# STUDER GROUP TOOLKIT: LEADER ROUNDING ON EMPLOYEES

A guide for leader rounding on employees in all healthcare settings.

StuderGroup®

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|---|---|
| LRE I1 | The Single Most Powerful Tactic for Creating Physician Engagement (and Three Ways to Make It Work Even Better), Julie Kennedy, Studer Group Coach |

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**LRE1:  GUIDELINES AND KEY WORDS (PAGE 1 OF 5)**

➡ <u>**Why and How**</u>

Most employees do not leave an organization because of pay or benefits—or even because they want to leave the healthcare industry. The number one reason they leave—39 percent of employees—is because they have a poor relationship with their supervisor.  A proven way to stay on top of what employees really want and need is a tactic called "rounding."

Rounding is not a new idea in healthcare; it is a tactic that physicians have traditionally used to check on patients. The same methods can be used to check on the status of employees. Rounding equates to gathering information in a structured way. It is proactive, not reactive. It is a way to get a handle on problems before they occur and to reinforce positive and profitable behaviors. Best of all, it is an efficient system that yields maximum return on the time leaders invest in performing the task (or ROI – return on investment).

Rounding involves a leader taking time each day to touch base with employees, make a personal connection, find out what is going well, and determine what improvements can be made. Quite simply, it is a way to efficiently gather the information you need to do your job and do it well.

When done properly, rounding is much more than surface "face time" put in by leaders. It is meaningful. And it is the heart and soul of what Studer Group® calls "Evidence-Based Leadership$^{SM}$"—a term inspired by another healthcare concept, evidence-based medicine. The "evidence"  is the data collected from study after study that aim to determine what people really want and need from their leaders.

Listed below are five critical things employees want from a leader, along with an explanation of how rounding helps accomplish them:

1.  <u>Employees want a leader who cares about and values them</u>. The number one reason people leave their jobs is because they feel they are not valued. Even more, people do not leave their "team"—they leave their direct supervisor. Taking the time every day to make a human connection with employees—and to really listen and respond to their needs—counteracts that perception. "When you round properly, you automatically build strong relationships with all of your employees," says Quint Studer. "It just happens naturally."

2.  <u>Employees want systems that work and the tools and equipment to do the job.</u> A major part of job satisfaction centers on employees being able to perform the duties to do their job.  Companies often experience equipment breakdowns that stymie and frustrate employees. In some cases, people have complained amongst themselves for years about inefficient systems and processes. Rounding solves these problems and gives productivity a boost.

    "When you ask people, 'Do you have the tools and equipment you need to do your job today?' and they say 'yes,' it's a win for everyone," Studer explains. "If they say no, you can fix the problem and turn it into a win."

3.  <u>Employees want opportunities for professional development.</u> Rounding is a natural avenue for discovering whose skill sets need improvement and for initiating professional development discussions. When making daily

**LRE1: GUIDELINES AND KEY WORDS (PAGE 2 OF 5)**

rounds, it is easy enough to suggest training to someone who clearly needs it, or to ask one employee to mentor another. Professional development does not have to happen in a formal classroom setting. Rounding also provides many opportunities to help high performers move to an even higher level. Consider using the phrase, "We want to keep you in our organization and are committed to helping you excel personally and professionally. Is there any training that you feel might be helpful for you?"

4. <u>Employees want to be recognized and rewarded for doing a good job</u>. A big part of the rounding process involves asking people who among their peers is demonstrating exceptional performance—and then passing the compliments on. It is a brilliant way to build morale, as praise from one's peers is probably the most meaningful kind. It makes an employee feel great when a leader says, "Carla told me you did an outstanding job getting the marketing report together last week." It makes the employee feel good about Carla for recognizing her hard work and it makes her feel good about her leader for sharing the information. It builds an emotional bank account that is invaluable for productivity and morale.

