

Executive rounding

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Executive rounding

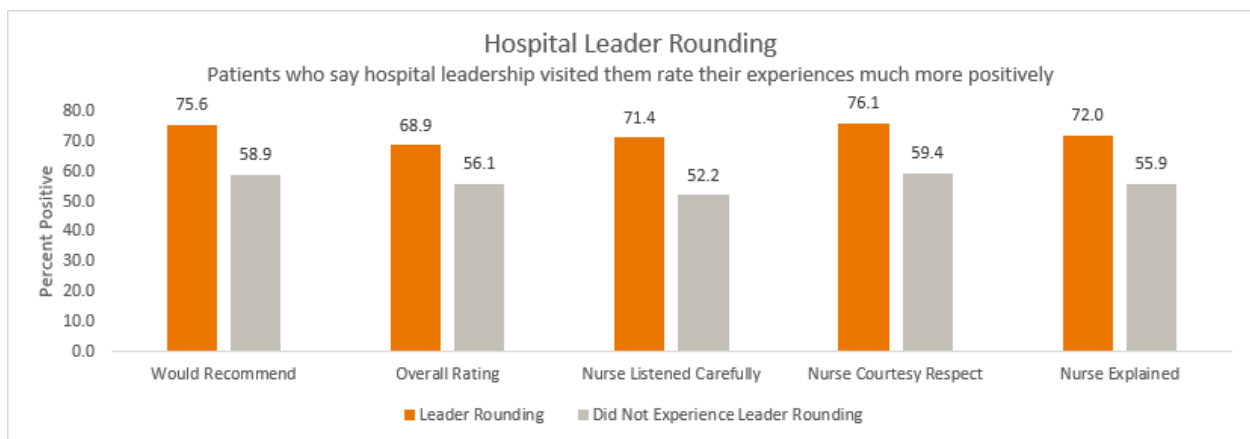
Executive rounding is a practice in which an organization's executives have purposeful conversations with patients and employees to:

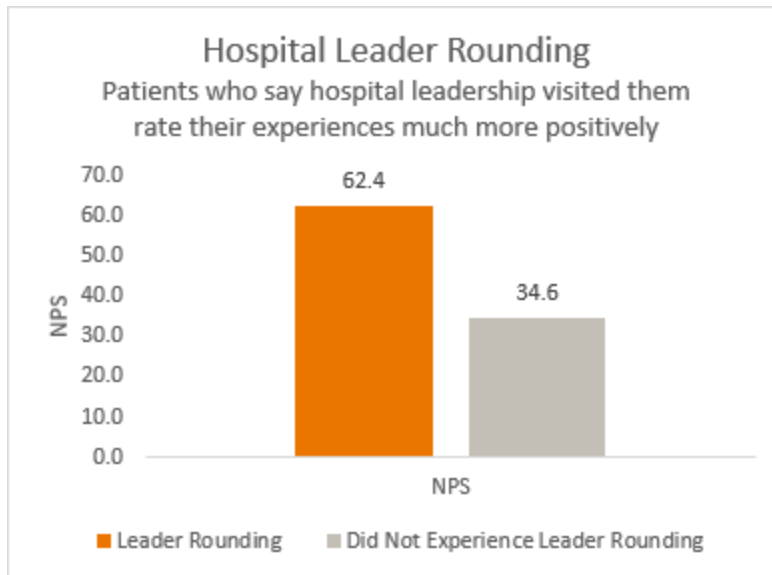
- Hear, firsthand, what matters to patients and employees
- Connect with patients and employees in a personal way
- Address patient and employee concerns
- Recognize and reward exceptional behaviors
- Role model service excellence behaviors
- Cascade messages related to the organization's priorities and goals

Many executives find rounding to be personally rewarding, as they are reminded of the organization's mission and values when interacting with patients and frontline staff. Likewise, by being accessible and approachable, leaders instill trust, which directly impacts the experience for patients and employees.

Research and studies

NRC Health's research links executive rounding to higher patient experience scores.





