

# Intentional Rounding

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CONTENTS

<b>Intentional Rounding</b>	<b>2</b>
<b>Getting buy-in.....</b>	<b>3</b>
<b>Who should round and when .....</b>	<b>4</b>
<b>Preparing nurses to round .....</b>	<b>5</b>
<b>Elements of Intentional Rounding .....</b>	<b>5</b>
<b>Enhance Intentional Rounding.....</b>	<b>7</b>
<b>Continuous Improvement and Accountability for Intentional Rounding .....</b>	<b>7</b>

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# Intentional Rounding

Intentional Rounding (or Purposeful Hourly Rounding) is the process in which members of the nursing team visit patients every one to two hours to perform scheduled tasks, address the patient's comfort needs and conduct an environmental assessment. Patients and members of the nursing team benefit when Intentional Rounding is done effectively and consistently.

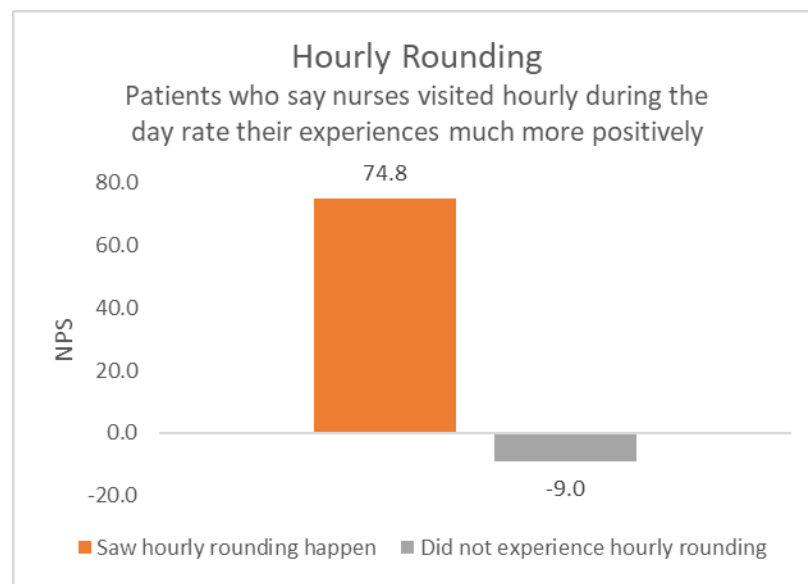
Patients report:

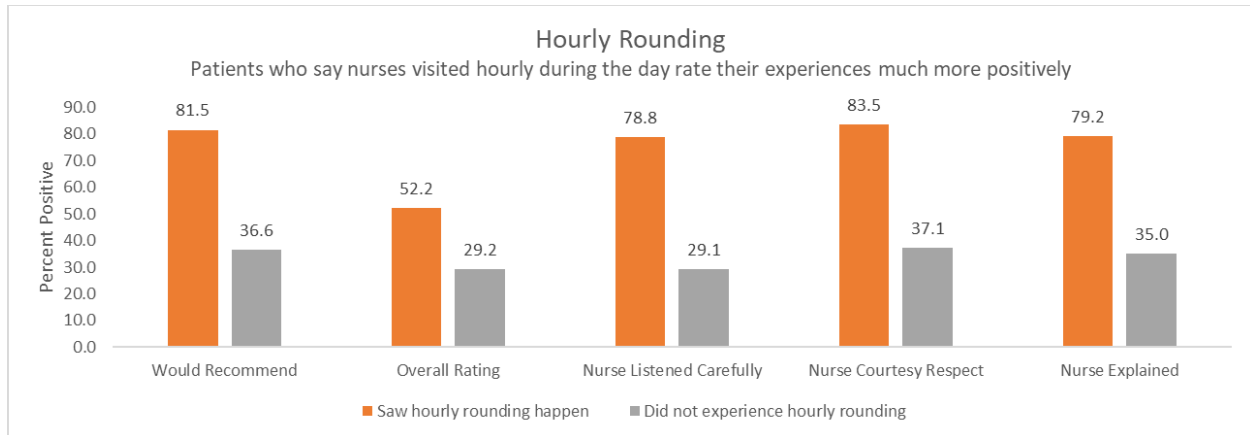
- Feeling safer, more connected to nursing staff and having a better patient experience.

