

Inspiring Innovation: Patient Report of Nurse Leader Rounding

Using Patient Report of Staff Behaviors to Support Improvement Efforts

Behavior change can be difficult and ongoing feedback about the process is critical for success. When instituting any new process or improvement initiative, such as nurse leader rounding, the new behavior must either be fit into the existing repertoire or be conducted in place of a prior behavior or activities. With any newly instituted process, competing priorities and new standards will create a natural tendency is to revert to what is comfortable and familiar, often at the expense of the new process. Feedback reinforces the process by demonstrating the impact and by tracking the frequency with which it is occurring.

Feedback occurs in a variety of ways. Checklists and logs are used by staff both to prompt certain activities and to document the steps that have been taken (e.g., documenting rounding on new admits within 24 hours, or tracking issues requiring patient follow-up). A peer or senior leader may directly observe the rounding process and give either immediate or delayed feedback on what was observed, also upholding compliance with expectations. Last, patients can offer valuable information regarding how care is being provided by incorporating survey questions into the ongoing measurement of patient experience. In this manner, patient report of staff behaviors can be directly tied to patient evaluations of the broader experience.

There are several important criteria to consider when selecting a behavior for patient feedback. The behavior must be something that occurs in front of the patient or has an outcome that is directly observable by the patient. The behavior should be something that the patient would typically notice if it occurs, rather than elements of the process that may not immediately salient or understood by the patient. Finally, the benefit of using patients as sources of feedback should be balanced with the burden it places on them to report on specific aspects of their care. We should not ask patients to police every element of quality so should choose wisely among those being focused on for quality improvement initiatives for which the patient feedback will be actively used and shared.

Nurse leader rounding meets the above criteria. It is an interaction that occurs with the patient and is something the patient will likely notice and will remember. Two critical insights can be gained when patients report on nurse leader rounding within the ongoing patient experience survey. First, the impact can be measured by comparing scores for patients who report experiencing leader rounding vs. those who did not. Second, the frequency with which patients recall leader rounding occurring can be tracked as a measure of the adoption rate of the intended process. Organizations can track how often the behavior is occurring, whether adoption rate of the new process is improving and which units are having success with the implementation.

Feedback to staff should focus first on the evidence supporting the impact of the behavior by showing the extent to which patient evaluations of care are higher when leader rounding occurs. This ties the process back to the shared purpose of the team, to make care better for their patients. After the impact of the behavior is demonstrated, the trend for adopting the new process can be displayed as a reflection of current progress and encouragement to maintain and increase the use of nurse leader rounding.

National Results

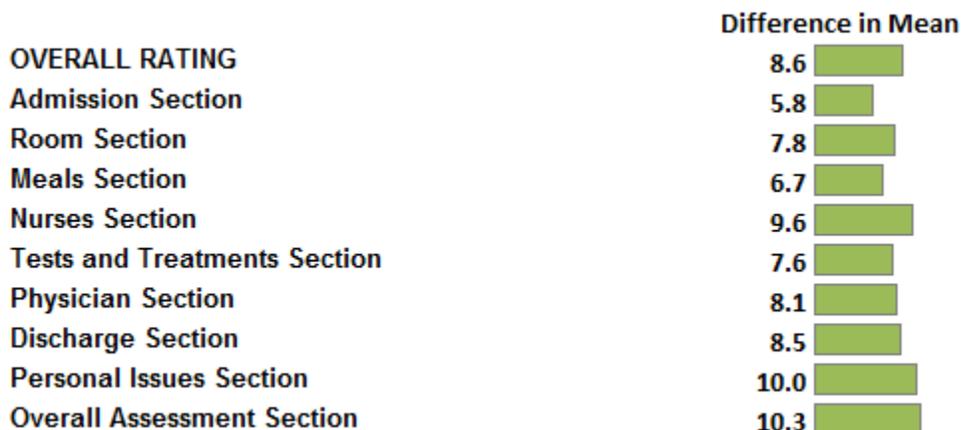
**Study
Population**

- In 2013 there were 88 Press Ganey Inpatient clients asking the following question regarding nurse leader rounding:
Did a nurse leader visit you during your stay? Yes/No

**Impact of
Behavior**

- Across those 88 client organizations, there were 137,846 patients who answered the question regarding leader rounding.
- Patients who reported being visited by a nurse leader during their stay reported higher evaluations of care in all areas across both Press Ganey measures and HCAHPS measures. All differences were statistically significant based upon independent *t*-tests (<.000). Results are displayed in the graphs below.

