3-2021

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DOI: <https://doi.org/10.46409/sr.RNSN6151>

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**Implementation of a Nurse Leader Rounding Program in the
Emergency Department**

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This Manuscript Partially Fulfills the Requirements of the
Doctor of Nursing Practice Program and is Approved by:

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Title of DNP Project: Implementation of a Nurse Leader Rounding Program in the Emergency Department <i>My signature confirms I have reviewed and approved this final written DNP Scholarly Project. DocuSign electronic signature or wet signature required.</i>		
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DNP Project Primary Faculty: Dr. Jennifer Mensik	<small>Jennifer Mensik Kennedy (Mar 29, 2021 13:13 PDT)</small>	3/24/2021
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Abstract

Practice Problem: The identified practice problem was the low “Likelihood to Recommend” patient experience survey scores within the ED at the identified project setting.

PICOT: The PICOT question that guided this project was “In ED patients (P), how does the implementation of Nurse Leader Rounding (I) compared to the prior state of no Nurse Leader Rounding (C) affect the “Likelihood to Recommend” top box score (O) within eight weeks (T)?”

Evidence: In a review of 13 articles, the evidence consistently showed that Nurse Leader Rounding was a proven intervention for increasing patient engagement scores.

Intervention: Nurse Leader Rounding is defined as the department leader rounding on the patient within the department and providing: 1) feedback to the primary care team related to observations of care expectations by the leader and 2) in the moment service recovery if needed

Outcome: The outcome of the project was a clinically significant increase in “Likelihood of Recommending” by 2.3% while no statistical significance in scores.

Conclusion: The conclusion of this project found that COVID-19 played a big part into the small increase in engagement scores. However, it did show that Nurse Leader Rounding, as an intervention, has the ability to increase patient engagement scores.

Implementation of a Nurse Leader Rounding Program in the Emergency Department

Emergency department (ED) patients are often seen due to an acute illness or traumatic injury. ED's are often the main entrance to the hospital inpatient units, and the stressful experience while in the ED can have lasting effects on the patient (Meade et al., 2010). This project paper will discuss the implementation of a nurse leader rounding (NLR) program and the effects it had on the overall experience of the ED patients.

Significance of the Practice Problem

The identified practice problem was the low "Likelihood to Recommend" patient experience survey score within the ED at the identified project setting. Patient experience scores have a direct correlation with a patient's health outcomes (Heath, 2016). The patient experience within the ED has lasting effects throughout the entire inpatient stay (Setia & Meade, 2009). In 2006, the Center for Medicare and Medicaid Services (CMS) implemented the Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS) survey which is intended to measure the experience of the patient during their hospital stay (McFarlan et al., 2019). HCAHPS scores have a direct relationship with the amount hospitals are reimbursed for their services and thus their overall financial margins (McFarlan et al., 2019). This connection between HCAHPS results and reimbursement rates has many hospital leaders focusing on patient experience to make sure they are providing the best care and achieving high scores.

At the beginning of this project, the "Likelihood to Recommend" score is a top box score of 67.13% and a percentile ranking of 38% when compared to the Press Ganey database (J. Stewart, personal communication, May 27, 2020). A percentile rank of 38%, indicated 62% of the over 2,000 Press Ganey hospitals had a higher patient recommendation score. This project was necessary to assist in achieving a higher "Likelihood to Recommend" score. The practice of

tying patient experience to reimbursement rates for hospitals is relatively new: it began in 2006 with the creation of HCAHPS (McFarlan et al., 2019). However, it is a key indicator because positive experience by the patient suggests the patient will return and will not skip seeking medical care due to a negative previous experience (Tan & Lang, 2014). This connection between patient experience and returning to the ED based off previous experience when needed speaks to both financial and patient safety organizational goals.

Hospitals must perform well financially if they want to keep providing care. Like any business, profitable margins allow for the company to retain employees and continue to provide its product (Betts et al., 2016). For hospitals, this product is caring for the community. Hospitals, just like any business, volume drives profits. Improved patient experience will increase patient loyalty, building a positive reputation and brand which will increase referrals provided by patients (Betts et al., 2016). A review of hospital profit margins and patient engagement scores showed that hospitals with top-box scores increased their net margin by 1.4% compared to hospitals with bottom-box scores (Betts et al., 2016, para. 5).

While financial performance is important, patient health outcomes should be the driving factor for improving patient engagement scores. While the exact reasoning is not yet known, increased patient engagement scores have a positive relationship with patient outcomes (Glickman et al., 2010). This could be due to the trust and open communication shared by the patient and clinic staff (Luy et al., 2013). It could also be because patients who had a positive experience were more likely to complete needed follow up visits and to return to the hospital if they had a negative side effect post discharge (Luy et al., 2013).

PICOT Question

In ED patients (P), how does the implementation of NLR (I) compared to the prior state of no NLR (C) affect the “Likelihood to Recommend” top box score (O) within eight weeks (T)?

Population

The population for this project was the patients admitted to the 42-bed emergency department of a mid-sized, 220 bed hospital. More specifically, the population was the patients seen and discharged from this department that received and completed a patient engagement survey that was distributed by a third-party company.