Nurses report:

- Taking fewer steps during the day, delivering safe, quality care and being more efficient during their shifts.

NRC Health's research underscores the positive impact of Intentional Rounding. As illustrated below, the odds of a patient being a promoter (rating 9 or 10 on the Net Promoter Score (NPS) question) increased 7.63 times when they said a nurse visited hourly during the day throughout their stay. Additionally, when patients report a nurse visited them hourly, they rated other patient experience measures higher.





Like other evidenced-based best practices, Intentional Rounding can be difficult to sustain. Staffing challenges, ineffective rounds, and lack of accountability for rounding are common barriers to long-term success. This Improvement Resource will address these concerns and help you design an Intentional Rounding program that responds to real-world circumstances. Users of this Improvement Resource are encouraged to use the *Reflection Questions* to facilitate open and creative discussions to design a rounding program that can be owned and sustained by nursing staff. Additionally, users are encouraged to consider how rounding at a reliable cadence can be adapted for other care settings to update patients on delays and address their comfort needs no matter where patients are within your organization.

## Getting buy-in

Every member of the nursing team should be involved in Intentional Rounding. Assemble a team of nurses and nurse assistants to co-design a rounding program that is realistic for your team, while keeping patient safety and experience as the focus. Be prepared to address pushback about rounding. Sharing patient comments about waiting, needing to use the restroom, and feeling forgotten about can humanize the need for Intentional Rounding. Sharing research provides evidence that the practice benefits nurses and patients. A few resources are shared below:

- <https://player.vimeo.com/video/117823128>
- <https://www.youtube.com/watch?v=Ue1bYNR9ysc>

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- <https://www.cooleydickinson.org/2019/06/rounding-with-purpose-new-program-helps-patients-feel-safe-more-comfortable/>

## Reflection

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- What pushback about Intentional Rounding do you anticipate? How will you address this pushback?

## Who should round and when

Frontline nurses and nurse assistants should round on patients. Develop a rounding schedule that outlines when each role should round. For example, nurses round on the even hours and assistants round on odd hours.

Rounding every hour is ideal. Rounding every two hours is acceptable as well. The rounding cadence should balance staffing-levels, patient population, patient medical needs and preferences. Most agree that rounding should occur at least every two hours.

Intentional Rounding should complement other best practices. When these practices are bundled, nurses are more efficient and patient needs are addressed proactively.

For instance:

- Quiet at Night: Round between 6am and 10pm to support quiet hours and allow patients to rest at night. Of course, night rounds are encouraged when medically necessary.
- Bedside Shift Report: Changing shifts at the patient's bedside can be considered the first hourly round for the on-coming nurse.
- Communication Boards: During the Intentional Round, nurses can check to make sure the white board is updated.
- Nurse Leader and Executive Rounding: Leaders can observe for and ask patients about Intentional Rounding during leader rounds. They can also coach nurses in private and publicly praise them for Intentional Rounding done well.
- Admission Education: While familiarizing patients with their room and unit, establish expectations for Intentional Rounding – let patients and family members know that a nurse or nurse assistant will visit every one to two hours.

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Intentional Rounding is a practice typically done on inpatient units. The practice can be adapted for other care settings. For instance, in waiting rooms and exam rooms, rounds can happen every 10-15 minutes to update on delays and make sure patients are comfortable while waiting.

## Preparing nurses to round

Don't assume nurses know how to round. Make sure nurses have the skills to make rounding effective.

- Practice in simulation labs
- Nurse leaders should round with nurses and provide feedback
- 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 making personal connections with patients. These are important skills that make the rounding interaction more than a task.

### Reflection

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- How will you ensure that nurses have the skills to round effectively?
- What existing training resources can be leveraged to assist with Intentional Rounding training?

## Elements of Intentional Rounding

Below are the eight (8) elements of Intentional Rounding.

1. Use a communication framework to introduce yourself and establish expectations for the round.
  - An effective communication framework reduces anxiety by letting the patient know who you are and what will happen during the interaction. Even if it's not your first time meeting the patient or conducting a round, use the framework. You never know if the patient remembers you or the reason for the round. For example, “Hello Mrs. Smith. It's me, John, your nurse. I'm here for my hourly check to see how you are doing and if you need anything.”

