

Rounding for Outcomes:

HOW TO INCREASE EMPLOYEE RETENTION AND DRIVE HIGHER PATIENT SATISFACTION

Most employees do not leave an organization because of pay or benefits — or even because they want to leave the healthcare industry. Too often, employees leave their organization because they have a poor relationship with their supervisor. Staff members are looking for an approachable leader who shows appreciation and efficiency while offering opportunities for professional development..

Understanding what employees want and how to give it to them — or explaining why it cannot be provided — has never been more important. Workforce shortages are a long-term issue in healthcare. As the healthcare industry struggles with shortages, the most important way that executives can boost satisfaction for key groups such as nurses is to provide [support to adapt to organizational change](#).

Consistent and structured rounding on employees, physicians or other clinicians, and consumers helps build relationships that can result in improved engagement, loyalty and satisfaction. This practice of rounding for outcomes helps employees feel they have purpose, are doing worthwhile work and are making a difference. The result of this improved

engagement is greater employee satisfaction and loyalty, and it ultimately helps [attract and retain high-performing employees](#).

Just as rounding for outcomes has a positive impact on staff, rounding on patients also improves clinical outcomes, promotes patient safety, increases efficiency, raises patient satisfaction and decreases length of stay.

What Is Rounding for Outcomes?

Rounding for outcomes is the consistent practice of asking specific questions of key stakeholders — leaders, employees, physicians and patients — to obtain actionable information. Just as physicians round on patients, senior leaders can round in their divisions, unit leaders can round on their staff, leaders can round on ancillary departments they serve, and nurse leaders can round on patients or direct reports.

Questions asked during rounding have several goals:

- Build relationships (e.g., “How is your family?” “Did your daughter graduate last week?”).
- Harvest “wins” to learn what is going well, what is working and who has been helpful (e.g., “Are there any physicians I need to recognize today?”).
- Identify process improvement areas (e.g., “What systems can be working better?”).

- Repair and monitor systems to ensure chronic issues have been resolved (e.g., “Do you have the tools and equipment to do your job?” or even more specifically: “How long did it take you to find an IV pump today?”).
- Ensure that key behavior standards in the organization are “hardwired” (or being consistently executed) to reward those who are following the standards and coach those who are not.

Relationship-building questions during rounding build communication at all levels of an organization because they demonstrate to employees that leaders care about them as people — one of the top indicators of a strong workplace.

Because employees tend to notice what is wrong or not working well — instead of what is right and working well — it is particularly important to build in processes that include asking questions that look for positive experiences.

Rounding provides an opportunity for leaders to collect and pass on recognition for clinicians and staff who have been helpful. This in turn creates increasing momentum for better service, higher retention and improved quality, all of which can lead to stronger financials and growth. Rounding also validates that key behaviors that promote a safe environment for patients are hardwired in the organization.

Desired behaviors for patient safety require consistent practice by all members of the healthcare team to be effective in preventing medical errors. Rounding on patients to validate that these practices have occurred — and then rewarding and recognizing the people who demonstrate these behaviors — helps drive consistent practice.

Identifying areas for process improvement (and consistent follow-up) demonstrates to employees that their leaders are leading by example and that they are committed to providing the tools and equipment to do the job in the most efficient way possible. For example, in an inpatient setting, hospital employees often spend their valuable time doing wasteful work, including inefficient shift-to-

shift or departmental reports, locating equipment, and completing multiple forms for the same task. By identifying and preventing employee frustrations and delays, organizations increase staff productivity and communication, providing a quick return on investment by reducing inefficiencies.

It is [critical that rounding is supported by tools and technology](#) that make the process convenient and efficient for clinicians and employees. By aggregating rounding data into one location, leaders and clinicians can make data-driven decisions that not only drive patient safety but improve the overall experience for patients and employees.

The Different Goals of Rounding

1. **Senior leader rounding:** Senior leaders round throughout the organization to support the unit leader and model positive behaviors for employees.
2. **Unit leader rounding:** Unit leaders round on staff to better develop relationships, find out what is working well and address concerns about tools and systems.
3. **Support service rounding:** Unit leaders round in the areas they serve to clarify expectations, celebrate accomplishments, identify what still needs attention and build strong interdepartmental alliances.
4. **Rounding on patients:** Nurses, clinicians and ancillary staff round to ensure patients’ comfort, safety and satisfaction. They also round to keep patients and their families informed and to harvest reward and recognition for what is going well.

Rounding for Higher Patient Satisfaction

Receiving quality clinical care is a baseline expectation for patients. Recent Huron [research](#) shows that patients do not want to feel like they are just another number.

Rounding is a powerful way to shape the experience for patients and increase patient perception of care. Examples of rounding in action include:

- **Focusing on positive experiences.** Instead of focusing on the negative by saying “Are you having any problems?” say “We want to ensure you get very good care here today. Please let me know if there is anything you need. I have time.”
- **Building trust by introducing staff skill sets.** Help patients understand the quality of the care they are receiving by introducing staff skill sets and “managing up” physicians. Trust might be built by saying “Hello Mr. Johnson. I’m Tina Smith, your phlebotomist. I want you to know that I’ve performed this procedure 50 times a day for the past 10 years and have been specially trained here at this facility.” Or: “I see Dr. Johnson is your cardiologist. You’re so fortunate. He is one of our very best.”
- **Asking for positive feedback.** Ask the patient for names of staff members who have been helpful to them so you can collect and deliver these compliments personally. By asking “Is there anyone I might recognize who did a good job for you?” leaders can assist in creating positive perceptions of care for patients.
- **Set expectations.** Tell patients during rounding when you will return and then do so. An excellent visual cue for service and quality is a clock face. Draw on a white board in patient rooms indicating when you will return. This is particularly key for patient pain management. Effective rounding on patients will decrease call lights significantly, creating more time for staff to deal with real emergencies.

Key Takeaways

To use rounding for outcomes to drive higher patient and employee satisfaction, leaders must:

Think differently.

Understand how to ask specific questions to build relationships and obtain actionable information from patients and staff.

Plan differently.

Use tools and technology to ensure rounding is convenient and efficient for clinicians and employees, enabling them to make data-driven decisions.

Act differently.

Shift your organization’s view of care delivery from baseline clinical care to comprehensive, relationship-building care to improve the patient experience and employee engagement.



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