5. <u>Employees do not want to work with low performers.</u> Nothing makes employees as discouraged and resentful as having to co-exist with people who do not pull their own weight. In fact, low performers usually drive high performers right out the door. Rounding solves this problem naturally. When a leader is in touch with all employees on a daily basis, it does not take long for them to deduce which employees are slacking off or making life difficult for everyone else. Once low performers are identified, a leader has a choice to develop them or move them out. It is not an easy task, but it is absolutely necessary.

As powerful as rounding is, it cannot succeed in a vacuum and must become part of the organization's culture. Rounding skills must be standardized, and the process must be taught and hardwired with all leaders at the organization.

**Rounding on Physicians:**

When physicians are members of an organization (whether employed or with privileges), research shows they desire four specific drivers to increase their engagement.

1. Quality – Physicians want to know their patients are receiving quality care and very good service.
2. Efficiency – Physicians can lose 30 minutes a day if the lab, radiology, or surgery department is inefficient or if a nurse is not prepared when calling them.
3. Input – Ask physicians where they feel the organization should focus to make things run better.
4. Appreciation – Physicians value a "thank you" and acknowledgment when things are going well.

Further, a survey conducted in 2012 highlights that a key indicator of physician retention is "cultural fit" within an organization. In fact, 77 percent of surveyed physicians agree that organizational culture influences their job satisfaction, 62 percent report that cultural fit influences their decision to accept a job, and nearly half (49 percent) cite that a lack of cultural fit has prompted them to leave a practice (Physician Wellness Services and Cejka Search Organizational Culture Survey, 2012).

Rounding on physicians addresses the drivers of physician engagement and retention. The skill and tactic of rounding on physicians is very similar to rounding on other employees, but the schedule and format differ. The process is also modified depending on whether the physician is a colleague or direct report (the tone and purpose differ). Because

**LRE1: GUIDELINES AND KEY WORDS (PAGE 3 OF 5)**

rounding on patients for clinical quality is hardwired in most physicians, when a physician leader understands that rounding on their colleague and/or direct report produces quality results like increased engagement and satisfaction, they understand its purpose. Rounding gives physician colleagues and direct reports an avenue to have their input systematically heard and processed.

Further, the person responsible for rounding differs depending on the employment status of the physician being rounded on. If the physician is employed by the organization, then a physician leader rounds on them. If the physician is not employed by the organization, but refers patients, etc., then a physician champion identified and trained to round by the organization (because of their commitment and loyalty to organization) may be chosen to round on them as a colleague.

*For more information about the selection, training, and purpose of a physician champion, please refer to the Physician Collaboration Toolkit.*

*Rounding tools specific to physician leader rounding on physicians can be found at the end of this toolkit (LRE9-LRE11).*

➡️ **Key Words:**

- What is working well for you today?
  - Note: This question can be modified to suit the situation. (i.e. "What's working well since I last rounded on you/since the last time you worked/in the last month.")

- Is there a care provider I can recognize and why?

- Is there a physician I can recognize and why?

- Do you have the tools, equipment, and information needed to do your job/take care of patients today?

- Are there any systems you want to improve? Do you have any ideas to fix them?

- Are there any quality or safety issues to discuss? Ideas?

- Patient Experience/CAHPS/what have you done this past week/ month to impact patient experience? (Discuss focus, ratings, ideas, etc.)

- Tough Questions: Discuss any tough questions you need to address or have heard while rounding.

- Align to employee engagement survey: During opening or closing of rounds, you can align to employee engagement survey opportunities.
  - Example: If the leader's results on "include you in decisions regarding the unit" are low, then the leader might say, "Sara, I would like to round on you. This is a perfect time for me to hear your thoughts so you feel included in the operations of our unit."

➡️ **Key Actions:**

- Develop training program for all leaders, including physician leaders, to provide information and interactive practice for rounding on care providers in their own areas.

- Develop rounding logs using Studer Group® models of best practice, including questions of particular organization and/or departmental impact. Questions should trigger responses that will harvest the information of the employee:

  - Relationship – What did I learn about this person?

