

# The Impact of Daily Executive Rounding on Patient Satisfaction Scores

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The purpose of this study was to evaluate impact of interdisciplinary executive rounding on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) ratings. Interdisciplinary executive rounding is described in the literature yet has not been widely examined for effectiveness on patient outcomes. Integration of an electronic rounding application tool was used, and a unique database developed. Analyses were performed on the dataset to determine the impact of executive rounding on HCAHPS ratings. Mean scores for 8 HCAHPS items increased among the cohort that received executive rounding. Findings indicate interdisciplinary executive rounding is one tool for improving patient experience, yet does not significantly impact scores alone.

Nationally, hospitals have increased focus on patient satisfaction scores, fueled largely by reimbursement criteria set forth by the Centers for Medicare & Medicaid Services (CMS) and other regulatory agencies. Hospitals must demonstrate excellence in patient care, as evidenced by patient ratings on satisfaction tools, specifically Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. One method to improve patient experience with hospitalization and subsequent satisfaction scores is rounding by management and/or executive staff. Research suggests managerial or bedside rounding by provider staff improves patient safety and satisfaction. Interdisciplinary or executive rounding is described in the literature and results in

increased patient safety<sup>1-3</sup>; however, few studies evaluate effectiveness of rounding by members of the executive team on patient satisfaction scores. Therefore, the purpose of this study was to identify the effect of daily executive rounding on HCAHPS indicators among hospitalized patients in an urban, academic health system.

## BACKGROUND

The HCAHPS survey is a result of the Department of Health and Human Services national initiative to measure the quality of care in hospitals. Completion of surveys is routinely done on all patients approximately 3 weeks after hospital discharge. Participation is voluntary, and responses are compiled into a hospital database. Aggregate reports from individual hospitals are publicly reportable and made available on the CMS website.

Numerous initiatives focus on efforts to improve or sustain elevated HCAHPS scores. Employee engagement, changes to policies and procedures, and ongoing education of staff regarding monthly scores are commonly employed to address specific scores that fall below national benchmarks. Intentional rounding by members of the health care team are an adjuvant to traditional approaches aimed at elevating HCAHPS scores. Specifically, bedside rounding by nursing staff can result in improved patient satisfaction, decreased falls, decreased pressure ulcers, and lower call bell usage.<sup>4-9</sup> Performing rounds every 1 to 2 hours also positively impacts patient reports of improved pain

### KEY POINTS

- Little research has investigated the effect of interdisciplinary, executive rounding on patient satisfaction scores.
- A nurse-led, software-supported program using a structured, electronic rounding tool was implemented.
- Patients may be more likely to recommend the hospital and report higher perceptions of caregivers working together as a team. However, a multifaceted approach is needed to improve satisfaction scores across categories.

management,<sup>10</sup> an increase in patient experience,<sup>7,10</sup> and a decrease in patient complaints.<sup>8</sup> There is adequate evidence of the positive effects of intentional nursing rounds to support it as a best practice recommendation.<sup>11</sup> However, there is a lack of evidence investigating effectiveness of intentional rounding by other members of the health care team, specifically executive level staff.

Rounds by nurse leaders may positively impact, not only safety processes and nurse sensitive indicators, but also patient HCAHPS scores.<sup>12</sup> Integration of rounds by nurse managers, assistant managers, supervisors, and charge nurses has been 1 component of a multifaceted strategy across a large health system that has demonstrated increases in both inpatient and emergency department settings for top box ratings and rankings of patient experience reported in HCAHPS measures.<sup>12</sup> However, reports of rounding specifically by nurse executives or hospital level executives remain sparse.

The concept of executive rounding in health care is a recent advancement aimed at providing a positive patient experience and enhancing safety and processes in hospitals.<sup>1-3</sup> Integration of executive rounds has been identified as 1 intervention, among many, to improve the patient experience among top performing hospitals.<sup>13,14</sup> Similarly, implementation of executive rounding is described in various reports, with a focus on specific safety components or processes, but evidence on effectiveness is limited to case studies or anecdotal reports.<sup>3</sup> Absent from the literature is research investigating effects of executive rounding on patient satisfaction scores, specifically how patients view their overall patient experience and how likely patients are to recommend the hospital after discharge. Therefore, the aims of this study were designed to generate data to evaluate effectiveness of this important intervention.

