Manager and Employee Rounding: Patient Feedback in Action

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**IDENTIFICATION:**

At Adventist Rehab, our patients are discharged from the facility and then asked to complete a comprehensive survey regarding their experience with our hospital. The survey asks about a variety of factors, including how likely it would be for that patient to recommend us to a family member or friend. The responses to this question are of particular importance to our hospital as we strive to promote a culture of care and safety for our patients that will result in a loyal customer base. We believe that while it is beneficial to have customers satisfied with our service, that it is even more important to determine whether or not their satisfaction is to such a degree that they will then become a true loyal customer in recommending us to others. Our scores for this field were determined to be below what our expectations were, and we set about trying to identify a way to increase our response rate to this question.

**PROCESS:**

We felt that these scores could be improved dramatically if we developed a timely system that would allow our hospital staff to target patient concerns more efficiently and effectively than before. We asked our survey company to analyze the questions that best correlated to likelihood to recommend, thereby targeting a definite scope for our goal of increasing our scores. During this time, all of Adventist Healthcare as a system was unveiling a new protocol entitled Manager Rounding. This new initiative’s purpose was to give hospital staff a way to assess the overall care and satisfaction of patients in real time as opposed to relying on a discharge survey as the only feedback tool. Within this system, all hospital personnel who were at manager status were responsible for “rounding on” a select group of patients per week.

**SOLUTION:**

At Adventist Rehab, we took the questions from our discharge survey that best correlated to the results in the likelihood to recommend category and used these fields as a baseline for our questionnaire. These fields included response time, hospital orientation, overall care assessment, staff recognition, nurse availability, customization of therapy schedules and pain control. Managers were given different assignments depending on their professional roles at the hospital (i.e. rehab and nurse managers were given a form that reviewed these fields in more of a yes/no format and were assigned to round on every patient on the floor per week whereas other administrators were charged with rounding on a handful of patients per week with a form that
was more open-ended in format). Over time, it was decided that the managers would focus on orienting the newest patients to the hospital, and so each manager was assigned a certain number of new admissions per week so that the hospital could attempt to introduce and welcome the patient while asking them to answer the questions on the survey. Each week, managers would hand in their completed forms to the manager rounding reporter who would compile a report based on the forms content. These forms would not only include the patient feedback, but also contained a “service recovery” section for each patient that was to be used if the patient had a complaint or recalled a less then satisfactory experience. Within this section, the incident was reported and the onus was put upon the rounder to do any service recovery that needed to be done. Each week, this report was discussed in a 30 minute to hour-long meeting, or “Rounding Huddle”, with all managers and hospital administration present. This way, the managers could be assured that the remarks from each individual patient were taken seriously and it also provided a brainstorming session for other members of the team to assemble special task forces to tackle particular issues that were brought up in the meeting. A task list was formed so that specific people could be in charge of leading the team through the solution process and a separate list was kept for those tasks that had already been completed. This way, every manager knew the work that needed to be done and the things that had been successfully accomplished. These accomplishments were then posted throughout the hospital as a way to complete the feedback loop for the employees and patients alike.

**OUTCOMES:**

The first attachment is an example of the rounding report as seen by all of hospital management at each weekly review meeting. Secondly, there are examples of the rounding forms and calendar that we use in order to determine who within the administration has what assignment for a particular week.

After only a few months, the staff saw a marked improvement in both the positive comments and the ease of feedback coming from its patient population after the implementation of manager rounding. One important element that stood out was the improvement in our outcomes figures for customer satisfaction during the time period of June through the end of the fiscal year in 2009. As we had originally hoped, our likelihood to recommend score was remarkably higher than it had been prior to launching the Manager Rounding campaign. Also, as you can see from the graphs below, each field began to trend upward the more the campaign carried on. The last graph shows the average scores over the entire span of the rounding campaign thus far, each one a vast improvement over the initial scores prior to Manager Rounding’s official launch.

In addition to the improvements in overall satisfaction, there have been other results that indicate positive spillover from this initiative. Once patients were asked to acknowledge someone on the staff that had done a good job for them during their stay, we saw a substantial increase in the number of employee awards given out to many of our staff members across all departments. This increased morale for all of our staff and prompted our employees to continue to focus on going above and beyond for the patients once they saw how much it was appreciated. Also, as rounding became more ingrained in our culture at the hospital, managers became more comfortable having
conversations with patients and less concerned with filling out a questionnaire. This opened the door for a better dialogue among staff and patients, allowing for a better ease of communication and it also provided a better forum for the patients to give us suggestions and feedback on all kinds of levels that we may have never specifically addressed.

The bottom line is that Manager Rounding has offered our staff invaluable data that will no doubt affect the way we continue to provide the best quality of service for our patients in a positive way. We have proven to our patients that we genuinely care about what they have to say and we are reaping the benefits of their feedback in innumerable ways!