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**LRE1:  GUIDELINES AND KEY WORDS (PAGE 4 OF 5)**

- o   What was working well for this care provider?

- o   What care provider can I recognize?  Are there other departments/areas I can recognize? Physicians I can recognize?

- o   Did this person have all the tools and equipment they needed to do their job today?

- o   Are there things that I learned about systems that are, or are not, working well in my area or other areas? How would I recommend they be fixed?

- o   Have I validated behaviors that have been introduced (for example, AIDET®)?

*Please note: Physician leaders may prefer the use of a rounding pocket card (LRE9). Most physicians are already well acquainted with pocket cards for use while rounding on patients, and the cards provide a standardized structure and purpose for the rounding conversation. They also provide a place for the physician to quickly record the information harvested for follow-up and inclusion in a stoplight report.*

- ■ Establish tracking system to review rounding logs of all leaders with their leader, or with the person who has oversight for physician champions.

- ■ Include rounding results monthly on leadership and departmental/area/clinic meeting agendas as well as employee forums to provide follow-up and feedback.

- ■ Validate leader skills on rounding by having the senior leader periodically accompany leader on rounds.

- ■ Implement the "stoplight report" to communicate subsequent actions from rounding.

  - o   Stoplight reports consolidate the information that a leader gleans from their care provider while rounding in an action-based manner. It is the action plan, or treatment plan, for opportunities harvested from rounding. The reports communicate that the leader heard what was said and sought action based upon feedback.

    - ▪ The green section of the report highlights manage-ups and wins and also ideas/areas for improvement that were implemented.

    - ▪ The yellow section represents those opportunities for improvement that were identified, but weren't able to be addressed right away.

    - ▪ The red section of the report communicates the ideas/opportunities that were harvested and not acted upon and the reason why they were unable to be implemented.

  Stoplight reports should be shared at monthly department or clinic meetings and also throughout the organization (to the leader's supervisor and to any departments or clinics that their employees might interact with).

**LRE1:  GUIDELINES AND KEY WORDS (PAGE 5 OF 5)**

- o  Stoplight reports from physician leader rounding on physicians are very similar to the reports described above in that they communicate to colleagues that their voices were heard and a treatment plan has been sought based upon their input. Physician leader stoplight reports should be shared with the physician leader's direct reports, colleagues, nurse managers, and leaders of all departments/clinics that interact with the physicians they round on.

- ■  If available, use the results from the organization's employee partnership/satisfaction survey to identify areas of opportunity; integrate a question that is a high priority for your department/area/clinic into your rounding as a way to assess progress.

**LRE2: ROUNDING STANDARD – EMPLOYEES**

**Rounding For Outcomes**
**Evidence-Based Leadership<sup>SM</sup> Practice**

| LEADER ROUNDING ON DIRECT REPORTS/CARE PROVIDERS | | | | | |
|---|---|---|---|---|---|
| Pillar(s) to Move | Scope | Frequency | Validation | Tools | Comments |
| People Quality Service Finance Growth | ▪ 100% direct reports within prescribed time period | Each leader rounds with their direct reports 1:1 at a prescribed frequency<br>▪ < 40 employees is monthly<br>▪ 41-80 employees every other month<br>▪ >80 employees quarterly or every 90 days<br><br>These are not meetings-—that extends the time and may be a barrier to getting it accomplished. | ▪ Rounding logs are validated by review during 1:1 meeting with supervisor using monthly meeting model and periodically as needed. | ▪ Rounding log<br>▪ Stoplight report<br>▪ Accountability report<br>▪ Monthly meeting model<br>▪ 90-Day Plan<br>▪ Employee opinion survey results | ▪ Rounding on direct reports is not delegated.<br>▪ Conducted by person responsible for hire/ fire and final signoff on evaluation (the person an employee identifies as "my boss").<br>▪ Leader utilizes rounding log to ask specific, evidence-based questions – demonstrates opinions count, supports idea generation, and provides recognition.<br>▪ Communication of PI and tools/ equipment to associates is completed through the use of a stoplight report.<br>▪ Rounds are conducted 1:1. |

**LRE3: ROUNDING STANDARD – PHYSICIAN LEADER ROUNDING ON PHYSICIANS**

**Rounding For Outcomes**
**Evidence-Based Leadership<sup>SM</sup> Practice**

| PHYSICIAN LEADER ROUNDING ON PHYSICIANS | | | | | |
|---|---|---|---|---|---|
| Pillar(s) to Move | Scope | Frequency | Validation | Tools | Comments |
| People Quality Service Finance Growth | ▪ 100% of physicians employed by the organization, or with physicians who work with the organization's patients (physician partners) | Each physician leader rounds on physician 1:1 once per quarter.<br><br>Each physician champion rounds on physician partner 1:1 once per quarter. | ▪ Pocket cards are validated by review during 1:1 meeting with one-up using monthly meeting model and periodically as needed. | ▪ Pocket cards<br>▪ Stoplight report<br>▪ Monthly meeting model<br>▪ 90-Day Plan<br>▪ Physician engagement results | ▪ Rounding on employed physicians is not delegated.<br>▪ Rounding on non-employed physicians may be delegated to a physician champion.<br>▪ Rounding on employed physicians is conducted by person responsible for hire/ fire and evaluation.<br>▪ Leader utilizes pocket card to ask specific questions as chosen by leader.<br>▪ Communication is completed through the use of a stoplight report.<br>▪ Rounds are conducted 1:1. |

**LRE4:  COMPETENCY CHECKLIST – INDIVIDUAL**

*Note:  Competency Checklist to be used to validate leader's skill in rounding on employees.*

**Leader Name: _____     Unit/Area: _____**

| STRENGTHS IDENTIFIED/RATING✓ | ESSENTIAL SKILLS | NEED TO FOCUS  ON IMPROVEMENT ✓ |
|---|---|---|
| | Relationship building/personal connections made. | |
| | What is working well is harvested.  Know care provider(s) and physician(s) to recognize with why and specifics harvested. | |
| | Tools and equipment needs identified and discussed as needed. | |
| | Systems to improve discussed including involvement re: ideas to fix. | |
| | Quality or safety focus discussed with involvement re: ideas to fix. | |
| | Patient experience discussed and discussion around items to focus with ideas solicited. | |
| | Tough questions discussed if necessary. | |
| | Leader prepared for round (log, items to discuss/focus, newest measurement, etc.). | |
| | Body language open and receptive (eye contact and body language receptive/ expression of listening and concern). | |
| | Documents on rounding log and uses stoplight report updated monthly to close the communication loop back to care provider. | |

| STRENGTHS IDENTIFIED/RATING ✓ | NEXT STEPS | NEED TO FOCUS  ON IMPROVEMENT ✓ |
|---|---|---|
| | A.  What do you know about this employee? | |
| | B.  What must you do with this information?<br>▪ *Who will you reward and recognize based on rounding?*<br>▪ *What are barriers/issues, etc. you need to resolve?*<br>▪ *Is there anything to add to the stoplight report?* | |

| EVALUATION SUMMARY | | |
|---|---|---|
| ☐ Expert Rounder | **Evaluator Comments:** | ☐ Repeat Skills Assessment |
| ☐ Would be a good mentor to others | | ☐ Recommend not round until skills demonstrated |

**Evaluator: _____     Date: _____**

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**LRE5:  COMPETENCY CHECKLIST – SUMMARY**

*Note:  This form allows reviewers to summarize the feedback/scoring of leaders' skill in rounding on employees.  Each person's score can be recorded from the individual competency forms for easy reference and follow-up.*

|  | DATE | NAME | TITLE | DEPARTMENT/ UNIT/CLINIC | COMPETENCY MET X | SKILL REASSESSMENT X | COMMENTS |
|---|---|---|---|---|---|---|---|
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**LRE6:  ROUNDING LOG – DAILY**