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2. Perform routine tasks such as administering medications, taking vitals, checking medical equipment, and assessing risk for falls.
  3. Attend to the 4 Ps. Use the communication technique Practicing Out Loud to match your actions with your intentions.
    - **Pain:** “What is your pain level right now? I want to do everything I can to make you comfortable. What can I do to assist with pain?”
    - **Potty:** “May I assist you to the bathroom (incontinence care or empty urinal)? I have time to do that now, and I don’t want you to wait.”
    - **Position:** “May I change your position so that you are more comfortable? It’s important to reposition you to avoid getting sores on your skin.”
    - **Possessions:** “I’ll put your things (call light, tissue, water, and phone.) in front of you so they are easy to reach.”

Conduct a “call light audit” to understand the most prevalent reasons that patients use the call light. Based on the audit, determine which concerns can be addressed proactively and customize the Ps accordingly.

4. Assess other comfort needs.
  - Ask, “What else can I do to make you comfortable?”
5. Assess the environment to make sure equipment works, room is clean and clutter free and the white board is complete and updated.
6. Before leaving the room ask, “Is there anything I can do for you? I have the time.”
7. Tell the patient when you and coworkers will be back. Manage-up coworkers. Managing-up is a communication technique where care providers use statements to demonstrate the team is working together and supporting each other. These statements make patients more confident in their care.
  - Here is an example: “Your nurse assistant, Jane, will check on you in about an hour and I’ll be back an hour after that. Jane is great – she is studying to be a nurse. If there are things she can’t help you with, she’ll let me know. We work very well together.”
8. Document that the round was completed on a visible rounding log or electronic tool.
  - A rounding log helps to facilitate accountability if patients, visitors, and other care providers can see it. Keep in mind that just because the round is documented, it doesn’t mean that it was completed or that it was a quality round. Nurse leaders should also round frequently to support frontline nurses and observe them to make sure Intentional Rounding is happening.

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## Reflection

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- What other steps can be added to Intentional Rounding?
- Will you use a paper rounding log or electronic tool? If you use an electronic tool, how will nurses be trained to use the tool and incorporate it in the rounding process in a seamless way?

## Enhance Intentional Rounding

Rounding is more meaningful and memorable for patients and nurses when the behaviors listed below are used along with the elements of Intentional Rounding.

- Knock on patient's door before entering to show respect for privacy.
- Wash hands before and after the interaction so patients feel safe.
- Be fully present, use positive body language and tone of voice, orient yourself towards the patient and make comfortable eye contact. These behaviors show that you care about the patient and have time for them.
- Listen for words that indicate how the patient is doing and what they are going through. Validate their emotions with a statement to let them know that how they are feeling is legitimate. Doing so conveys empathy.
- Do what you can to address needs in the moment and involve others if assistance is needed.
- Use the patient's preferred name to personalize the interaction.
- While performing routine tasks, make appropriate small talk. Get to know that patient as a unique person. Be curious and find things you have in common. This, too, personalizes the interaction.

## Continuous Improvement and Accountability for Intentional Rounding

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



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- Make Intentional Rounding a standing agenda item for team meetings and huddles. 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 nurses' feedback
  - Be flexible. Strike a balance between staying true to the elements of Intentional Rounding and adjusting the practice based on real-life circumstances.
    - The key to rounding is to be intentional – follow the eight steps. Being intentional can be more important than visiting hourly.
  - Celebrate successes often! Recognize nurses who excel at rounding and those who are improving.
    - Constantly remind nurses of the intrinsic value of rounding – It's the right thing to do and it helps nurses, too.
    - Invite nurses to share personal stories about rounding.
  - Provide nurses timely feedback about the quality of Intentional Rounding. Also, remind nurses that Intentional Rounding helps with quality indicators like falls and pressure ulcers.
  - Use data to track the impact of Intentional Rounding. Share patient comments just as much as scores.
    - Intentional Rounding as a positive effect on Nurse Communication questions, Overall Rating, Would Recommend and Net Promoter Score.
  - Determine how nurses will hold themselves and their peers accountable for rounding
    - Include Intentional Rounding as a nursing competency
    - Include Intentional Rounding in performance reviews

## Reflection

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- How will you solicit nurses' feedback about Intentional Rounding?  
What systems do you have in place to hold nurses accountable for Intentional Rounding?

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