This Improvement Resource will help you design an executive rounding program that responds to real-world circumstances. It includes essential components of executive rounding 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 executives.

Framework for executive rounding

Assemble a cross-section of executives to co-design the executive rounding program. Involving executives in the design helps with buy-in, ownership, and accountability for rounding.

Who will round and where

C-suite leaders and vice presidents are often classified as executives. Some organizations include executive directors and directors. Clinical and non-clinical leaders at these levels should participate in executive rounding as they may not spend very much time on the frontlines. When they are regularly on the units and in departments, their visibility sends a clear message about the organization's commitment to patient and employee experiences.

Determine if executives should round in areas where they have direct responsibility. If they are familiar with the care setting, executives can strengthen relationships with employees and address patient concerns in a more seamless way. Conversely, an executive who is unfamiliar with a care setting can offer a fresh perspective and get to know another area of the organization.

Centralized versus decentralized rounding programs

A Centralized Rounding Program brings executives together to be deployed from a central location to round at a pre-determined day/time. Executives round on assigned units/departments. After rounding, executives reconvene as a group to debrief. The debrief includes real time problem resolution and recognition of employees.

An example of a Centralized Rounding structure is as follows:

- Executive rounding follows an Executive Team meeting one (1) time per month
 - Executives sign-in to track attendance/participation
- Executives are deployed to round after the Executive Team Meeting
 - Rounding pairs or teams are assigned
 - Partner clinical and non-clinical executives to ensure everyone is comfortable visiting patients
- Executives round for 30-45 minutes (as an example)
 - Allow time to reach destination and return for debriefing
 - Agree upon a reasonable number of patients and employees to visit
 - During rounds, executives escalate issues/concerns that they are unable to resolve in the moment. Likewise, executives share any kudos they hear from patients
- Executives reconvene to debrief
 - Share key findings and observations along with action items and issues that need to be addressed
 - Share recognition of frontline leaders and staff
- Issues surfaced during rounding are captured
 - Assign owners who will investigate and be accountable for resolution of issues

A Decentralized Rounding Program gives executives the flexibility to complete rounding assignments when they see fit with the requirement that rounding is completed by a specified day/time.

An example of a Decentralized Rounding structure is as follows:

- Executives receive rounding assignments with deadline, location, and partner/team

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- Agree upon a reasonable number of patients and employees to visit
 - Executives block time on calendars to round
 - During rounds, executives escalate issues/concerns that they are unable to resolve in the moment. Likewise, executives share any kudos they hear from patients.
 - Executives document and keep track of key findings and observations
 - Executives debrief during a standing meeting where all are present. Rounding must be completed prior to this meeting
 - Key findings and observations are shared
 - Frontline leaders and staff are recognized
 - Issues surfaced during rounding are captured
 - Assign owners who will investigate and be accountable for resolution of issues

There are pros and cons to centralized and decentralized rounding programs. Mainly, accountability is easier with centralized programs and flexibility to round at your convenience is a benefit of decentralized programs. You are encouraged to pursue an approach that fits best with your organization's leadership style, expectations, and culture.

Most executive rounding programs target patients. NRC Health believes rounding on employees is equally important. Employees are more likely to deliver on your organization's promise if they feel valued, heard, and appreciated by executives – this includes employees who are not patient facing. Similarly, executive rounding programs are typically executed in acute care settings. Modernize executive leader rounding by including all care settings and shifts.

Reflection

- What level of leadership will be included in your executive rounding program?
- Will a centralized or decentralized rounding program work best in your organization? Why?
- Do you have administrative support for tasks such as assigning rounding teams?
- Do your executives have the capacity to round more frequently than monthly?
- What's a reasonable number of patients and employees to round on given the size of your organization and census? Should this change by rounding cycle?
- What pushback do you anticipate from executives about the expectation to round? How will you address this pushback?
- How and when will you expand your executive rounding program to include evening/night shifts, weekends, and off-site locations?