Name_____          Department/Unit/Clinic _____

Employee(s) Rounded on_____          Date/Week of _____

| KEY WORDS OR QUESTIONS | SPECIAL EMPLOYEE/COLLEAGUE ISSUES | |
|---|---|---|
|  |  | |

*Tip*: Initially explain the purpose of leader rounding!

| STEPS | COMMENTS | |
|---|---|---|
| Relationship Building/Personal Connection: |  | |
| What is working well for you today? |  | |
| Care provider/colleague I can recognize and why? | *Who?* | *Why?* |
| Physician I can recognize and why? | *Who?* | *Why?* |
| Tools and equipment needed to do your job today? |  | |
| Systems you want to improve and your ideas to fix? |  | |
| Quality or safety focus discussed.  Ideas? |  | |
| Patient Experience/CAHPS/What have you done this past week/ month to impact patient experience?  *(Discuss focus, ratings, ideas, etc.)* |  | |
| Tough Questions: Discuss any tough questions you need to address or have heard while rounding |  | |
| Behaviors Coached:  (If applicable)<br>□  AIDET®/Key Words<br>□ Customer Service Priorities<br>□ Standards<br>□ Other: _____ |  | |
| Is there anything I can help you with right now?<br>Thank you for making a difference at XXX! |  | |

| SUMMARY OF ROUND: | |
|---|---|
| • Who will you reward and recognize based on rounding?<br>• What are barriers/issues, etc. you need to resolve?<br>• Is there anything to add to the stoplight report? |  |

*Review findings with next level leader in one-on-one meetings.*

**LRE7:  EMPLOYEE ROUNDING LOG – 12-MONTH   (Page 1 of 2)**

Year: _____        Leader Name: _____        Employee Name: _____

|  | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE |
|---|---|---|---|---|---|---|
| Relationship building—what did I learn about this person? | | | | | | |
| What is working well for you today? | | | | | | |
| Care provider/colleague I can recognize and why? | | | | | | |
| Physician I can recognize and why? | | | | | | |
| Tools and equipment needed to do your job today? | | | | | | |
| Systems you want to improve and your ideas to fix? | | | | | | |
| Quality or safety focus discussed.  Ideas? | | | | | | |
| Patient Experience/CAHPS/ What have you done this past week/ month to impact patient experience?  *(Discuss focus, ratings, ideas, etc.)* | | | | | | |
| Tough Questions: Discuss any tough questions you need to address or have heard while rounding | | | | | | |
| **SUMMARY/ACTIONS:** | | | | | | |
| What are you going to do now? <br> ▪ *Who will you reward and recognize based on rounding?* <br> ▪ *What are barriers/issues, etc. you need to resolve?* <br> ▪ *Is there anything to add to the stoplight report?* | | | | | | |

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**LRE7:  EMPLOYEE ROUNDING LOG – 12-MONTH   (Page 2 of 2)**

Year: _____       Leader Name: _____       Employee Name: _____

| | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER |
|---|---|---|---|---|---|---|
| Relationship building—what did I learn about this person? | | | | | | |
| What is working well for you today? | | | | | | |
| Care provider/colleague I can recognize and why? | | | | | | |
| Physician I can recognize and why? | | | | | | |
| Tools and equipment needed to do your job today? | | | | | | |
| Systems you want to improve and your ideas to fix? | | | | | | |
| Quality or safety focus discussed.  Ideas? | | | | | | |
| Patient Experience/CAHPS/ What have you done this past week/ month to impact patient experience?  *(Discuss focus, ratings, ideas, etc.)* | | | | | | |
| Tough Questions: Discuss any tough questions you need to address or have heard while rounding | | | | | | |
| **SUMMARY/ACTIONS:** | | | | | | |
| What are you going to do now? <br>■ *Who will you reward and recognize based on rounding?* <br>■ *What are barriers/issues, etc. you need to resolve?* <br>■ *Is there anything to add to the stoplight report?* | | | | | | |

