Nurse leader rounding

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Nurse leader rounding

Nurse Leader Rounding is an evidence-based best practice in which unit/department-level nurse leaders visit patients to:

- Demonstrate strong, visible leadership

- Ensure that patients' needs are met, and patients feel comfortable and safe

- Address concerns, complaints, or disappointments

- Observe and address issues with the room/space/environment

- Manage-up staff and solicit recognition/praise that can be shared with staff

When completed effectively and consistently, Nurse Leader Rounding is linked to better management of patient expectations, stronger employee engagement, improved patient experience, improved personalization and quality of care.

Research and studies:

https://www.patient-experience.org/PDFs/Effective-Nurse-Leader-Rounding.aspx

https://journals.lww.com/nursingmanagement/fulltext/2019/10000/effective_nurse_leader_rounding_improves_the.3.aspx

https://pxjournal.org/cgi/viewcontent.cgi?article=1036&context=journal

This Improvement Resource will assist nurse leaders in designing a Nurse Leader Rounding program that responds to real-world circumstances. It includes essential components of Nurse Leader Rounding programs and provides ideas to address common pitfalls. Users of this Improvement Resource are encouraged to use the *Reflection Questions* to facilitate open and creative discussions to design a program that can be owned, sustained, and enjoyed by nurse leaders.

Framework for nurse leader rounding

Bring nurse leaders together to co-design the rounding program. Involving nurse leaders in the design helps with buy-in, ownership, and accountability for rounding. The rounding framework begins with who will round and how many patients to visit:

Who will round

Expand the definition of *nurse leader* to include directors, managers, assistant directors/managers, team leaders, charge nurses, and nurse educators, so the responsibility of rounding can be shared with many leaders.

How many patients to visit

Rounding on 100% of patients every day is preferred and can be challenging. To manage workloads, nurse leaders sometimes target rounding efforts. For example:

- Round on all new admissions: Creates a great first impression. Welcome patient to the unit/department; manage expectations; ensure seamless transitions between units/departments.

- Round on patients before discharge/end of visit: Creates a memorable last impression. Make sure there is clarity on plan of care and next steps; reiterate discharge instructions; thank the patient for trusting the organization.

- Round on patients by nursing assignment: Streamlines the process of recognizing and coaching frontline nurses.

- Round on patients in need of service recovery: Least preferred, as it dis-empowers frontline staff who can own service recovery situations. Of course, RN leaders should be included in recovery efforts when needed.

Reflection

- Who can share the responsibility of rounding in your area/department on all shifts and weekends? How will rounding continue if this person is not available or off work?

- How many patients is it reasonable to round on, given the size, census, and acuity of patients for a unit/department?

- Is it necessary to have standard expectations, or can this be tailored for units/departments?

- How often will you revisit rounding expectations to be sure to connect with as many patients as possible?

Addressing pushback

The most common pushback to Nurse Leader Rounding is the argument that there isn't time to do it. To address this concern, consider setting aside protective time each day to use for rounding, eliminating meetings, or repurposing meeting time to free up time to round.

Reflection

- What additional pushback do you anticipate? How will you address the pushback and include responses in your rounding framework?

Preparing nurse leaders to round

Prepare nurse leaders to round by establishing clear expectations regarding the framework and providing the necessary education and training about rounding.

- Do not assume that nurse leaders know how to round. Use simulation centers and shadowing/coaching to help leaders become more comfortable and skilled in rounding

- If needed, share research and patient feedback to provide evidence that rounding works

- Identify rounding "superstars" who can evangelize about the benefits of rounding and support peers who need help

- Refresh on skills related to active listening, expressing empathy, conducting service recovery, and coaching teams

Reflection

- How will you ensure that nurse leaders have the skills to round effectively?

- What existing training resources can be leveraged to assist with Nurse Leader Rounding training?

