

## Patient safety

# Rounding tool off to a good start in improving patient satisfaction

A mobile, web-based rounding tool is allowing the perioperative leadership team at Vail Valley Medical Center (VVMC) in Vail, Colorado, to collect, analyze, and report on information gathered from surgeons, staff, and patients to improve quality of care and move toward high reliability.

Software designed by MyRounding Solutions in Littleton, Colorado, was customized to VVMC and downloaded into an iPad ([www.myrounding.com](http://www.myrounding.com)). Icons and simple navigation menus make rounding, data gathering, and tracking of trends simple.

"MyRounding is so great because it is so portable, and the software is very easy to use and navigate through, whether you are computer literate or not," notes Mary Jo Steiert, BSN, RN, CNOR, director of perioperative services at VVMC.

VVMC is a community hospital with 4 rooms in its main OR, 4 rooms in its adjoining surgery center, and 4 rooms in its surgery center in Edwards, Colorado, which is 4 miles from Vail. VVMC also includes the Steadman Clinic, a world-renowned orthopedic clinic, and the Steadman Philippon Research Institute, where 9 orthopedic fellows a year develop their surgical skills.

Though perioperative services just began using the VVMC-specific MyRounding in November 2013, the hospital has been working with Safer Healthcare (<http://www.saferhealthcare.com/>) since the beginning of 2012 as a test site for developing the tool for use in their high reliability training.

Safer Healthcare (Littleton, Colorado) is a training, consulting, and healthcare products firm that focuses on establishing a patient safety culture through creating high reliability healthcare organizations. "Rounding to influence" is 1 element of an evidence-based bundle of leadership methods used in highly reliable organizations.

Structured and consistent rounding also has been found to increase patient satisfaction and improve HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores. MyRounding uses HCAHPS best practices and patient-centered scripts.

Everyone on the VVMC perioperative leadership team has their own iPad with the MyRounding software, including Steiert, the perioperative educator, perioperative nurse liaisons, specialty team leaders, and charge nurses in the OR, preoperative area, and postanesthesia care unit.

### Leadership rounding questions

For her leadership rounding, Steiert has a set of questions in the iPad for the surgeons and a set for the staff, with icons for each (sidebar above).

"We created a series of questions for surgeons and staff, asking them about their perceptions of what we can do to improve their work environment and the quality of patient care," says Steiert. "I touch the staff icon and the questions appear." (See sidebar, p 8.)

### Questions for staff

- On a scale of 1 to 5 overall [1 is low, 5 is high], how are things working in this department?

- Is there anything you can think of specifically that is working well in this unit or department?
- Is there anything you can think of that is not working well in this unit or department?

“I can record their voices when they give me their answers, or I can put the data into the iPad as we are talking,” says Steiert. “I also can take photographs, so if I am on a unit and I see something that my staff doesn’t like, I can take a picture of it, and that can be stored data as my justification for my rationale to make a change.” (See sidebar, p 9.)

### Questions for surgeons

For the surgeons’ questions, Steiert touches the surgeon icon and a script and questions appear, and then she records the surgeons’ answers.

The script begins with: “Dr X, would you mind spending a moment with me to talk about patient safety and quality improvement in the OR? We are trying to be proactive and address any concerns and capture any ideas that you may have that can help us improve our patient care.”

- On a scale of 1 to 5, how would you rate the quality of nursing in the OR?
- Are there any concerns or ideas that you would like to share about patient safety here in our OR? Yes or No.
- Are there any quality improvement projects that you think would be beneficial to our department? Yes or No.
- On a scale of 1 to 5, how satisfied are you overall here in our department?
- Is there anything I can do personally to help you make your practice in our OR more effective? Yes or No.
- Is there anyone who you would like to recognize for going above and beyond the norm?

At the end of the interview, Steiert presses a button to save and start a new interview.

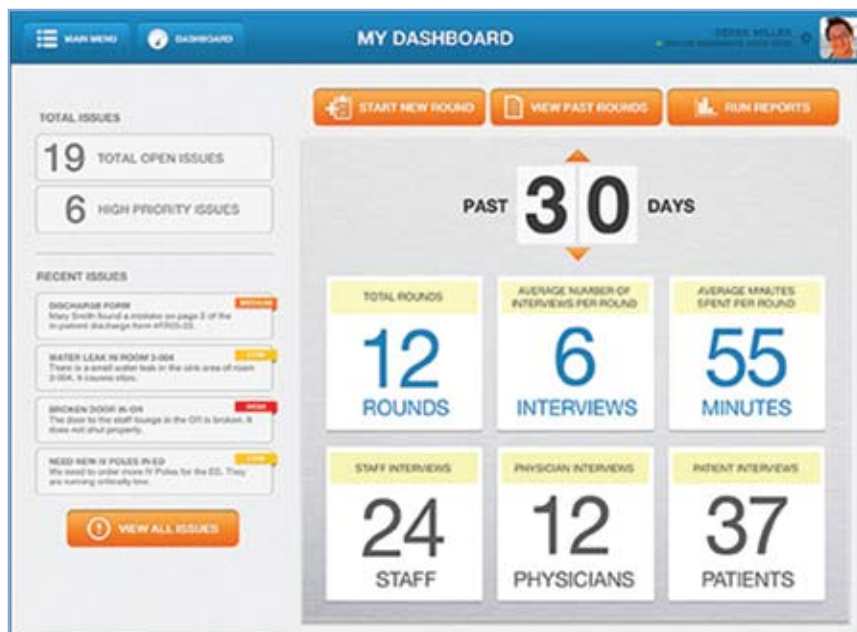
“It works quickly,” says Steiert. “About 5 minutes of their time is all I need.”