Prepare and support executives to round

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

- Do not assume that executives know how to round. Use simulation centers and shadowing/coaching to help executives become more comfortable and skilled in rounding
 - Plan a “dry run” to practice and uncover unforeseen barriers
- As previously suggested, pair non-clinical and clinical executives to ensure that those whose roles don’t include direct patient contact are comfortable 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
- Remind executives that rounding should be done with a positive and support attitude
 - The purpose of rounding is not to “catch” employees demonstrating undesired behaviors. The purpose is to make personal connections, address concerns and recognize employees
 - Refresh on skills related to active listening, expressing empathy, conducting service recovery, managing-up and coaching teams
- Provide standard questions that help executives “break the ice” and guide conversations with patients and employees
- Develop an escalation process so executives know how to triage concerns that can’t be addressed in the moment
- Provide contact information so that executives can reach ancillary services (food services, EVS, facilities, etc.) easily and quickly
 - If using a centralized approach, have ancillary services on stand-by during rounding times so concerns can be triaged and addressed quickly

Rounding on patients and employees

Prescribing the steps of rounding can be helpful to establish clear expectations and consistency. The following steps can be used as a basis for your executive rounding program:

Rounding on patients

- Check-in with the frontline leader to identify which patients to visit and to hear the current “lay of the land”
 - Consider developing a reporting template to highlight important information and updates about the unit/department
 - Remember, executive rounding should complement frontline leadership. Executives should not disrupt or undermine frontline leaders
- Knock on patient’s door (if applicable for the care setting)
- Sanitize/wash your hands.
- Use AIDET or another communication model to start the conversation
 - Begin with a warm greeting
 - Tell your name and your role
 - Share the purpose for your visit/conversation
 - Ask if it’s a good time to talk. If patient says “no” politely end the conversation
 - Give an estimate of how long the conversation will take
 - Let the patient know how their feedback will be used. Assure the patient that information will not be used in a punitive way
 - Ask the patient’s preferred name. Use their name throughout the conversation.
- Ask 1-3 of the following questions to guide the conversation. Make sure the interaction is conversational. Use open-ended questions as much as possible.
 - How has your experience been so far?
 - What matters most to you during your stay?
 - How would you describe the interactions you’ve had with our staff?
 - What can we do to make your stay more comfortable?
 - What can we do to improve?
 - Which staff members would you like to recognize for providing exceptional, compassionate care?
- Document responses on rounding log or technology solution
- Pay attention to verbal and non-verbal cues and respond accordingly
 - It’s always okay to end the conversation if the patient seems disinterested or not engaged

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- Answer questions honestly.
 - Do not be afraid to say, “I don’t know”. Find out. Circle back with answers.
 - Don’t make promises on behalf of others or promises you can’t keep
 - Don’t make excuses
 - Share relevant information about the organization (if applicable).
 - Manage-up staff (if appropriate)
 - Thank the person for talking with you.
 - Conclude the conversation by asking if you can do anything right now to help.
 - If there are issues that can be addressed right away, let the person know what will be done. Do not over-promise or set unrealistic expectations.
 - Check-in with frontline leader before pursuing a resolution to ensure everyone is on the same page
 - Sanitize/wash your hands on your way out (if applicable for the care setting)
 - Debrief with the frontline leader
 - If there are issues, partner with the frontline leader to address. Take ownership to do what you can to help.
 - Share kudos with frontline leader and employees who were recognized

Round on employees

- Check-in with the frontline leader to identify to hear the current “lay of the land”
 - Frontline leaders may help identify a few employees to speak with and make a warm introduction
 - Consider developing a reporting template to highlight important information and updates about the unit/department
 - Remember, executive rounding should complement frontline leadership. Executives should not disrupt or undermine frontline leaders.
- Have the conversation away from patients and visitors
 - Invite the employee to talk in a quiet place, such as an open office or empty hallway if one is available.
- Use AIDET or another communication model to start the conversation

