel**."

Maya Angelou

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# Closing

A colleague of mine once told me...

"

**When we gain the confidence of those we serve, every patient experience metric goes in the right direction."**

*I love that.*

# QUESTIONS

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- Use the PXE link at the end of the evaluation to claim PXE credit at the Patient Experience Institute's PXE Portal.

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# Upcoming Events & Programs

**WEBINARS**

May 23 | Ensuring Volunteer Programs Support Patient Experience Initiatives

June 6 | Dismantling Systemic Racism: Countering the Narrative of Non-Compliance

**CONNECTION CALLS/PX CHATS**

May 17 | Lost Belonging Workgroup

June 8 | Community Co-Design and Conversation: Establishing, Revitalizing and Rebuilding PFAs and PFACs

**PROGRAMS**

July 13- August 3, 2023| Foundations of Volunteer Management

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Thank you!

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