Implementing a Standard Process for Nurse Leader Rounding Across a Large Hospital System

Cleveland Clinic | 2013

Problem
During nurse manager interviews on units, an identified best practice for the high performing HCAHPS units was evident: Effective Nurse Manager Rounding, but successful development and implementation of a standard process across 10 hospitals and two states requires a comprehensive and collaborative approach.

Solution
The information from the unit reviews was shared with the Cleveland Clinic Nursing Institute Council, and the Office of Patient Experience facilitated a team to develop a standard process for the Cleveland Clinic enterprise. Cleveland Clinic’s Effective Nurse Leader Rounding team used the “Plan-Do-Check-Act” methodology to accomplish its objective. The team developed a consistent prior, during and post rounding process:

Prior to Nurse Leader Rounding
➢ Explain the importance/ rationale for patient rounding thoroughly to staff
➢ Make the rounding experience your own. Keep the process consistent but utilize words you are comfortable with
➢ Round with purpose. Be fully present for each patient, family member and/or visitor
➢ Use this as an opportunity to identify two focus questions for areas that need improvement
➢ Have all necessary materials with you (e.g. business cards, census, staff assignments, dry erase markers, etc.)

During Nurse Leader Rounding
➢ Greeting/Introduction
➢ Managing up staff (“You are in good hands with your nurse, ________.”)
➢ Experience care questions (“What is important to you during your stay?”)
➢ Exceptional staff recognition (“Is there anybody you would like to acknowledge that has been especially helpful?”)
➢ Thank and close – offer business card (“Is there anything else I can do for you?”)

Post Rounding
➢ Provide immediate feedback to staff. (Point out excellent behaviors or opportunities for improvement based on comments from patients/families)
➢ Report major issues to nursing director
➢ Provide ongoing feedback to staff

Several tactics and tools were employed to provide education and training, including involvement of senior leadership and two-hour workshops every other week over two months to allow the nurse leaders to network and learn from each other.

Outcomes
Better Management of Patient Expectations: the nurse manager has the opportunity to directly manage patient expectations and impact patient satisfaction

Increased Employee Engagement: Caregivers react positively to seeing leaders in their local areas. Rounding gives front-line staff members the opportunity to interact directly with nursing leaders.

Leadership recognition by caregivers and patients

Improved Quality of Care: Expected behaviors by front-line nurses are assessed daily and are immediately addressed

Contact
patientexperience@ccf.org