### Nurse liaison rounding questions

After a nursing liaison position was added in November 2013, a series of questions were created for the nurse liaisons to ask patients and their families. Two nurses share the position.

#### Questions for patients

- Do you understand your plan of care and what to expect from admission to discharge? Yes or No.
- Is there any additional information that you would like, or do you have any questions? Yes or No.
- Do you feel that all members of your care team understand and agree on your plan of care? Yes or No.
- Do you feel like you had a voice in your plan of care with all members of your care team? Yes or No.



Source: MyRounding Solutions, Littleton, Colorado.

- Do you feel like we have kept your family members up to date and informed about the progress in your procedure today? Yes or No.
- Is there anything we could have done better to help you or your family? Yes or No.
- Do you have any last questions or concerns?

### Questions for the family

Questions the nurse liaison asks family members begins with a script: “I just want to check in with you to see how you are doing and give you an update.”

The nurse then tells them about the current status of the patient and asks the following questions:

- Is there anything I can do to make you more comfortable while you are waiting? Yes or No.
- Is there any additional information you need, or are there any questions I can answer for you? Yes or No.
- Are you able to follow the progress of your family member using our patient board? Yes or No.
- Would you like me to continue to check in with you to monitor the situation? Yes or No.

“I like the last question, especially,” notes Steiert. “Knowing the nurse will be there if they have questions is comforting to them.”

### Trending the issues

With the stored information, the MyRounding software identifies trends and issues and compiles statistics on the data.

“The tool helps us close the loop on issues because it trends the issues, which helps us resolve them,” says Steiert.

For example, 1 of the top trends identified was that staff and surgeons were focused on getting first-case patients into the OR on time. A corresponding trend was that patients were delayed going into the OR because their H&Ps weren’t on the chart.

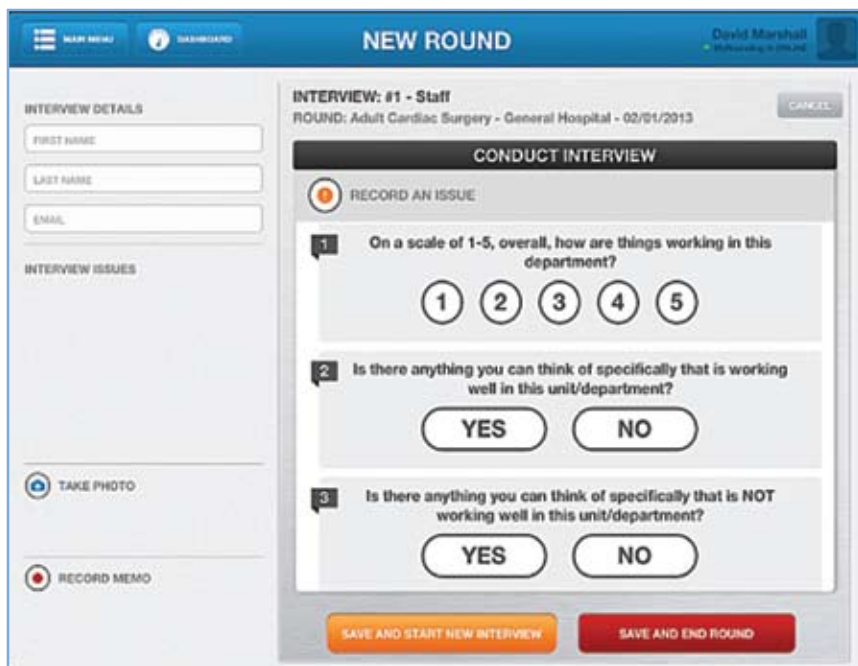
An A3 Lean methodology was used to determine why the H&Ps weren’t on the chart and what needed to be done to have them on the chart in a more timely fashion.

“We worked with the surgeons’ offices, PAs, fellows, and IT to discover the obstacles and how to overcome them,” notes Steiert.

