Nurse Leader Rounds

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Nurse Leader Rounds: Effect on Nurse-Related Patient Satisfaction Scores on Two Post-Surgical Units in an Acute Care Facility

Nurse leaders are faced with various challenges, one of which is to assure an excellent experience for hospitalized patients and their loved ones. Even though health care leaders recognize the patient’s experience as the highest priority, many are struggling to balance the factors that impact this experience while providing exceptional care. A high priority of healthcare administrators is ensuring positive patient experiences during their hospital stay. Nursing leaders are in a position to foster changes necessary to impact patient experience proactively. To assure consistency and quality in the delivery of care, nurse leader rounding (NLR) was created. It is a systematic process recommended as a best practice according to Baker and McGowan (2010). Seeing patients daily, during morning rounds by a doctor or nurse, has been part of traditional medical practice since its existence as a profession. During rounding, healthcare providers gather information while speaking to the patient directly. They assess the patient in real time, develop a trusting relationship, listen to what patients have to say about the care being provided, and are immediately available to address any concerns raised by the patient by conveying all the necessary orders to anyone responsible to follow up with patient needs. Nurse leader rounds work in a similar manner. It is a process that allows nurse leaders to connect to patients, reinforce care, verify nursing behaviors, gain real-time response, achieve instantaneous service recovery, recognize staff, follow up to assure all patients needs are met, and develop a trusting relationship. NLR is a proactive approach to the delivery of care (Baker & McGowan, 2010).

The Affordable Care Act (ACA) is a healthcare reform that was passed by Congress in 2010 with the primary goal to provide quality care based on best practices and proven outcomes (CMS, 2014). The Center for Medicare and Medicaid Services (CMS) is responsible for establishing and maintaining guidelines for hospitals to receive governmental healthcare reimbursement (CMS, 2014). The new reimbursement system links healthcare compensation directly to quality care, and pay for performance, also called a Value Based Purchasing initiative. A standardized questionnaire named Hospital Consumer Assessment Health Care Providers and Systems (HCAHPS) was created by CMS to measure outcomes and patients’ perception of care delivered the measurement of which is reflected in patient satisfaction. This survey was implemented in 2006 and designed by the Agency for Healthcare Research and Quality (AHRQ) to query recently discharged hospital inpatients with 27 essential questions divided into specific domains of care (communication and care from nurses, response of hospital staff, medication management, pain management, discharge information, transitions of care) (CMS, 2014). This tool is believed to accurately assess the primary drivers of adult inpatient satisfaction scores and is designed to provide a standard and objective comparison of a hospital performance relative to other hospitals (Merlino, 2014). The CMS program rewards acute care hospitals with incentive payments based on the quality of care provided, how closely best clinical practices are followed, and how well hospitals enhance inpatients experience (Merlino, 2014). Therefore, any effort to improve scores would be welcomed by hospital administrators.

A key challenge for hospitals is how to improve patient satisfaction by using HCAHPS questions as a source of patient feedback and to use as a guide for nurse leaders to translate it into actionable items in order to change the care delivered. NLR permits more personalized patient care plan and provides a thorough understanding of potential patient concerns. One to one patient feedback during NLR allows for individual interaction and visual assessment of the patients’ perception of care, which can only increase the benefits of the purpose for HCAHPS surveying. Accounting for patient preferences involves matching the questions to the individual; which requires asking the right questions as part of a whole plan of care.
and the discharge planning process. The nurse leader’s ability to bridge patient feedback into tactical action using NLR as an organizational strategy provides the capability to move an organization forward from reactivity to proactivity (Studer, Robinson, & Cook, 2010).

Regardless of the organization, all nurse leaders promote and practice open, two-way communication between patients and providers to clarify treatment goals and actions to accomplish them. Additionally, the nurse leader/manager “is responsible for ensuring not only patient care is given but also it is given in the most effective and efficient manner possible” (Tappen, R., et al., 2004, p. 6).

The purpose of the study was to explore if there was an impact of NLR on patient satisfaction. According to Tappen, Weiss & Whitehead manager or nurse leader is defined as a person capable to stimulate from employee “creativity, consistent excellent productivity, and maximum potential contribution toward continuous improvement of process, product, and service” (1992, p. 276). Nurse leaders may include unit nurse managers, supervisors, department directors, nurse education managers, or clinical nurse managers of a unit or division within a health care organization.

Definitions:

**Nurse Leader** (NL): is defined as a person capable to stimulate from employee “creativity, consistent excellent productivity, and maximum potential contribution toward continuous improvement of process, product, and service” (Tappen, Weiss & Whitehead 1992, p. 276).

**Effective nursing rounds** (ENR): ENR is defined as the ability of a leader to move staff in accordance with the mission and goals to proactively ensure the delivery of safe, high quality care and identify improvement opportunities (Studer et al., 2010).

**Nurse leaders** (NL): NL include unit nurse managers, supervisors, department directors, nurse education managers, or clinical nurse managers of a unit or division within a health care organization (Studer et al., 2010).

**Nurse leader rounds** (NLR): NLR is a process that allows nurse leaders to connect to patients, reinforce care, verify nursing behaviors, gain real-time response, achieve instantaneous service recovery, recognize staff, follow up to assure all patients needs are met, and develop a trusting relationship. (Baker & McGowan, 2010).

**Patient Satisfaction (PS):** is patient’s perception of care reflected by patient satisfaction scores collected using HCAHPS and is directly related to the quality of nursing care patients receive (Studer et al., 2010)

**Rounds** involve direct observation, assessment and evaluation of patient, staff, unit functioning, clinical environment and global view of patient status (Studer et al., 2010).

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**Title:**

Nurse-Leader Rounds

**Keywords:**

Nurse Leader, Nurse Leader Rounds and Patient Satisfaction
References:


Abstract Summary:
The purpose of this project was to analyze the impact of implementing daily Nurse leader rounds (NLR) on patient satisfaction (PS) scores in two postsurgical units at urban hospital in New York. Patient perception data summarized suggested that the implementation of NLR was associated with increased levels of patient satisfaction.

Content Outline:
Background & Significance

Literature Review

NLR Effect on Patient Satisfaction

NLR Effect on Nurse Related Patient Satisfaction Scores

Nurse Leader Rounds at MSBI

Conceptual framework

Purpose

(1) Examine if there is a difference in the percentile scores of patient satisfaction with communication (SC) with nurses following NLR implementation?

(2) Examine if there is a difference in the percentile scores of patient satisfaction with medication management (SMM) (i.e., communication about new medicines, side effects) following NLR implementation?

(3) Examine if there is a difference in the percentile score of patient satisfaction with discharge information (SDI) (information about help, signs and symptoms to look for) following NLR implementation?

(4) Use analyses from of nurse-specific items (Aims 1 to 3) to identify ways to improve and expand NLR in the hospital

Variables

Nurse leader rounding (NLR)

Satisfaction with communication (SC)

Satisfaction with medication management (SMM)

Satisfaction with discharge information (PDI)

Methodology

Outcomes
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Author Summary: Angela Babaev, DNP, CNS, RN Assistant Vice President Education & Nursing Recruitment Department of Nursing @ SBH Health System. Dr. Angela Babaev is a Recipient of the Jonas Center for Nursing & Veterans healthcare award scholarship 2014 has graduated from Drexel University, received her MSN from Leahman college and BS in Health Administration from St. Joseph College.