Intervention

This project implemented the intervention of NLR to increase patient engagement scores within the ED. This intervention has been used both within the ED and inpatient settings and been shown to increase many aspects of patient engagement surveys while ultimately increasing the overall ranking of ED patient engagement scores (Littleton et al., 2019; McFarlan et al., 2019). In this paper, NLR is defined as the department leader rounding on the patient within the department and providing: 1) feedback to the primary care team related to observations of care expectations by the leader and 2) in the moment service recovery if needed.

Comparison

At the start of the project, the setting had no structured approach to NLR or patient engagement. While research findings support the ability of NLR to help raise patient engagement scores, this department had not implemented such a strategy (McFarlan et al., 2019). The comparison for this project was the previous state patient engagement scores prior to the implementation of NLR.

Outcome

The intended outcome of this project was to see a statistically significant increase in ED patient engagement scores. Specifically, the “Likelihood to Recommend” question was tracked, as this question is used to compare overall patient engagement at the local, system, and national levels. The project team also identified two key domain questions that would be directly influenced by NLR. “Nurses concern to keep you informed about your treatment” and “How well the staff cared about you as a person.”

Timeline

The timeline for this project was eight weeks starting on November 1st and ending December 26th. It allowed the project team to develop the project details, educate needed stakeholders, implement the program, collect, and interpret data.

Quality Improvement Framework & Change Theory

Employing a guiding framework and change theory keeps the project organized and structured. While there were many to choose from, it was important to select options that would work within the scope of the implemented project and that were supported within the sponsoring organization. The Kotter’s Change Theory (1995) was selected for this project to assist in the execution of necessary change. The Kotter Change Theory (1995) and LEAN framework (1988) were selected for this project due to their routine use within the organization.

The LEAN framework supports reducing waste and limiting actions to only needed steps (Mostafa, et al., 2013). This reduction in extra steps ensures that standardization is used when possible. This standardization was seen within the literature and the LEAN framework was utilized throughout the project development to each required step was both within the literature but also needed so that nothing extra was completed resulted in additional time.

While the LEAN framework was present throughout the project, the Kotter Change Theory (1995) was the driving theory to organize the implementation of this project. The Kotter Change Theory was being used and also taught to all staff as the sponsoring organization went through its High Reliability Organization journey. The Kotter Change Theory is an 8-step theory and framework that provided the project manager a structure from start to finish (Kotter, J., 1995). The project began after the organization had already established a strong significance for need, “Likelihood to Recommend” survey scores in the 38-percentile rank. It followed the steps of project team development, vision creation, working through communication and barrier removal (Kotter, J., 1995). The project team worked through short term goals and on sustainability measures that will continue the project after the short-term implementation and analysis. These steps were directly related to the Kotter (1995) model.

Evidence Search Strategy

A robust literature search was completed to support this project. The PICOT question was: “In ED patients (P), how does the implementation of NLR (I) compared to the prior state of no NLR (C) affect the “Likelihood to Recommend’ top box score (O) within eight weeks (T)?” The three databases used were Google Scholar, CINAHL Complete, and PubMed. When searching, the following keywords were used: “emergency department,” “patient engagement,” “patient experience,” “patient satisfaction,” “nurse leader rounding,” and “leader rounding.” Inclusion criteria were articles written in English, published in 2009 or more recently, speaking to leader rounding on patients, peer reviewed research, and set setting within an acute care hospital. Exclusion criteria eliminated articles that spoke to nurse leader rounding on staff instead of patients, were outside of the acute care hospital setting, and were published before 2009. Once results from the initial search were gathered, the DNP student read abstracts. Articles

that met both inclusion and exclusion criteria were then fully reviewed to analyze their appropriateness for the project.

Evidence Search Results and Evaluation

Using the previously mentioned search strategy, a review of three databases was completed. The initial search, presented in the Figure 1 by use of a PRISMA diagram, resulted in 43 articles for review (Moher et al., 2009). After removal of duplicates, 21 articles were left to review. Once a review of all abstracts was completed and inclusion and exclusion criteria were applied, 14 remained as evidence for performance of the intervention established for this project. Reduction from 21 to 14 articles resulted due to articles not meeting inclusion criteria and/or meeting exclusion criteria. Following these steps, this author was able to confidently say that all articles were reviewed from 2009 to 2020 related to NLR or Leader Rounding to improve patient engagement scores.

The SORT methodology was then used to grade individual articles and assign each a strength level based on type of research, outcomes, and consistency (Ebell et al., 2009). See Table 1 for article strength. The individual systematic review was reviewed and graded separately (see Table 2). A consistent message appeared that implementation of NLR had a direct effect on the increase of overall patient engagement scores. The consistent results and conclusions of the presented data resulted in a SORT grade of a B (Ebell et al., 2009). While consistent outcomes were found and large sample sizes were used, identified studies did not include higher level research, such as randomized control studies or meta-analyses. The research that was found was well done and did show a consistent correlation between NLR and patient engagement scores. This consistency confirmed a grade of B on the SORT grading system (Ebell et al., 2009).

