Rounding for a Culture of Safety

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Objectives

• Identify

  - Tracking methods to capture nurse leader rounding wins
  - How findings are filtered back to front line staff
  - How to drive staff accountability through hourly rounding
  - Strategies to driving HCAHPs scores up and sustaining results
Rounding at Every Level

- Patient Rounding
- Staff Rounding
- Physician Rounding
- Leader Rounding
- Executive Rounding
Just Culture

The Three Behaviors

<table>
<thead>
<tr>
<th>Human Error</th>
<th>At-Risk Behavior</th>
<th>Reckless Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product of Our Current System Design and Behavioral Choices</td>
<td>A Choice: Risk Believed Insignificant or Justified</td>
<td>Conscious Disregard of Substantial and Unjustifiable Risk</td>
</tr>
<tr>
<td>Manage through changes in:</td>
<td>Manage through:</td>
<td>Manage through:</td>
</tr>
<tr>
<td>• Choices</td>
<td>• Removing incentives for at-risk behaviors</td>
<td>• Remedial action</td>
</tr>
<tr>
<td>• Processes</td>
<td>• Creating incentives for healthy behaviors</td>
<td>• Punitive action</td>
</tr>
<tr>
<td>• Procedures</td>
<td>• Increasing situational awareness</td>
<td></td>
</tr>
<tr>
<td>• Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Design</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The 6 steps of hourly rounding

1. Self introduction
2. Opening key words
3. Documentation
4. Closing key words
5. Address comfort needs
6. Address 3 P’s & E
## Modify as needed

<table>
<thead>
<tr>
<th>Area</th>
<th>3 P’s &amp; E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>• Pain, position, potty, environment</td>
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<tr>
<td>Emergency Dept.</td>
<td>• 2 P’s &amp; D</td>
</tr>
<tr>
<td></td>
<td>• Pain, plan, delays</td>
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<tr>
<td>PACU</td>
<td>• 3 P’s &amp; F</td>
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<tr>
<td></td>
<td>• Pain, plan, pulmonary, family</td>
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<tr>
<td>NICU</td>
<td>• 3 P’s &amp; E</td>
</tr>
<tr>
<td></td>
<td>• Pain plan, parents, environment</td>
</tr>
</tbody>
</table>
Hourly Rounding

What it is.....
• Reinforcing key words
• Validating expectations
• Holding accountability
• Providing praise

What it is not...
• Passively peaking
• Asking general questions
• Solely for patient experience
Keys to success

• Set expectations
• Demonstrate
• Validate
• Audit
Nurse leader rounding

- Why is it important
- Set expectations
- Ask questions that will drive change
- Same rules apply for accountability
Tips for success

• Manager should do the majority

• Real time feedback and service recovery

• Dedicate time on your calendar

• Transparency
Barriers/Feedback

• Barriers
  - Too busy
  - Lack of confidence
  - No one knows expectations

• How to give feedback
  - Don’t fix the problem
  - Positive observation, opportunity, ask for commitment
  - Follow up to ensure problem was addressed
Employee Rounding

- Monthly rounding on direct reports
- Annual engagement survey
- Stoplight report
Physician Rounding

• Assign rounding to all senior leaders
  - One physician group/week
  - Consistent questions
  - Rounding Log with assignments at SLT
  - Expectations for follow up
Psychological Safety

Psychological Danger

- Fear of admitting mistakes
- Blaming others
- Less likely to share different views

«Common Knowledge Effect»

Psychological Safety

- Comfort admitting mistakes
- Better innovation & decision-making
- Learning from failure
- Everyone openly shares ideas

Great Plains Health
Discussion & Questions

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