**Difference in Press Ganey Inpatient Survey Section Scores:
Leader Rounding Yes vs. No**



- Differences in scores for individual Press Ganey measures ranged from +5.4 to +11.7. All differences were in favor of patients who stated that leader rounding occurred.
- The Nurses, Personal Issues and Overall Assessment section of the Press Ganey survey had individual items where the benefit of leader rounding exceeded 10 points.

Press Ganey Items Most Impacted by Leader Rounding

	Difference in Mean
Nurses Section	9.6
Friendliness/courtesy of the nurses	7.8
Promptness in responding to the call button	9.9
Nurses' attitude toward your requests	9.2
Amount of attention paid to your special/ personal needs	10.3
How well the nurses kept you informed	10.7
Skill of the nurses	8.2
Personal Issues Section	10.0
Staff concern for your privacy	8.3
How well your pain was controlled	8.1
Degree to which staff addressed your emotional needs	10.6
Response to concerns/complaints made during your stay	11.7
Staff effort to include you in decisions re treatment	10.9
Overall Assessment Section	10.3
How well staff worked together to care for you	9.9
Likelihood of your recommending this hospital to others	10.6
Overall rating of care given at hospital	10.1

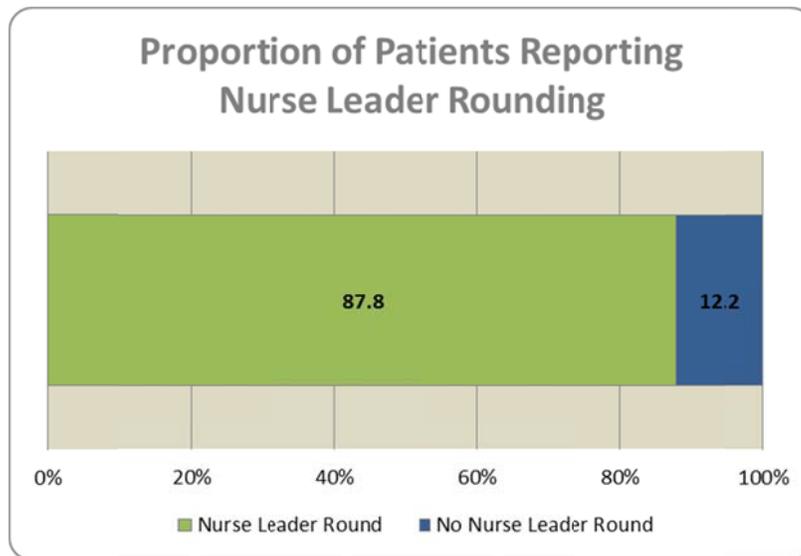
- The Press Ganey item that leader rounding had the largest impact on was: *Response to concerns and complaints made during your stay.*
- Based on the findings above, the visit from a nurse leader appears to influence the way a patient perceives nursing care in general as well as many of the more intangible attributes of care. Notably, patients perceive *Response to concerns and complaints* to be higher when they have been visited by a nurse leader. This may reflect both the opportunity to be asked about any concerns they have, the process of being listened to and the ability for a nurse leader to follow up and address the patient concerns in the moment to provide resolution.

HCAHPS Items Most Impacted by Leader Rounding

	Difference in Top Box
RN Communication	
Nurse courtesy	14.8%
Nurse listen	18.0%
Nurse explain	16.0%
Staff Responsiveness	
Response to call button	16.3%
Assistance with toileting	13.9%
Dr Communication	
Doctor courtesy	10.6%
Doctor listen	11.7%
Doctor explain	11.2%
Pain Control	
Pain controlled	12.8%
Staff do everything to help pain	15.0%
Info re New Meds	
Told what new meds were for	15.6%
Described new meds side effects	19.6%
Info re Discharge	
Asked re help needed post discharge	18.3%
Info in writing re symptoms to look for	9.7%
Transition to Home	
Staff took preferences into account	17.2%
Understand manage health	16.1%
Understand purpose of meds	14.8%
Global	
Rate hospital 0-10	21.3%
Likelihood of recommending hospital	17.6%

- Patients who experience leader rounding are more likely to offer top box ratings across all HCAHPS measures.
- The impact of leader rounding is particularly noticeable for the global items as well as the areas of nurse communication, information regarding medication and preparation for discharge and transition home.
- When pooling all patient respondents across the 88 client organizations, 87.8% of respondents indicated that a nurse leader had visited them during their stay.