Themes from the Evidence

Three primary themes were identified to support this evidence-based project: a consistent relationship of NLR and patient engagement, a structured approach to rounding, and standard communication during all rounds.

Consistent Relationship of NLR and Patient Engagement

A major theme that was seen through the research was consistent and proper NLR resulted in increased patient engagement scores (Babaev, 2017; Baker, 2010; Gillam et al., 2017; Hudson-Covolo et al., 2017; Littleton et al., 2019; McFarlan et al., 2019; Morton et al., 2014; Pattison et al., 2017; Reid, 2017; Setia & Meade, 2009; Sturdivant et al., 2020; Tan & Lang, 2014; Tothy et al., 2018; Winter & Tjong, 2015). While there were slight differences in process, the NLR was judged to be an effective intervention for patient engagement improvement in all of the studies' results. This consistency provided substantial support for implementation of the intervention for increasing patient engagement scores.

Structured Approach

While variation occurred in the literature, a well-defined and structured approach was seen in many of the articles reviewed (Babaev, 2017; Hudson-Covolo et al., 2018; McFarlan et al., 2019; Morton et al., 2014; Sturdivant et al., 2020). Sturdivant et al. (2020) spoke to a well-defined, detailed process that assigned the acronym "PATIENT" (p. 159). Although the PATIENT process was not identified within all articles, others did address the same expectations of the need for a standard, consistent, and structured approach (Babaev, 2017; McFarlan et al., 2019; Morton et al., 2014).

Standard Communication

Along with a structured approach, standard communication was a consistent theme seen throughout the articles reviewed (Gillam et al., 2017; Hudson-Covolo et al., 2018; Littleton et al., 2019; Reid, 2017; Setia & Meade, 2009; Tothy et al., 2018). Gillam et al. (2017) and Littleton et al. (2019) mentioned using common communication based off specific questions within the patient engagement survey that needed the most improvement such as the need to keep patients updated or the courtesy of the staff. While the articles had differences in the communication used, the articles had commonality of requiring the leader to use standard communication during all rounds.

A review of the 13 articles indicated there were differences within the process, communication, and expectations of leaders during rounding. However, all of the studies reported the process of rounding increased the overall patient engagement score within the department. While consistent messaging was seen throughout all articles, no randomized controlled trials have been published that address NLR and its effect on patient engagement scores. The consistent findings through quality improvement studies and well documented outcomes give confidence NLR will be an appropriate evidence-based intervention to improve patient engagement scores.

Practice Recommendations

According to the completed literature search and presented results, NLR exhibited an evidence-based intervention for improving overall “Likelihood to Recommend” patient engagement scores within the ED (Babaev, 2017; Gillam et al., 2017; Hudson-Covolo et al., 2017; Littleton et al., 2019; McFarlan et al., 2019; Morton et al., 2014; Pattison et al., 2017; Reid, 2017; Setia & Meade, 2009; Sturdivant et al., 2020; Tan & Lang, 2014; Tothy et al., 2018;

Winter & Tjiong, 2015). While there was a lack of random control and meta-analysis studies addressing this topic, the evidence was consistent within multiple quality improvement projects and indicated that NLR was associated with significant increases in patient engagement scores. This consistency of intervention and outcome ensured that NLR would achieve the same desired outcome within this project. Therefore, the literature supported development of a standardized tool to ensure standardized questions and structure for the rounding leader. Standardization was consistent through the literature and ensured that the process was reliable (Babaev, 2017; Hudson-Covolo et al., 2018; McFarlan et al., 2019; Morton et al., 2014; Sturdivant et al., 2020).

Within the literature, a direct relationship was seen between increased patient engagement scores, clinical patient outcomes, trust between clinicians and patient, and financial benefits to the organization (Bresnick, 2015 & Heath, 2016). Due to these reasons and consistency within the available research, NLR was a supported intervention to increase patient engagement scores.

Project Setting

This project's setting was an urban, level one trauma center ED. The ED was within a 236-bed tertiary hospital located in Jefferson County, Colorado. The average patient within the department was 55 to 65 years old, Caucasian, and male (J. Stewart, personal communication, May 27, 2020). The setting was the referral hospital for an extensive health system within Colorado made up of 17 hospitals.

A SWOT analysis was completed to identify strengths, weaknesses, external opportunities, and threats (see Table 3). Identified weaknesses and threats were mitigated where possible while strengths and opportunities continued. The strengths were the significant support of and motivation by the hospital's Chief Nursing Officer (CNO), and an external opportunity

was the support from the system patient experience director. One weakness was the limited time of the unit leadership team. External threats were changing priorities within the system associated with COVID-19 due to changes in needs of both staff and patients. Leadership time constraints were mitigated by ensuring that leadership had dedicated time free of meetings supported by the CNO.

Project Overview

This project implemented an evidence based NLR program. The expected outcome was to increase the quality of patient rating of their experience during their stay in the ED. The mission of the program setting was “We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities” (Centura Health, n.d.). The project’s expected outcome addressed and helped to fulfill the organization’s mission.