## METHODS

This study was reviewed and approved by the health system institutional review board as a not greater than minimal risk study. The study took place in an academic, urban, public safety net health system that has received consecutive Magnet redesignations, serves as the regional Level I trauma and burn center, and consists of an academic medical center, 2 community hospitals, and >20 ambulatory locations. Inherent in the mission of the health system is a focus on service and teamwork to provide exceptional care for all patients. As such, the interdisciplinary executive team identified daily executive rounding on all new admissions as a priority to improve patient experience. The study was a prospective, 2-group, comparative design. The study sample included all adult patients aged >18 years who were admitted to the academic medical

center over a 4-month period and who voluntarily completed HCAHPS surveys after discharge as standard of care. Data for this study were obtained from computer-generated reports on rounding usage via an electronic application and were merged with completed HCAHPS data by a unique identifier. Members of the executive team utilized an electronic web-based software application on an assigned electronic tablet to perform daily executive rounds on all new admissions. Executives were assigned specific patient care areas to perform rounds, along with a daily list of new admissions to that area. Executives were expected to use the electronic rounding application and visit admitted patients to evaluate their hospital stay. The rounding application included structured questions regarding the patient's experience with the hospital stay, their admission experience, as well as items to indicate whether the rounding was completed. Executives participating in rounding included senior-level clinical and administrative leaders, such as the service line administrative and clinical leaders, directors of nursing, and directors from support areas such as legal, volunteer services, as well as the chief medical officer, chief nursing officer, chief operating officer, and chief financial officer. The HCAHPS survey in this study was then routinely sent to all patients after hospital discharge to voluntarily complete. Respondents were asked to indicate their satisfaction with care items, as well as their likelihood to recommend the hospital. Completed surveys were entered into an informatics database matched by patient medical record number (MRN) to include patient demographic information, and whether an electronic rounding application report was logged for that patient encounter. Data on satisfaction items were then compared among those who received executive rounding and those that did not receive executive rounding during their inpatient hospital stay.

## DATA MANAGEMENT AND ANALYSIS

Aggregate data on completed rounds were extracted from the electronic application rounding tool monthly by an informatics specialist and paired with returned HCAHPS surveys and demographic data from the patient electronic medical record. SPSS version 21.0 software (IBM Corp, Armonk, NY) was used for analyses. Descriptive statistics (including means, frequencies, and standard deviations) were performed to report mean scores by rounding type. Comparative inferential analyses were performed to compare mean scores between rounding groups. Analysis included *t*-tests for parametric data, and Mann-Whitney *U* analysis for nonparametric items. Outcomes were then matched by patient age, gender, and length of stay to control for confounding variates.

**Table 1.** Demographic Data

Characteristic	Statistic	Rounded	Not Rounded	P Value
Age, years	Mean	62.9	56.1	.3
	Range	19–100	19–94	
	SD	13.7	16.5	
Sex	Male	62 (45.6)	304 (40.8)	.7
	Female	74 (54.4)	441 (59.1)	
Educational level	8th grade or less	4 (2.9)	35 (4.7)	.8
	Some high school	23 (16.9)	86 (11.5)	
	High school or GED	50 (36.8)	253 (33.9)	
	Some college	24 (17.6)	185 (24.8)	
	4-year college graduate	6 (4.4)	66 (8.8)	
	More than 4-year college	11 (8.1)	44 (5.9)	
Length of stay	Mean	4.1	3.5	.7
	Range	1–26	1–28	
	SD	3.6	3.8	

Values are n (%) except as noted.  
GED, general education development.

## RESULTS

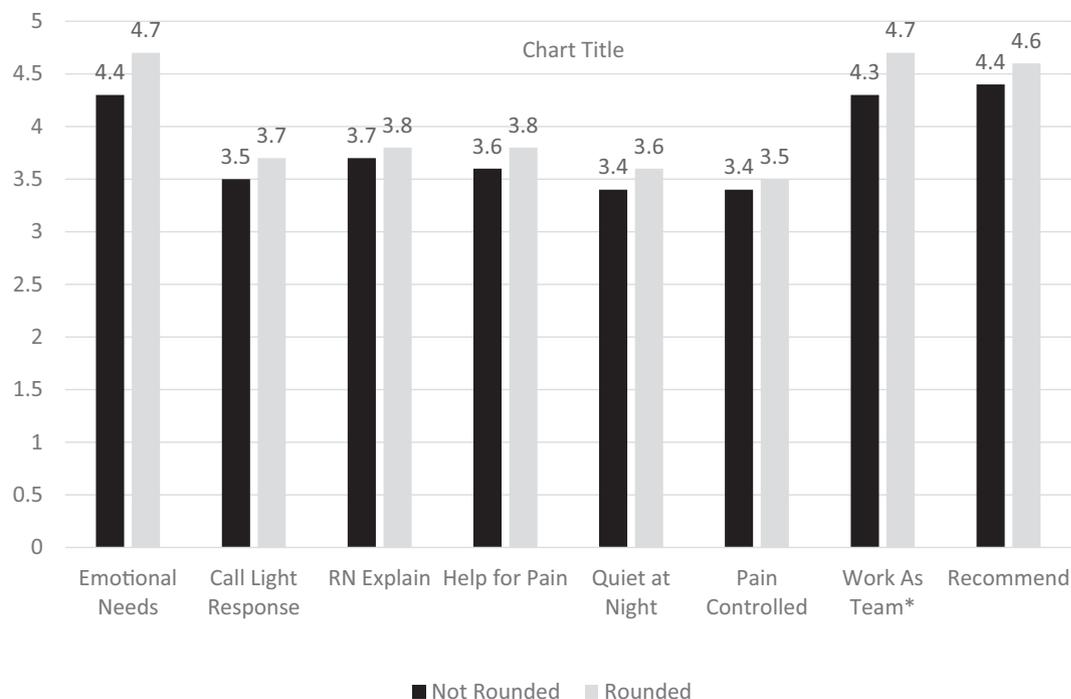
Data were gathered on 882 patients during the study period. During this time, there were 1370 unique patient executive rounds performed. Of these, 33 did not have an MRN identified, which resulted in 1127 events across 1163 specific patient encounters. Complete data were available for 882 total encounters. Table 1 lists demographic data for cohorts, stratified by rounding group. Groups were similar in age, gender, educational level, and length of stay ( $P = .3$  to  $.7$ ). When comparing mean scores for HCAHPS items between those that received the rounding and those that did not receive the rounding, scores were higher for 8 items (Figure 1). Items included emotional needs being met, call light response, nurse explaining things in a way the patient could understand, receiving help for pain when requested, quiet at night, pain control, how well the staff worked together as a team, and likelihood to recommend the hospital. These differences in scores remained even when controlling for patient age, gender, and length of stay. Although scores for these items were slightly increased for the group that received the rounding, most differences were not statistically significant. Only the item asking how well the members of the health care team worked together as a team demonstrated differences that were statistically significant in Mann-Whitney  $U$  analyses (4.4, 4.7;  $P < .05$ ). Differences in scores for the remaining HCAHPS