As a result, Steiert says, they figured out the latest possible time to stop looking for an H&P, call the surgeon, and get the patient into the room on time. “One thing nurses don’t like to do is call the surgeon, especially for the first case of the day, saying ‘we can’t find your H&P,’” she says.

Steiert says they worked backward to accomplish this, asking: “If we want the patient in the room by 7:29 am, what needs to happen before that time?”

It helped create a whole process for standardizing work, she says. For example, they are trying to standardize all the work the night nurses need to do to have things ready for the day shift for the first case of the day and what the evening



Source: MyRounding Solutions, Littleton, Colorado.

shift needs to do to help the night shift. “It has sparked more work than we have time to do, but it is fun and people are getting energized,” says Steiert.

Another example: A hand surgeon from the Steadman Clinic was doing a case during the Thanksgiving holiday when the ski slopes opened, and many people were coming in with injuries. There was a particular elevator missing from 1 of his hand sets.

When Steiert did her rounding the following Monday, she asked him how things went over the weekend because she knew he had been on call. When she asked him if he was satisfied with the care his patients received or if there was something they could have done to make it better, he answered: “Yes, we could only find 1 Kleinert-Kuts elevator for this special procedure.” He said the procedure was designed by these 2 surgeons and it goes better when their elevators are used.

Steiert went to the surgical processing department and asked how many Kleinert-Kuts elevators they had and if they were included in the hand sets or if they were put up separately in peel packs.

She found they were down to 1 elevator, and it was in a peel pack. She ordered 5 additional elevators so 1 could be in every hand set.

She followed up with the hand surgeon the next day, telling him she had ordered 5 more that would be in all of the hand sets the following week.

### Effectiveness of tool

Steiert says in the next 3 months they should have a lot more data and will be able to compare surgeon, staff, and patient satisfaction before and after they began rounding with the tool.

Perioperative leadership surveyed staff and surgeons before they started rounding about their level of satisfaction with the way things were going in the department. In a few months, they will do a post-survey to see if there is a difference.

Already, Steiert says, comments from surgeons, the executive team, and staff indicate they have noticed an improvement in patient care and customer service. Instrumentation and equipment is ready sooner, and patient satisfaction scores have improved across the organization. ❖

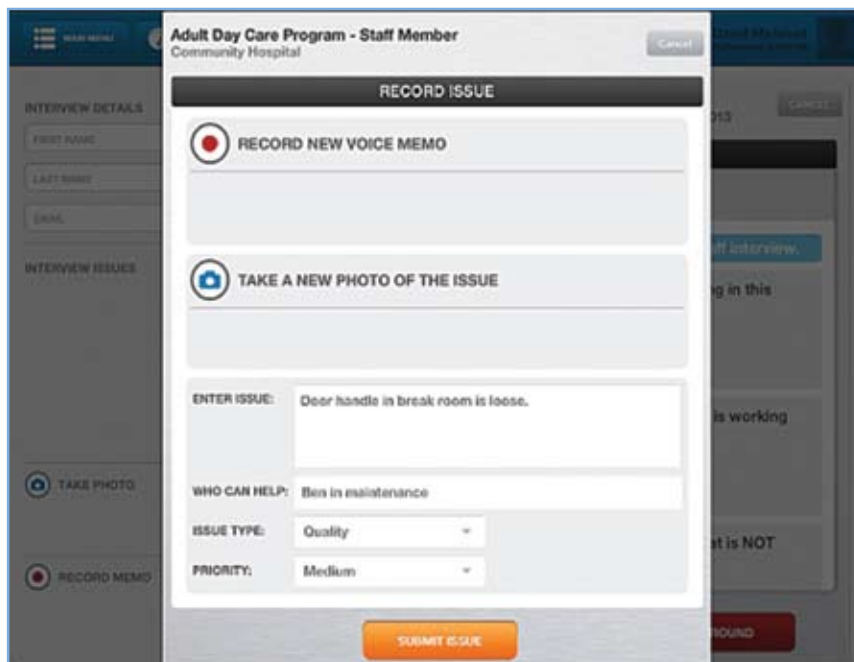
—Judith M. Mathias, MA, RN

### Resources

Centers for Medicare & Medicaid Services. HCAHPS: Patients’ perspectives of care survey.

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>

Institute for Healthcare Improvement. Rounding to influence: Leadership method helps executives answer the “hows” in patient safety initiatives. 2011.



Source: MyRounding Solutions, Littleton, Colorado.

<http://www.ihi.org/knowledge/Pages/Publications/RoundingtoInfluence.aspx>

Marshall D. Leadership rounding on the front lines. Safer Healthcare. 2013.

[http://myrounding.com/images/files/Best\\_Practice\\_-\\_Leadership\\_Rounding\\_-\\_2-19-2013.pdf](http://myrounding.com/images/files/Best_Practice_-_Leadership_Rounding_-_2-19-2013.pdf)