The risk of meeting the project’s short- and long-term objectives was related to the organization’s priorities and the department leadership team’s commitment. To be effectively implemented, NLR requires a significant time commitment from the department leadership. While the risk of leadership prioritization cannot be mitigated and must be accepted, the risk of department leadership time constraints was mitigated by effectively demonstrating the project’s benefit, how daily tasks could be accomplished during NLR, and reserving dedicated time for rounding, free of meetings.

While the long-term objective is to increase patient engagement scores, the short-term objectives were to establish a NLR plan with the department leadership group that was both effective and sustainable. The long-term objective of increasing patients’ experience while seeking care could only be met by meeting the short-term objective first.

Project Plan (Method)

Kotter's Change Model was the framework for this project (Kotter, 1995). This model has proven success in establishing guidelines for large-scale changes across an organization (Appelbaum et al., 2012). This was also the change model promoted within the organization. The Kotter Change Model is an eight-step process that guided the project leader to gain urgency and anchor the change as standard work within the department (Kotter, 1995). The Doctor of Nursing Practice (DNP) student assumed the role of the project lead. The project team, which assisted in the implementation, was made up of department and hospital team members.

Create a Sense of Urgency

A meeting took place to understand the current state within the project setting and to create a sense of urgency. The project lead met with the system and local patient engagement leaders to understand current and future state expectations. Before the NLR program was implemented, the department was not meeting hospital or system-wide goals related to patient engagement. The department was also seeing increased competition across the market area as additional freestanding EDs and urgent care centers opened. The increase in patient engagement scores was therefore vital to the survival of the department.

Build a Guiding Coalition

The project lead developed a project team, which involved department leadership, the patient engagement manager, quality department leadership, department medical director, Press Ganey representative, and system patient engagement director. The project lead gained approval and support from the hospital's Chief Executive Officer (CEO), CNO, and Chief Medical Officer (CMO). Although development of the project was the project lead's responsibility, the project team was essential to provide expertise and support implementation.

Form a Strategic Vision and Initiatives

The project lead created a strategic vision for the project: “To increase patient engagement scores within the ED by use of a sustainable NLR program.” This evidence-based approach to increasing patient engagement scores presented many challenges and opportunities for the project team.

In collaboration with the system patient experience director, a four-hour class was held to kick start the NLR program within the ED. The clinical nurse manager (CNM), assistant nurse managers (ANMs), and the hospital patient experience manager attended. This class reviewed literature findings related to the benefits of NLR, the understanding of the current state of the department, and the need for improvement. Activities included sharing the project expectations, job aids that were used, process expectations, role-playing to practice, and obtaining feedback.

Once IRB approval was gained, training was completed with the CNM and ANMs. The CNM and ANMs were allowed to practice NLR with actual patients and feedback with staff members. Once the CNM and ANM had time to practice before the project started, the CNM and ANMs were validated on their NLR adherence by the project lead using a validation tool (see Appendix A).

Once they were approved to continue, the CNM and ANM began NLR and data collection with the assistance of the project lead on the project start date. The project’s timeline expanded over 45 weeks and included the development of the project proposal and ended with dissemination (see Appendices B through D). Once the project started, the project lead met weekly with the hospital patient experience manager, CNM, medical director, and quality director to review Press Ganey data and all collected data by the CNM and ANMs. Data were reviewed for completeness, and feedback was given based on the prior week’s accomplishments.

These weekly meetings continued throughout the project, and the project team continued to evaluate the project's status.

The data collected by the Press Ganey survey were, date of visit, "Likelihood to Recommend" daily survey results, "Nurses' concern to keep you informed about your treatment" daily survey results, and "How well the staff cared about you as a person" daily survey results. Data collected around NLR were the leader completing the rounding, date, and number of rounds completed.

Communicate a Vision for Change

Communication was an essential component of this process change. Communication was structured to ensure the project team understood the vision. The project lead developed the project's communication plan. Data were distributed weekly to the project team. This communication included the most recent Press Ganey scores, current NLR progress by the group, reiteration of expectations, and short-term wins.

Enable Action by Removing Barriers

As the project team worked through the process of the project, members identified barriers. These barriers included time constraints, increased COVID-19 numbers, COVID - 19 vaccination plans, leadership changes, and staff burnout. The project lead worked through these barriers and removed as many as possible to ensure the project could move forward and be successful. Removing barriers required collaborating with the department, local, system leadership, and other departments within the hospital. However, the COVID-19 pandemic and changes within leadership were barriers that could not be avoided.

Generate Short-Term Wins

Frequently, in the writer's experience, projects can take many months to years before the end goal is achieved. This extended timeframe of work can cause stakeholders to become discouraged. By providing short-term goals, the stakeholders had short-term wins to celebrate as the process continues. These short-term wins motivated the group to work towards the final goal. This project had many short-term wins: completion of education and validation, the first week of data collection, four weeks of data collection, and six weeks of data collection. These milestones allowed continued celebration and encouragement through the project.

Sustain Acceleration

Once the project was completed, the continuation of the NLR was successful. The weekly project team meetings will continue. In these meetings, Press Ganey data will continue to be reported. Additionally, NLR numbers and findings will be presented Monday through Friday at the hospital operational huddle. Although the project lead will no longer serve the communicative role, reporting expectations will ensure sustainability and allow barriers to be presented and solved by department and hospital.

