Take rounding to the next level to improve patient satisfaction, outcomes and loyalty

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SUMMARY

Rounding, the process of visiting patients and families at the bedside, serves many functions within a healthcare organization and has several documented successes, including improved patient safety, enhanced patient experience, better medical outcomes and staff efficiencies. Existing rounding approaches, such as “the 4 Ps model” (checking on Pain, Position, Potty, and Possessions), have demonstrated improvements in these parameters. However, further refinements to rounding structures, including heightened attention to patient communication, engagement, and needs assessment — together with the integration of “caring rounding” into the clinical workflow — promise to take rounding to the next level. Such a step up in the sophistication of the rounding model should result in enhanced staff responsiveness, additional patient experience and outcome improvements, and ultimately to market differentiation, patient loyalty, and ensuring higher hospital profitability. Further enhancements incorporate newer information technology solutions that optimize rounding’s impact while ensuring system-wide performance and quality.

THE EVOLUTION OF ROUNDING

The process of regular rounding has many documented successes, particularly in the areas of patient experience and safety.1 The current gold standard structure of rounding is the 4 Ps model, in which a checklist of questions are asked of patients and families regarding the patient’s pain level (e.g., “Are you feeling better or worse?”), the patient’s position (“What can we do to make you more comfortable?”), the patient’s potty visits (“Are you able to get yourself to the restroom?”) and the patient’s possessions (“Can you reach everything, or do you need assistance?”). Adherence to a 4 Ps approach has been proven, in particular, to reduce decubitus ulcers and patient falls.2

However, all too often, these models are given to staff without context for the goals or impact they can have on patient care and clinical workflow, so the practice becomes just another task on the already overflowing “to-do list.” To take rounding to the next level — for the maximum positive impact upon patient loyalty, quality of care, market differentiation, and lasting growth — improvements must come in two major areas: “caring rounds” and technology solutions for capturing and optimally utilizing rounding information.

CARING ROUNDS: GOING BEYOND THE CHECKLIST

When done effectively, the rounding process has been proven to enhance responsiveness, build teamwork, and increase communication — all key drivers of the optimal patient and staff experience. The most successful multi-pronged rounding programs should strive, most importantly, to:

1. Proactively address patient and family concerns.
2. Reduce call light utilization and increase responsiveness.
3. Address patient pain, cleanliness, and safety issues.
4. Improve nursing communication.
5. Elevate quality of care.
6. Build patient, family, and staff relationships.

“With our paper-based rounding, there was a lack of clarity about what information should be captured, limited accountability, and no way to track and trend data.”

Sue Murphy, RN, BSN, MS, Executive Director of Clinical Experience and Patient Education, University of Chicago
To drive adoption and ensure sustainability, most organizations include staff training, communication protocols, standard processes, and ongoing management tools to create enterprise-wide consistency and continuity. Rounding leaders should engage stakeholders as active participants in discussion, aiming to uncover the key components to support healing or create a better working environment.

Regardless of the specific staff assigned to rounding tasks, driving the kind of experience and outcome improvements that lead to lasting growth and loyalty involves approaching rounding with authenticity and an eye toward addressing patient needs and goals. Driving authenticity and allowing the human connections that create differentiation means that the program must embrace a degree of flexibility. Rather than rounding simply by using a standard checklist, the most successful organizations provide guidance and elicit constructive feedback both during the institution of rounding and during rounding itself. In addition, organizations should work diligently to recondition team members for a sense of purpose and create connections with the patients and families they serve.

“Caring rounds” involves these seven principles for caring and human connection in care delivery:

1. Ask open-ended questions: “What is your understanding of the plan for your care?”
2. Address concerns: “What are your greatest fears or concerns about your hospitalization or visit?”
3. Demonstrate empathy: “That must be difficult for you.”
4. Confirm understanding (e.g., teach back): Repeat what you heard; verify understanding.
5. Level-set expectations: Explain actions to be taken and next steps, including when you hope to have resolution.
6. Remain authentic and present: When engaging stakeholders in dialogue, it is critical to provide your undivided attention. In the moment, you must remain engaged and refrain from passing judgment.
7. Follow-through: Inform patients and families that you or a team member will be back in an hour to ensure all is well and provide available updates.

FOUR STAFFING MODELS FOR ROUNDING

Rounding can be performed by executive leaders, nurse leaders, multi-disciplinary teams, nurses, environmental services, and other clinical and support groups. While no one staffing model is preferable for rounding, but rather is best determined by the particular healthcare organization’s structure and patient profile, it often makes sense to start with executive and nurse leadership rounds to model the behavior and determine the best approach for frontline rounds. Furthermore, organizations would be wise to evaluate the possible benefits of alternative staffing models, such as initiating service rounds as a way to leverage non-clinical staff to pro-actively address patient needs.

Before implementing major changes to a rounding program, organizations should strongly consider beginning with a pilot program — first choosing a unit with strong leadership, identifying champions on the unit who will help lead the change, and inviting experienced clinical leaders to help communicate value to the new unit.
NEW TECHNOLOGY SOLUTIONS FOR OPTIMAL ROUNING IMPACT

One of the greatest barriers to a successful rounding program is that often it feels like just another task on staff members’ already overflowing “to-do lists.” However, evidence suggests that integrating rounding into clinical workflow can actually reduce steps, time, and interruptions to the care team.4

Beyond checklists and discussion guides, organizations should consider a variety of tools to reinforce and manage the practice of rounding. Optimally, the organization will integrate its rounding practice by incorporating technology solutions for capturing rounding information in real time on an iPad or iTouch device, helping to:

- Streamline and manage daily rounding.
- Flag patients for future executive follow-up.
- Review history of all prior rounds by patient, unit or caregiver.
- Capture patient’s needs/concerns in real-time, providing opportunity for proactive service recovery.
- Automate patient service requests to other team members or departments.
- Enable purposeful care callbacks to patients post-discharge or after visit.

In conclusion, the most successful healthcare organizations will marry multi-pronged rounding models with advanced information integration tools to yield optimal patient and staff experience and improved outcomes.
ABOUT VOCERA

Vocera empowers integrated, intelligent communication in healthcare, hospitality, energy and other mission-critical mobile environments. Vocera is widely recognized for developing smarter ways to communicate that improve patient and customer satisfaction with the Vocera Communication and Care Experience solutions. Vocera provides technology innovations and thought leadership that humanize healthcare for patients, families and care teams and improve customer experience in more than 1,200 organizations worldwide. Vocera is headquartered in San Jose, Calif., with offices in San Francisco, Tennessee, Canada, India and the United Kingdom.

* Vocera Customer Biography
Debra Albert, MSN, MBS, RN, NEA-BC, Senior Vice President, Patient Care Services, University of Chicago Medicine, provided valuable information for the case study.

REFERENCES:
