



Influencing Performance Through Leader Rounding

Rounding, supported by technology to ensure consistency and quality of the round, helped improve staff engagement and patient experience.

Challenge

A 450-bed acute care hospital in Texas worked together with Huron to improve its patient experience as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The team compared two patient rounding data elements, rounding quantity and length of round to the hospital's performance within the HCAHPS domains of overall rating, nurse communication, doctor communication and staff responsiveness.

Approach

A systematic approach to improving HCAHPS scores must include a focus on the engagement of staff and patients and a mechanism to validate staff behaviors. Rounding, supported by technology to ensure consistency and quality of the round, is one such approach.

Over the course of two years, the Texas hospital averaged 2,500 patient rounds per month utilizing rounding technology. Senior leadership led the initiative, reinforcing the importance of rounding with patients to drive positive patient experience outcomes. A correlation was identified between quality of patient rounds and HCAHPS performance; the same trend was evident regarding leader rounding on staff and HCAHPS performance.

Quality of patient encounters improved experience.

Focusing on nurse engagement was critical to improving patient experience. The quality and length of the interaction mattered more to patients than the quantity of interactions. When comparing the bottom quartile of HCAHPS results with the top quartile, there was no

Results

45 extra seconds spent with a patient equated to a **3.4-point increase** in average HCAHPS hospital rating

correlation between quantity of rounds and HCAHPS performance. Rather, the length of the round was most impactful. Less-engaged, lower-performing nurses spent an average of two minutes conducting their rounds, while top performers spent an additional 30 to 60 seconds with patients, resulting in increased HCAHPS performance.

Forty-five extra seconds spent with a patient equated to an average HCAHPS hospital rating increase of more than 3.4 points.

Leaders prioritized rounding to engage employees

and drive results. Leader rounding on staff provided a framework to assess staff needs such as whether they had the tools and equipment to do their jobs. Rounding also provided regular check-ins to address behavioral issues and capture opportunities for employee recognition. Following leader rounding months, HCAHPS performance improved. As leader rounds on staff declined, so did HCAHPS performance. In the following months, leader rounding on staff was rejuvenated and accompanied by leader validation rounds. Validation rounds were completed by leaders and focused on patient responses regarding nursing behaviors. An increase in HCAHPS performance immediately followed this new focus.