Anchor Change

To further support sustainability, anchoring the change into the culture of the department was needed (Kotter, 1995). This process began during the eight weeks of the project. The continued sustainability plan will assist in pushing the project forward. Culture changes take time, and this project intervention is no exception. The department leadership's daily and weekly accountability will ensure that this intervention becomes anchored into the department's culture for years to come.

Results

This project's expected outcome was to see an increase in the patient engagement survey "Likelihood to Recommend" top box score. Data were collected externally by the third-party company Press Ganey and given to the project lead in a HIPAA compliant report by the host organization's patient experience manager. Baseline data were pulled from the eight weeks before the implementation of NLR. Data related to the numbers of NLR were collected during the implementation phase of the project. Six weeks after the completion of the project, patient engagement data was collected. This delay in collecting patient engagement data was required to allow all surveys to be completed and returned. See Table 4 for all collected variables.

Descriptive Data

The project completed NLR on 49 of the 56 implementation days or 87.5%. During this time, three nurse leaders completed a total of 1120 rounds which resulted in rounding being completed on 17% of the 6,590 patients that sought care in the project setting during the implementation phase. 57.14% of days were compliant in rounding on 20% of patients that day and 41% of the days saw rounding on both the day and night shifts. During this time, 278 patient surveys were completed resulting in a top box score increase of 2.3% for "Likelihood of Recommending," 1.28% increase in "Staff cared about you as a person," and no change in the "Nurses kept you informed" question.

The implementation data were compared to pre-data using the generated survey. Specifically, the question "Likelihood of your recommending our Emergency Department to others" was the primary outcome variable being studied. The question could have been answered five ways; very poor, poor, fair, good, and very good. For this project, the project team evaluated

the percentages within each response and looked for a statistically significant difference between the pre-and implementation results.

Statistical Analysis

To analyze data related to the patients' thoughts towards recommending the ED to others, an independent t-test was completed to look for significance in the change of the patient engagement questions. All three questions had p values indicating that there were no significant changes within the mean of patient engagement score and scores during the implementation (see Table 5).

Table 5

<i>Survey Question Sig.</i>	<i>Pre</i>	<i>Implementation</i>	
Survey Questions	M (SD)	M (SD)	P
Likelihood of Rec.	79.48 (23.45)	83.76 (17.11)	.278
Nurses kept you informed	84.77 (16.06)	84.8 (16.82)	.991
Staff Cared about you	84.76 (15.44)	86.14 (13.24)	.617

However, an increase of 2.3% within the question of “Likelihood to Recommended” has a clinical significance of improvement within the organizational goal looking to see a one to two percent increase over the year (J. Stewart, personal communication, May 27, 2020).

Leader Rounding

Additional variables were tracked related to the number of completed nurse leader rounds as a process measure that assisted in the program's progress. This measure guided the project team along to ensure that the intervention was being completed and followed. The project goal was to round on 20% of all patients presented for care within the ED each day. The tracking tool (see Appendix E) created by the project lead helped collect the completed NLR total. This

compliance measure ensured that the project team and lead were completing the expected number of rounds.

A Point, Biserial Correlation test, was completed using the raw data from the Press Ganey survey and NLR data. The test showed no correlation for days that had the rounding numbers meet the 20% expectation and increased patient “Likelihood to Recommend” scores compared to days where compliance was not met (see Table 6).

Table 6

Point Biserial Correlations

Combination	r_{pb}	95% CI	p
20% Compliant/Likelihood of Recommending	0.24	[-0.03, 0.47]	.080

Any project has financial or budgetary aspects All included stakeholders and project team members were salaried, and there was no increase in cost due to the increased expectations. These new expectations and time commitments were absorbed into their expected roles and salaries.

Impact

The impact of this project was a sustainable intervention that will continue to drive improvements in patient engagement. During the implementation phase, department leadership made NLR part of the department expectation and standard practice. While results did not indicate statistically significant changes to overall patient engagement scores, NLR was adopted as a best practice throughout the project setting. Now that the implementation phase has been completed and COVID-19 is more controlled, the department leadership team has made NLR a high priority within their day-to-day work. Six weeks post-implementation, the department has increased their NLR to 30% of all patients consistently every day of the week and has seen an

increase of 4% within the “Likelihood to Recommend” question since the implementation phase was completed.

The intervention will continue to be monitored for success through a weekly meeting with the department leadership and quality department to discuss the unit’s patient engagement scores. Additionally, the department leadership will report out daily, Monday through Friday, in a hospital-wide safety huddle to speak to the number of rounds completed the day before. These two interventions will ensure that the NLR project continues in the long-term.

To ensure the rounding’s validity, the department director will validate the department management team on their NLR techniques and ensure that consistency and expectations are met at the bedside. This validation will ensure the patient interaction is correct and the interaction with the staff members occurs post rounding.

