Today in the emergency department, most of what we do in caring for our patients involves evidence-based clinical practices. Yet, the consistent use of evidence-based leadership practices is far less common. This series considers 3 foundational evidence-based leadership tactics that have been time-tested and proven to deliver strong service, clinical, and operational results in hundreds of emergency departments when used consistently. They are rounding for outcomes, discharge phone calls, and bedside shift report. This month, rounding for outcomes will be addressed.

What Is Rounding for Outcomes?

Rounding for outcomes is the consistent practice of asking specific questions one-on-one of staff and patients to obtain actionable information. There are 3 main types of foundational rounding in the emergency department: (1) leader rounding on staff, (2) leader rounding on patients, and (3) rounding in the reception area.

In each case the goal of rounding for outcomes is to build relationships, learn what is working well, harvest “wins,” identify areas for process improvement, repair and monitor systems, and ensure staff have the tools and equipment to do their jobs safely each day. Because it achieves all this, it is a foundational strategy—and the first tactic to implement—as you work to remove barriers to an excellent ED experience.

Leader Rounding on Staff Reduces Turnover

In my experience, leader rounding on staff is the single best way to raise nurse satisfaction and loyalty and, ultimately, attract and retain high-performing nurses. It helps employees feel they have purpose, feel worthwhile work, and feel they are making a difference. The number one reason we round on our staff is to build the relationship between the supervisor or manager and the employee. Leader rounding reduces employee turnover. That is because the number one reason employees leave an organization is because they have a poor relationship with their supervisor (based on data from comparable hospitals).1 Because happy employees lead to happy physicians and patients, it is the number one action you can take to raise employee, physician, and patient satisfaction and the first type of rounding to implement.

Ask the following: What is working well today? Is there anyone I should recognize for doing great work? Are there any systems or processes that need improvement today? Do you have the tools and equipment you need to take care of patients safely today? Is there anything I can help you with right now?

Consistent leader rounding improves nurse retention. Consider this: If you reduce RN turnover from 20% to 10% in a staff of 50 RNs at a cost of $60,000 per RN, the additional 5 RNs you retain will save your emergency department replacement costs of $300,000. One Ohio-based system reduced ED turnover from 10.8% to 8.9% in a year through employee rounding (and sending employees hand-written thank-you notes), for a savings of $720,000. Track your savings by using the actual average RN salary at your organization.

Leader Rounding on Patients Improves Quality of Care

Once leaders are consistently rounding on staff, they should begin rounding on patients as quickly as possible or at least within 90 days. The purpose of leader rounding on patients is to ensure we are delivering safe, high-quality care to the patient; harvest reward and recognition for our staff; and identify trends and opportunities for improvement. Leader
rounding on patients also validates that staff is executing the behaviors that we have asked them to do to improve the patient experience and address patient priorities. Each interaction should take no more than 3 to 5 minutes.

The goal is to drill down on pain, plan of care, and duration, which are top priorities for patients. Be sure to introduce yourself and include specific questions about pain (e.g., “Our goal is to make sure we are managing your pain well. Are the nurses asking you to rate your pain on a 1 to 10 scale?”) and plan of care (e.g., “We also want to keep you informed during your visit. Has the nurse or physician updated you on your plan of care and what will happen next?”). Ask if there is anyone who has been particularly helpful to the patient that you can recognize. Close with the following: “Do you have any questions I can answer for you?” “Is there anything else I can do for you before I go?”

When you leave the patient, give the staff immediate feedback and close the loop by complimenting the employee that the patient named. Then coach staff to hardwire new behaviors. Document your findings and intended follow-up actions on a “rounding log” to ensure long-term success with rounding (Figure).

What do patients think about leader rounding? One Arizona hospital increased patient satisfaction from the 16th to the 78th percentile in just 5 months after hardwiring leader rounding on patients.

Rounding in the Reception Area Reduces Left-Without-Seen Patients

While leaders round on patients in a leadership role, staff can help round in the reception area of the emergency department. Rounding in the reception area reduces patient anxiety and increases confidence by assuring patients that it is safe to wait. As a result, the practice commonly reduces the number of patients who leave without being seen. The average emergency department loses at least 2% of patients—and revenue—because patients choose to leave before being treated. If we can keep just 2 to 3 extra billable patients—who would otherwise leave without treatment—each day for a year, that adds an additional $219,000 to $328,500 to your organization’s bottom line. (Note: This assumes an average reimbursement rate of $300 per treat-and-release ED patient).

Once you begin rounding consistently in the reception area, you and your patients will enjoy a quieter and calmer environment where patients are better prepared to receive care. In addition, your staff will enjoy a less hostile working environment with fewer interruptions.

When we round in the ED reception area, our goals are to (1) show care and concern for patients, (2) keep patients informed about delays, and (3) reassess a patient’s status to ensure safe clinical outcomes (which supports the emergency department’s ability to meet The Joint Commission’s standards regarding timely reassessment of patients), and (4) improve patient satisfaction. Patients and families are more willing to wait if they receive hourly updates. They feel more comfortable and less anxious if they know we have not forgotten about them.

How it Works

While the triage nurse owns the process, emergency departments use charge nurses, registration clerks, security, chaplains, case managers, ancillary staff from other departments (such as radiology), and even senior leaders to help round in the reception area. Studer Group (Gulf Breeze, FL) recommends you track rounding in the reception area on a 24-hour log to identify trends or gaps in staff ability to complete rounds.

A Final Tip

Any rounding is better than no rounding! Do not let lack of time or unfamiliarity with the process deter you from...
rounding. Consider this question from a patient at 1 emergency department that recently began rounding: “What is going on around here?” she asked. “From the time I hit the door, the staff introduced themselves, explained what the plan was for my care, and told me when the tests would be back!”

Doesn’t every patient deserve this experience?

REFERENCE

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