Frequency of Behavior



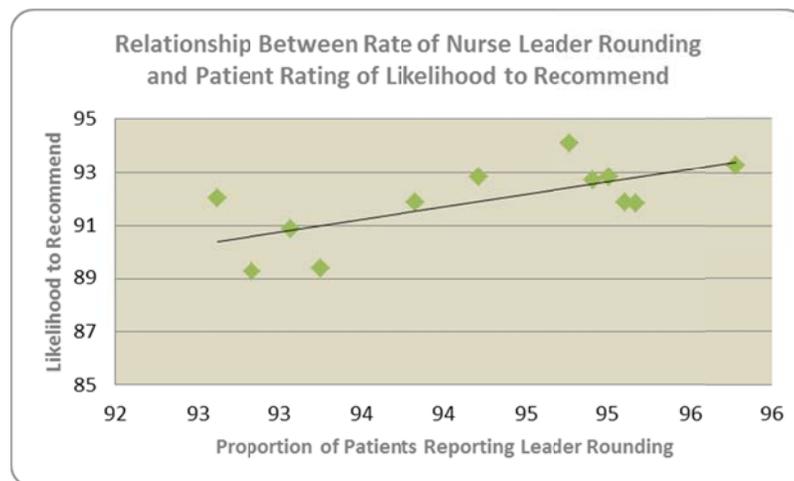
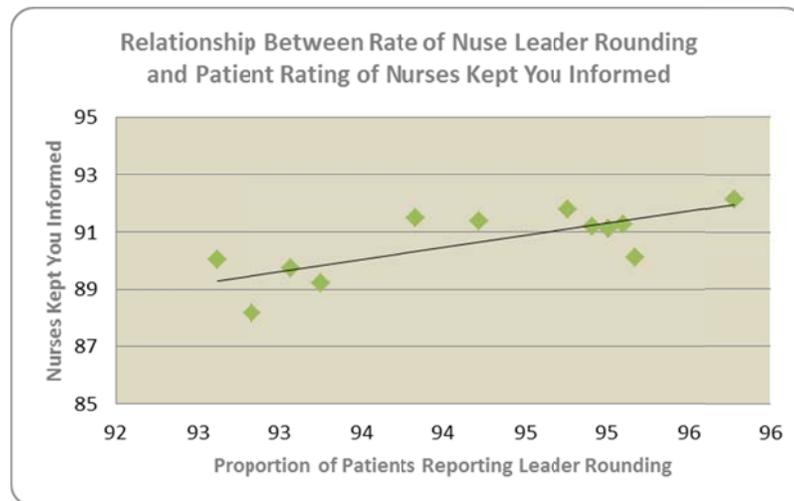
- Across the 88 hospitals in the study, the proportion of patients reporting experiencing nurse leader rounding ranged from 65.2% of patients to 98.0% of patients.

**Tracking
Improvement**

The relationship between nurse leader rounding and patient experience is complex. There is not a specific threshold or level of nurse leader rounding that guarantees an organization particular experience scores. Other organizational characteristics (e.g., size, region of the country patient mix) and improvement initiatives (e.g., hourly rounding, bed-side shift report) contribute to explaining organizational performance.

However, tracking the relationship between nurse leader rounding and patient experience scores within a single organization demonstrates the positive relationship. A single organization was selected from the national study based only on the criteria of having the largest total number of patients answering the question regarding nurse leader rounding ($n=6360$). Monthly performance on the rate of nurse leader rounding and patient experience measures were calculated. Although correlations can be difficult to detect with just 12 data points (monthly scores for the year 2013), correlations between nurse leader rounding and evaluations of care were high.

For example, nurse leader rounding was correlated with patients' evaluations of nurses keeping them informed at .74 and with patients' likelihood of recommending the hospital at .68. The scatter plots on the following page reveal that even though this organization had very high adoption of nurse leader rounding across the entire year, months with higher rates of nurse leader rounding were more likely to have higher patient evaluations of care.



Summary

- Using patient report of staff behaviors can be an effective means of tracking feedback regarding the implementation of new behaviors and processes.
- When patients report that a nurse leader visited them during their stay, their evaluations of care are more positive at a statistically significant level.
- Organizations that are tracking patient report of leader rounding vary considerably in terms of the proportion of patients who report that leader rounding is occurring.
- Within an organization, the proportion of patients who report experiencing leader rounding is positively correlated with patient evaluations of care—the more often leader rounding occurs, the more positive patients are about their care experiences and their likelihood to recommend.

Innovation Stories are intended to highlight case studies and examples of organizations successfully applying a quality improvement strategy to innovate and improve. This Innovation Story demonstrates the effectiveness of using patient report of staff behaviors to support improvement initiatives.