Dissemination Plan

The project results were disseminated in multiple venues. First, a PowerPoint and verbal presentation took place at the hospital involving the project team, hospital executive team, preceptor, and department leadership. This presentation included the methodology required for the project, evidence of evidence-based practice related to the intervention, successes and barriers, and the results. The presenter discussed why NLR was a success even though the data did not support statistical significance. In addition to success and barriers, the project leaders gave feedback on how to increase the program’s success moving forward. The executive team was given feedback about the need for managers to have dedicated time away from meetings to round within the unit and for resiliency training for staff due to the COVID-19 pandemic.

To share results with the greater community, a similar presentation was given to the department and will be presented at the health system evidence-based conference in the coming

year. This is an annual conference that allows staff members within the system to present projects and results that have been completed showing evidence-based practice changes. Even though the project results did not show statistically significant improvement, dissemination to the system is essential to show that future work around NLR needs to continue in EDs within this system.

Conclusion

In this paper, an evidence-based plan was created to implement NLR as an intervention to improve patient engagement scores, specifically “Likelihood to Recommend” scores within the ED. This paper included the significance of the practice, the framework to be used, literature review findings, practice recommendations, evaluation of results, impact, and the dissemination plan.

During this project’s implementation, the setting was dealing with the COVID-19 pandemic and did not see a statistically significant change within engagement scores. However, the 2.3% increase in the top box showed that the intervention did affect the patient’s experience, which supported the decision to continue NLR within the department.

Patient engagement was shown to increase the financial margins of an organization and improve patient outcome. While NLR did not show a statistically significant change in patient engagement scores during this project’s timeline, the literature supports continuing NLR within the project setting. As COVID-19 continues to be better controlled within the United States, NLR will continue to be a necessary intervention within the project setting.

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Figure 1

PRISIMA

Table 1

Summary of Primary Research Evidence

Citation	Design, Level Quality Grade	Sample Sample size	Intervention Comparison (Definitions should include any specific research tools used along with reliability & validity)	Theoretical Foundation	Outcome Definition	Usefulness Results Key Findings
Baker, S. (2010). Rounding for outcomes: An evidence-based tool to improve nurse retention, patient safety, and quality of care. <i>Journal of Emergency Nursing</i> , 36(2), 162-164. https://doi.org/10.1016/j.jen.2009.11.015	SORT Level 2 Quality Grade of Moderate	No human subjects were recruited for study	Implemented NLR to round on patients and staff using a self-developed tool to track	No framework mentioned	Showed increase in patient satisfaction scores within one department from 16 th to 78 th percentile.	<ul style="list-style-type: none"> Standardized tracking tool and common questions. Emphasized rounding on staff as well as patients.
Babaev, A. (2017). Nurse leader rounds: Effect on nurse - related patient satisfaction scores on two post-surgical units in an acute care facility. (2017). <i>Medical & Clinical Research</i> , 2(3). https://doi.org/10.33140/mcr.02.03.02	SORT Level 2 Quality Grade of Moderate	No human subjects were recruited for study	Implementation of NLR to increase HCAHPS survey scores	Evidence Based Leadership	Findings noted that patient satisfaction increased when patients were rounded on by a leader.	<ul style="list-style-type: none"> NLR allows for connection with patients by leader NLR shows correlation with increase patient engagement scores
Gillam, S. W., Gillam, A. R., Casler, T. L., & Cook, K. (2017). Increasing patient recall of nurse leader rounding. <i>Applied Nursing Research</i> , 38, 163–168. https://doi.org/10.1016/j.apnr.2017.10.013	SORT Level 2	90	NLR to increase patient engagement scores, use of	The paper followed an active learning	After intervention, NLR was recalled by	<ul style="list-style-type: none"> Significance of NLR and Patient

	Quality Grade of Moderate		nurse call system to help identify the nurse leader	design and did not note a theoretical framework.	patients significantly greater post intervention	engagement scores <ul style="list-style-type: none"> Interventions to improve recall by patients that NLR was completed.
Hudson-Covolo, J., Rivers, R., & Irwin, B. (2018). Daily intentional nurse leader rounding on patients. <i>Journal of PeriAnesthesia Nursing</i> , 33(1), 90–95. https://doi.org/10.1016/j.jopan.2017.11.005	SORT Level 2 Quality Grade of Moderate	No human subjects identified within study	NLR used to increase patient satisfaction scores within department.	Bloom's taxonomy	Had 10% increase in patient engagement scores	<ul style="list-style-type: none"> Standard tool to track rounding. Tool used to keep questions consistent
Littleton, L., Fennimore, L., Fernald, C., & Gonzalez, J. (2019). Effective nurse leader rounding improves the patient experience. <i>Nursing Management</i> , 50(10), 11–14. https://doi.org/10.1097/01.NUMA.0000580620.45628.cd	SORT Level 2 Quality Grade of Moderate	No human subjects identified within study	NLR quantity was looked at to see if an increased number of rounds in the department has a relationship with increase patient satisfaction scores	No framework mentioned	Showed that increase nurse leader rounding was a relationship with an increased patient satisfaction score	<ul style="list-style-type: none"> Stated 50% of all patients in department were rounded in. Only study to note this.
McFarlan, S., O'Brien, D., & Simmons, E. (2019). Nurse-leader collaborative improvement project: Improving patient experience in the emergency department. <i>Journal of Emergency Nursing</i> , 45(2), 137–143. https://doi.org/10.1016/j.jen.2018.11.007	SORT Level 2 Quality Grade of Moderate	No human subjects identified within study	Use of standardized NLR process and expectations of leaders within department.	Kurt Lewin's Force Field Analysis and Planned Change Theory	Results did not show a significant change in engagement scores. Limitations related to study outcomes, leadership changes, flu season, and	<ul style="list-style-type: none"> Creation of stand work as it relates to NLR. NLR vs bedside staff rounding.