**LRE8: STOPLIGHT REPORT (Example 1 of 2)**

*Note: The stoplight report is a way to communicate in writing how the ideas/concerns harvested in rounding are dealt with. It is excellent to post on communication boards. Green Light items are things that have been addressed and are complete. Yellow Light items are things in progress. Red Light items are those issues or ideas that cannot be done with the reason why.*

To think about as you construct your report:
- Format the report in a way that is meaningful to you and your direct reports.
- This report is a reflection of you and should be neat and orderly.
- These are an important way to communicate with your direct reports. Make sure each item is understandable to someone who might read it "cold."
- Keep your fonts the same style and size.
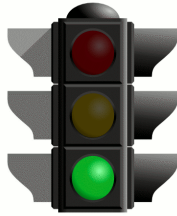- Provide enough information that allows the reader understanding.

| Department/Unit/Clinic: | Date: |
|---|---|
|  |  |

| GREEN/COMPLETE | YELLOW/WORK IN PROGRESS | RED/CAN'T COMPLETE AT THIS TIME AND HERE'S WHY |
|---|---|---|
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**LRE8: STOPLIGHT REPORT (Example 2 of 2)**
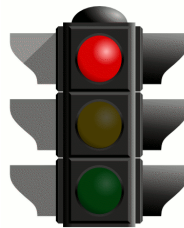
# Stoplight Report
## Month: _____ Location: _____



**Completed:** These are items that were able to be addressed immediately.
- Insert items here



**Work in Progress:** These are opportunities that we are working on.
- Insert items here



**We Can't Do Right Now** and the reason why.
- Insert items here

**LRE9: PHYSICIAN LEADER ROUNDING POCKET CARD**

*Provide pocket cards for physicians in lieu of daily rounding logs to be completed. The example below may be modified to accommodate the use of different questions when rounding on physicians.*

Name: _____        Date: _____        Location:_____

What is working well? _____

_____

Do you have the tools and equipment you need to do your job? _____

_____

Which systems are working/not working? Ideas to address? _____

_____

Are there peers or depts/clinics to be recognized? _____

_____

Follow-up:_____

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**LRE10:  PHYSICIAN LEADER ROUNDING LOG – 12-MONTH SUMMARY**

Year: _____        Leader Name: _____        Physician Name: _____

| | Q1<br>Jan.-March | Q2<br>April-June | Q3<br>July-Sept. | Q4<br>Oct.-Dec. |
|---|---|---|---|---|
| Date of Rounding: | | | | |
| Relationship building—what did I learn about this person? | | | | |
| What is working well for you today? | | | | |
| Care provider/colleague I can recognize and why? | | | | |
| Physician I can recognize and why? | | | | |
| Tools and equipment needed to do your job today? | | | | |
| Systems you want to improve and your ideas to fix? | | | | |
| Tough Questions:<br>Discuss any tough questions you need to address or have heard while rounding | | | | |
| What are you going to do now?<br>▪ *Who will you reward and recognize based on rounding?*<br>▪ *What are barriers/issues, etc. you need to resolve?*<br>▪ *Is there anything to add to the stoplight report?* | | | | |

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**LRE11: PHYSICIAN LEADER ROUNDING STOPLIGHT REPORT (EXAMPLE)**
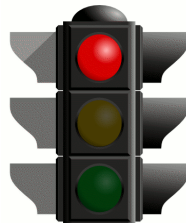
# Stoplight Report
## Quarter: _____ Location: _____
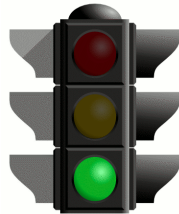


**Completed:** These are items that were able to be addressed immediately.



**Work in Progress:** These are opportunities that we are working on.



**We Can't Do Right Now** and the reason why.