items were not increased for the rounding group, and no differences were statistically significant.

## DISCUSSION

Findings indicate executive rounding may have some impact on the overall patient experience and may positively impact some HCAHPS scores. Although the differences between those who received rounding and did not have rounding were slight, the scores for “works together as a team” were significantly higher among those who received the rounding. Patients witnessing hospital executives taking a vested interest in daily care may perceive a stronger sense of teamwork among all members of staff. Similarly, staff may be more engaged in care and with one another when they witness a visible presence and support of hospital administrators.

Other reports in the literature cite components of leadership and interdisciplinary rounding as key elements among top performing health systems.<sup>3,13,14</sup> At hospitals with some type of leader rounding, HCAHPS survey domains demonstrate a significant increase for nurse and doctor communication, staff responsiveness, pain management, communication about medications, and discharge information.<sup>13</sup> Leadership rounding validates that patient satisfaction is not just a temporary focus, as leaders demonstrate a personal commitment to patients and to receiving patient and staff feedback in real time.<sup>14</sup>



**Figure 1.** Increases for Response Items By Rounding Group. \* $P < .05$  Mann-Whitney  $U$  analysis.

Having both leaders and staff involved in improvement efforts may contribute to a culture of meeting patients' needs and improving HCAHPS scores<sup>13,15</sup> because it demonstrates a focus on mutual goals.

Despite the importance of leadership engagement, specific reports on executive level rounding and impact on HCAHPS scores are sparse. A study by Winter and Tjong<sup>16</sup> investigated whether leadership rounding, which sometimes included executives, impacted patient perceptions of care. Real-time feedback that patients gave to executives, however, did not correlate with their ultimate reported HCAHPS scores after discharge and did not consistently result in increased HCAHPS scores, suggesting other factors besides rounding may impact scores. Engagement of executives who are not typically at the bedside may generate unique perspectives for both patients and executives, yet data on how this impacts HCAHPS scores are lacking. Our study suggests executive rounding may have an impact on some HCAHPS items, but this intervention alone may not yield substantial increases in scores.

Positive impacts of executive rounding may result in other intangible outcomes with patients and staff. Executive rounding facilitates staff communication of perspectives and challenges directly with leaders, often affording the ability to problem solve collaboratively in real time. Executives may also use the rounding experience to provide encouragement and recognition to staff based on witnessed care delivery and feedback from patients at the time of service, rather than several

weeks after discharge. Providing real-time, positive feedback can lead to increased trust between leaders and staff, and further demonstrate the leader is invested in the organization and both patient and staff satisfaction.<sup>16</sup>

It is apparent that leadership rounding remains a key component in efforts toward improving the patient experience.<sup>14</sup> Engagement specifically of executives in rounding models the importance of this intervention and may enhance efforts to hardwire hourly rounding by clinical staff. Findings from our study support integration of executive rounds as 1 potential component to increase some patient satisfaction measures. However, executive rounding as a sole intervention is not effective in producing significant gains across all HCAHPS scores. Instead, a multifaceted approach, which includes engagement of hospital executives, is likely a key strategy for improving patient experience.

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