					MSN students no longer able to assist.	
Morton, J. C., Brekhus, J., Reynolds, M., & Dykes, A. (2014). Improving the patient experience through nurse leader rounds. <i>Patient Experience Journal</i> , 1(2), 53–61. https://doi.org/10.35680/2372-0247.1036	SORT Level 2 Quality Grade of Moderate	39006	Use of standardized NLR process	Paper did not speak to framework	Findings found a significant relationship between NLR and patient satisfaction scores.	<ul style="list-style-type: none"> • Confirms the relationship between NLR and patient satisfaction scores. • Also speaks to the operational metrics improvement and decreased nurse turnover.
Pattison, K. H., Heyman, A., Barlow, J., & Barrow, K. (2017). Patient perceptions of sitting versus standing for nurse leader rounding. <i>Journal of Nursing Care Quality</i> , 32(1), 1–5. https://doi.org/10.1097/ncq.0000000000000214	SORT Level 2 Quality Grade of Moderate	84	Study looked at the differences in patient perception when standing vs sitting as a leader during rounding	No framework mentioned	Study showed that patients perception leaders in the room significantly longer when sitting vs standing	<ul style="list-style-type: none"> • Study showed that standing vs sitting did not have relationship with satisfaction by patient during rounding • Study showed that when sitting vs standing, patient feels leader is in room longer
Reid, S. (2017). Improving patient satisfaction scores with digital nurse leader rounding. <i>Health Management Technology</i> , 14. www.healthmgttech.com	SORT Level 2 Quality Grade of Moderate	No human subjects identified within study	Study looked into the use of electronic tools while leader rounding.	No framework mentioned	Study showed significant improvements in patient satisfaction during NLR	<ul style="list-style-type: none"> • Study showed increase patient satisfaction scores post NLR. • Did not show that the use of

						electronic tool had relationship with patient scores
Setia, N., & Meade, C. (2009). Bundling the value of discharge telephone calls and leader rounding. <i>JONA: The Journal of Nursing Administration</i> , 39(3), 138–141. https://doi.org/10.1097/nna.0b013e31819894f1	SORT Level 2 Quality Grade of Moderate	No human subjects identified within study	Study looked at the two interventions of post discharge phone calls and NLR.	No framework was mentioned	Showed that while each individual tactic is effective in increase patient engagement scores. The two tactics together show the best outcomes for patient engagement	<ul style="list-style-type: none"> Study showed the outcome of using NLR and post discharge phone calls.
Sturdivant, T., Herrin, K., Reynolds, M., & Mestas, L. (2020). Improving patient satisfaction through a nurse leader-Physician bedside rounding protocol: A pilot project. <i>Nursing Economics</i> , 38(3), 158–163. http://www.nursingeconomics.net/cgi-bin/WebObjects/NECJournal.woa	SORT Level 2 Quality Grade of Moderate	118	Study looked at both NLR and physician leader rounding.	No framework was mentioned	Study looked into the use of both NLR and physician leader rounding. Study did not show significant increases in patient engagement scores	<ul style="list-style-type: none"> Study rounded on small percentage of patients. Study saw communication scores increase in both nurse and physician domain but not overall ranking
Tothy, A., Sastry, S. K., Springman, M. K., Limper, H. M., Fahrenbach, J., & Murphy, S. M. (2018). Transforming care through bedside leader rounding: Use of handheld technology leads to improvement in perceived patient satisfaction. <i>Patient Experience</i>	SORT Level 2 Quality Grade of Moderate	25984	Study intervention was related to the use of handheld devices that prompted nurse	The paper did not use a theoretical framework	NLR was shown to have a significant increase in overall patient	<ul style="list-style-type: none"> Significance of NLR and patient engagement scores Intervention to better track and

<i>Journal</i> , 5(3), 41–46. https://doi.org/10.35680/2372-0247.1254			leader with standardized questions to use during rounding.		engagement. However, the use of technology to standardize process did not show significance in recall of NLR	standardize NLR process <ul style="list-style-type: none"> • Outcomes of increased patient engagement scores and no significance in recall of NLR by use of technology in rounds
Winter, M., & Tjong, L. (2015). Hcahps series part 2. <i>Nursing Management (Springhouse)</i> , 46(2), 26–32. https://doi.org/10.1097/01.numa.0000460034.25697.06	SORT Level 2 Quality Grade of Moderate	2506	Study looked at the intervention of NLR to increase patient engagement scores	Framework was not mentioned in paper	This study showed improvement in various questions related to patient engagement, however did not show improvement in the overall ranking of the department.	<ul style="list-style-type: none"> • Project did not show significant changes in patient satisfaction scores as it relates to NLR. • Study showed improvement in patient engagement and trust within the team