Nurse Leader Rounding

Rounding is both an art and a science. The prescriptive elements of rounding include:

- Knock on the patient's door to show respect for privacy

- Let the patient see you wash your hands to alleviate concerns about cleanliness

- Sit down or get on the same level with the patient to give the impression of spending more time and being compassionate

- Introduce yourself by telling the patient your name, role, and reason for visiting. Let the patient know that you are a leader on the unit/department. For instance, say, "My name is John Smith. I am the manager on this unit. I would like to take five minutes to see how your stay with us is going."

The art of rounding involves connecting with the patient in an emotional way and getting the patient to open up without interrogating them.

Ask open-ended questions. Pick one or two of the questions below to open the conversation. It is not necessary to ask all these questions.

- "What is important to you during your stay?"

- "What can we do to make you more comfortable?"

- "What questions can I answer or find out more about for you?"

- "What can we do to improve your stay?"

- "What concerns do you have?"

Build rapport with the patient.

- Use their preferred name

- Get to know them as a human being

- Use personal belongings as cues to make small talk

- Acknowledge and include visitors in the conversation

Listen intently. Do not interrupt.

- Display positive body language, tone of voice and comfortable eye contact

- Pay attention to the person's body language and tone of voice. Respond accordingly.

- Ask probing questions to learn more or get clarity—e.g., "Tell me more about that."

- Pay attention to and acknowledge emotions—e.g., "You seem worried."

- End the conversation if the patient is not engaged

Manage-up staff

- "You're in great hands with…"

- "Whom can I recognize for providing exceptional care?"

Inquiring about PX priorities/standards of behavior: You may want to hear firsthand whether frontline nurses are adhering to patient-experience expectations and standards of behavior. Inquire by stating the expectation and asking if the expectation is being met. For instance: "Our goal is to visit you every hour to check on your pain levels and help you to the restroom if you need to go. Has your nurse, Jane, checked on you every hour?" Remember, avoid interrogating the patient or making the interaction feel like a survey.

Observing room/environment: While in the room, check for frontline nurse expectations like completed white boards, personal belongings, and call light nearby, and make sure the room is clean and clutter-free.

Conclude the conversation by thanking the patient for their time and for trusting your organization with their care. Give them your business card or phone number so patients can contact you directly if they need to.

Documenting what is learned during the round

Rounding forms or technology solutions can be used to document what is learned during the round. Both can be helpful to keep track of follow-up items and to surface recurring themes. Keep in mind:

- Documenting the round as an accountability tactic may not serve the intended purpose. Just because the round is "checked off" does not mean it was a meaningful experience for the nurse and/or patient. Quality rather than quantity of rounds is preferred.

- Avoid letting the document or technology be a barrier to connecting with patients.

Reflection

- Will you use a rounding form or technology solution? If yes, how will you align trainings so the form/technology is used appropriately during the round?

After the round

After rounding, share what you learned with staff.

- Share recognition with nurses whom patients mentioned by name

- Follow up on issues that involve other departments

- Remind team members of expectations if you find they are not being met

Circle back with patients to close the loop on outstanding items. The round is complete when the loop is closed. In addition to this one-to-one feedback, share themes in meetings and huddles to celebrate individuals (if they prefer) and reinforce expectations.

Sustaining your Nurse Leader Rounding program

Supporting nurse leaders to round, under all circumstances, is essential to engraining this practice as standard work.

- Make Nurse Leader Rounding a standing agenda item on nurse leader meetings. Create a safe space to share challenges and barriers. Do what you can to address barriers.

- Be flexible. Strike a balance between staying true to the Nurse Leader Rounding framework and adjusting the practice based on real-life circumstances.

- Strive for continuous improvement of the rounding program.

- Celebrate successes often! Recognize nurse leaders who excel at rounding. Highlight success stories in nurse leader meetings.

- While Nurse Leader Rounding has a clear impact on patient-experience scores, emphasize the qualitative feedback from surveys and comments received directly from patients during rounding. Stories are more impactful than numbers.

- Develop a process to continually monitor and assess Nurse Leader Rounding.

Reflection

- How will you hold nurses accountable for Nurse Leader Rounding?

- Can Nurse Leader Rounding be included as a required competency for promotion and raises?

- How will you ensure that new nurse leaders receive Nurse Leader Rounding training?

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