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- Begin with a warm greeting
 - Tell your name and your role (if you haven't met the employee before)
 - Share the purpose for your conversation
 - Ask if it's a good time to talk. If employee says "no" politely end the conversation
 - Give an estimate of how long the conversation will take
 - Let the employee know how their feedback will be used. Assure the employee that information will not be used in a punitive way
 - Ask the employee's preferred name. Use their name throughout the conversation.
- Ask 1-3 of the following questions to guide the conversation. Make sure the interaction is conversational. Use open-ended questions as much as possible.
 - What is working well in your area?
 - What are some team accomplishments that you are most proud of?
 - Are there any team members that I should recognize?
 - What gets in the way of you delivering an exceptional patient experience?
 - What ideas do you have for improving the patient experience in your area (in our organization)?
 - What can we do to support you and your team more successfully?
 - What questions may I answer about [organizational priorities, recent announcements, organization changes, etc.?]?
- Document responses on rounding log or technology solution
 - Pay attention to verbal and non-verbal cues and respond accordingly
 - It's always okay to end the conversation if the employee seems disinterested or not engaged
- Answer questions honestly.
 - Do not be afraid to say, "I don't know". Find out. Circle back with answers.
 - Don't make promises on behalf of others or promises you can't keep
 - Don't make excuses
- Share relevant information about the organization, such as current priorities, great news and updates
 - Thank the employee for talking with you
 - Conclude the conversation by asking if you can do anything right now to help

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- If there are issues that can be addressed right away, let the person know what will be done. Do not over-promise or set unrealistic expectations.
 - Check-in with frontline leader before pursuing a resolution to ensure everyone is on the same page
 - Debrief with the frontline leader
 - If there are issues, partner with the frontline leader to address. Take ownership to do what you can to help.
 - Share kudos with frontline leader and employees who were recognized.

Reflection

- What other steps can be added to the rounding process with patients and employees?

Rounding forms and technology

Paper forms or a technology solution can be used to capture learnings from rounding conversations and produce reports that illuminate trends. 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 executive, patient, and employee. Quality rather than quantity of rounds is preferred.

Reflection

- How will you ensure that executives have the skills to round effectively?
- How will new executives learn the expectation and skill to round effectively?
- What existing training resources can be leveraged to assist with executive leader training?
- Will you use a technology solution? If so, how will this tool be included in training?

Continuous improvement and accountability for executive rounding

Many organizations start executive rounding, then let it drop. Here are a few tips to sustain the practice:

- Make Executive Rounding a standing agenda item on executive meetings. Create a safe space to share challenges and barriers. Do what you can to address barriers.
 - Develop a process to monitor and adjust rounding based on executive’s feedback

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- Be flexible. Strike a balance between staying true to the rounding framework and adjusting the practice based on real-life circumstances.
 - Broaden the definition of executive so you have a larger pool of leaders to round
 - Round on more or less patients/employees as time permits
 - Adjust rounding schedule when needed. Remember, the rounding schedule should be reliable. Frontline leaders and staff should know when executives are rounding. They will come to expect and look forward to executive presence.
 - Celebrate successes often! Recognize executives who excel at rounding and those who are improving.
 - Constantly remind executives of the intrinsic value of rounding – It's the right thing to do
 - Invite executives share personal stories about rounding
 - Don't over-emphasize data and reporting. Executive rounding is about connecting with patients and employees, addressing concerns, and recognizing employees
 - Establish expectations for rounding without pressure to meet unrealistic goals
 - Share stories you hear from patients and employees
 - Share trends to inform process improvement initiatives
 - Determine how executives will hold themselves and their peers accountable for rounding
 - Include rounding as an executive competency
 - Align executive rounding with other expectations such as Gemba walks

Reflection

- How will you solicit executive feedback about rounding?
- What systems do you have in place to hold executives accountable for rounding?

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The Human Understanding Institute helps our partners turn aspiration into action by prioritizing what matters to patients, families, and care teams in the real world. Leveraging the breadth and depth of NRC Health datasets, our team combines expertise, experience, and evidence to generate insights that have strategic relevance to health systems and health plans, with a particular focus on human understanding and health equity. By fostering research, thought leadership, and collaboration, the Human Understanding Institute will be a catalyst for humanizing care in everyday practice.