Table 2

Summary of Systematic Reviews (SR)

Citation	Quality Grade	Question	Search Strategy	Inclusion/Exclusion Criteria	Data Extraction and Analysis	Key Findings	Usefulness/Recommendation/Implications
Tan, M., & Lang, D. (2014). Effectiveness of nurse leader rounding and post-discharge telephone calls on patient satisfaction: A systematic review protocol. <i>JBIR Database of Systematic Reviews and Implementation Reports</i> , 12(1), 23–32. https://doi.org/10.11124/jbisrir-2014-1256	Moderate	What is the effectiveness of nurse leader rounding and follow-up, discharge phone calls on patient satisfaction with hospital?	Was to find both published and unpublished studies. Three-step search strategy will be utilized. Use of MEDLINE and CINAHL, use of keywords, and then the use of found article's reference lists.	Inclusion: adult patients who have experienced hospital services. Nurse Leader Rounding and Post discharge call Patient satisfaction as type of outcome. Review all experimental study designs Exclusion: Settings in outpatient clinics	Used the data extraction tool from JBI-MAStARI. Synthesis of the data was quantitative in statistical meta-analysis. Use of a 95% confidence interval while using a standard chi-square.	NLR has a correlation with patient satisfaction scores.	

Table 3

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Chief Nursing Officer Approval and support	Unit manage with large span of control	Highly engaged system patient engagement director	System standardization which may conflict with project proposal
Entity patient engagement manager support	New leadership team within unit	System VP of nursing operations support of nursing leadership	System priorities related to patient engagement
Unit manager with passion for patient engagement			

Table 4

Collected Variables

Variable	Source of Variable	Analysis
Likelihood of your recommending...to others	Press Ganey Survey	Mean, percentage, indep. t-test
Nurses' concern...your treatment	Press Ganey Survey	Mean, percentage, indep. t-test
Overall rating of...your visit	Press Ganey Survey	Mean, percentage, indep. t-test
Date of visit with completed survey	Press Ganey Survey	Mean, percentage, indep. t-test
Time of visit with completed survey	Press Ganey Survey	Mean, percentage
Leader completing rounds	Data Collection Tool	Mean, percentage
Date of completed rounds	Data Collection Tool	Mean, percentage
Time of completed rounds	Data Collection Tool	Mean, percentage
Number of completed rounds	Data Collection Tool	Mean, percentage
Compliance of process	Data collection tool	Mean, percentage
Total time specific ED volume	Department leadership	Point Biserial Correlations with completed rounds, and question responses

Appendix A

*Nurse Leader Rounding Validation Tool***Nurse Leader Rounding Program**

Nurse Leader Rounding Competency/Validation

Name:

Instructions:
1. Nurse Leaders are to complete the self-assessment portion of the document at the training
2. The Project Lead will observe 5 observations of the Nurse Leader Rounding on patients in order to
3. The Project lead to provide feedback and correction if needed.

Performance Criteria	Self-Assessment	Evaluator's Assessment			
"I am washing my hands for your safety"					
Acknowledges patient and family					
Introduction					
Explains the purpose of rounding to patient and duration					
Managers up care team					
Verifies patient has been kept informed about plan of care					
Verifies staff has been courteous and explaining the process					
Invites recognition of care team					
Assess environment including cleanliness, safety					
Thanks the patient for opportunity to care for them					
Recognizes if appropriate the need for service recovery using GIFT (gather, I'm sorry, follow up, and thank you)					
Provides specific feedback/recognition based on patient feedback and leader observations					

Appendix B

Project Schedule NUR7801

Activity	NUR7801: May 11 th , 2020 – August 19 th , 2020														
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15
Meet with Preceptor	X		X		X		X		X		X		X		X
Prepare Project Proposal requirements	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Meet with CNO for project approval				X											
Meet with Patient Experience manager for approval and support					X										
Meet with Quality Director for Approval and support					X										
Meet with system patient experience director for support									X						

Project Schedule NUR7802

[illegible]

Appendix D

Project Schedule NUR7803

	NUR7803: January 11 th , 2021 – April 24 th , 2021														
Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15
Meet with Preceptor	X		X		X		X		X		X		X		X
Meet with identified project team	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Analysis of data	X	X	X												
Preparation of final document	X			X	X	X									
Presentation of data to project team and executives							X	X							
Completion of final document									X	X					
Celebration of completion									X		X	X	X	X	X

Nurse Leader Rounding Data Collection Tool

Data Collection Tool

Number of Rounds Completed

Performance Criteria

"I am washing my hands for your safety"
Acknowledges patient and family
Introduction
Explains the purpose of rounding to patient and duration
Managers up care team
Verifies patient has been kept informed about plan of care
Verifies staff has been courteous and explaining the process
Invites recognition of care team
Assess environment including cleanliness, safety
Thanks the patient for opportunity to care for them
Recognizes if appropriate the need for service recovery using GIFT (gather, I'm sorry, follow up, and thank you)
Provides specific feedback/recognition based on patient feedback and leader observations

[illegible]