

**Daily Charge Nurse Leader Rounds on a Cardiac Surgery Progressive Care Unit**

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**Abstract**

*Problem:* Patient satisfaction is the measure of the success of a healthcare system in today's competitive markets. However, achieving patient satisfaction relies on multiple internal and external factors. The Cardiac Surgery Progressive Care Unit (CSPCU) at an urban medical center in the mid-Atlantic united states was seeking to improve their patient satisfaction scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCHAPS) data. *Purpose:* The purpose of this quality improvement project (QI) was to implement and evaluate the effectiveness of daily charge nurse leader rounds on patients admitted to a CSPCU. It is anticipated that there will be an increase in the total number of times a nurse leader rounds on a patient that subsequently will result in an increase in patient satisfaction as measured by HCAHPS nurse communication scores. *Methods:* The QI project was implemented over a 14-week period in a CSPCU at an urban Maryland academic Medical Center. Charge nurses were educated on the process change and then completed 'charge nurse leader' rounds. The project leader checked the rounding rates bi-weekly. Nurse communication scores were collected pre-and-post implementation using the scores from the HCAHPS surveys. *Results:* The number of patients rounded on daily over the course of the project was 64.7% and during the implementation period a total of 1140 rounds were completed. The HCAHPS scores increased in the category of 'RN explanation' and slightly decreased in the categories of 'RN listening' and "RN courtesy". Patients' perception of the nurse leader rounding increased from 79.64% to 87.23%. *Conclusions:* Charge nurses can be utilized as informal leaders to complete nurse leader rounds. Leader rounds are able to be incorporated into the daily routine of the charge nurse. Patient satisfaction scores are impacted by many different factors. The increase seen in one domain of HCAHPS indicates that further studies should be completed to better understand how nurse leader rounds impact patient satisfaction.

**Introduction**

The success of a healthcare system today is dependent on patient satisfaction. Achieving patient satisfaction relies on multiple internal and external factors. Factors that influence patient's satisfaction include, but are not limited to, patient diagnosis and health outcomes, the hospital environment including cleanliness and meal choices, and communication with providers and nursing staff. Patient satisfaction can be quantified by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scoring - a national method utilized to compare like hospitals. This scoring system measures hospital experiences based on the patient perspective captured through a patient questionnaire. The Centers for Medicare & Medicaid Services (CMS) Hospital Value Based Purchasing (VBP) system allocates a large portion of hospital reimbursement based on achievement of quality measures. HCAHPS accounts for 25% of a hospital's overall total performance score (Centers for Medicare & Medicaid Services, 2019). Hospital reimbursement is critical to the maintenance of the overall hospital function and impacts how much hospital leaders spend on staffing, expansion and new equipment. A fundamental HCAHPS question domain focuses on nurse communication. Poor communication between the healthcare team, patients and their families, leads to misunderstandings and dissatisfaction with hospital care. While effective communication is key to relieving patient anxiety and cultivating trusting relationships, ineffective communication has been linked to sentinel events and has been cited in medical malpractice lawsuits (Bumper, Dearmon, & Dycus, 2019). Effective nurse communication strongly influences other categories in the VBP framework as well. When hospitals can improve nurse-patient communication, and an increase in HCAHPS scores are often seen in areas of hospital staff responsiveness, pain management, communication about medications, and an increase in overall patient experience (Swan & McGinley, 2016). Therefore, hospital achievements in the HCHAPS nurse communication

domain leads to increases in other VBP domains and overall improvement in safety as well as quality of patient care.

A 26-bed Cardiac Surgery Progressive Care Unit (CSPCU) at a large, academic medical center exceeded the Press Ganey Top Box scores in the nurse communication category from 2018 through the first quarter of 2019. Press Ganey provides insight to patient experience where Top Box scoring represents the percentage of patient responses in the highest-ranking category (i.e. percentages reflect patient answers ‘Very Good’, or ‘Always’). All HCAHPS metrics are calculated as Top Box scores. Maintenance and improvement in HCAHPS nurse communication scores are crucial because they influence other HCAHPS score categories, potentially leading to further increases in patient satisfaction and reimbursement.

The purpose of this quality improvement project was to implement and evaluate the effectiveness of daily charge nurse leader rounds on patients admitted to a CSPCU. An increase in the total number of times a nurse leader rounds on a patient was anticipated, as well as an increase in patient satisfaction as measured by HCAHPS nurse communication scores.

### **Evidence Review**

This evidence review synthesized the research evaluating daily nurse leader rounds completed by a charge nurse. The review included studies supporting daily rounds compared to less frequent rounding, empowering informal leaders such as charge nurses to complete the rounds and utilizing a standardized approach during rounds. The quality of the evidence included was determined utilizing Melnyk and Fineout-Overholt’s (2015) level of evidence rating system and Newhouse’s (2007) quality of evidence rating system (Tables 1 & 2).

Daily nurse leader rounds have been shown to increase patient satisfaction measures (Ayad et al., 2019; Hudson-Covolo, Rivers & Irwin, 2018; Littleton et al., 2019; Tothy et al.,

2018). Ayad et al. (2019) utilized the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) to assess patient satisfaction and demonstrated a significant difference in the group of patients on whom nurses rounded more frequently. Hudson-Covolo, Rivers & Irwin (2018) utilized HCAHPS scores to evaluate patient satisfaction in multiple categories. After implementation of daily nurse leader rounding there was an increase in the number of “always” and “strongly agree” responses in the nurse communication category. Similarly, Littleton et al. (2019) assessed overall patient satisfaction by using the 3-Item Care Transition Measure (CTM-3) and found a statistically significant increase in patient satisfaction after implementation of daily nurse leader rounds. Tothy et al. (2018) concluded that patients who perceived that they were rounded on by a leader during their admission had statistically significant odds of reporting top-box scores in the overall rating of care on the HCAHPS survey. Across studies for daily nurse leader rounding, there is a moderate quality of evidence (II-VI) supporting daily nurse leader rounding increasing patient satisfaction scores (Tables 1 & 2).

Nurse managers or hospital leaders are most commonly completing nurse leader rounds however, charge nurses have been utilized as informal leaders to meet the demand of daily nurse leader rounds (Ayad et al., 2019; Hudson-Covolo, Rivers & Irwin, 2018; Littleton et al., 2019). Hudson-Covolo, Rivers & Irwin, (2018) had the nurse manager and day shift charge nurses complete daily nurse leader rounds. Night shift charge nurses were also trained in the rounding process in the event that day shift could not complete rounds on all of the patients. Littleton et al. (2019) utilized staff outside of the nurse manager to meet the demands of daily nurse leader rounding. These staff members included charge nurses, nursing supervisors, and patient care facilitators. Across these studies there was a moderate quality of evidence (II-IV) supporting the use of charge nurses as informal nurse leaders to complete nurse leader rounds (Tables 1&2).

A structured tool or script should be utilized during nurse leader rounding (Ayad et al., 2019; Hudson-Covolo, Rivers & Irwin, 2018; Littleton et al., 2019; Tothy et al., 2018). Ayad et al. (2019) completed nurse leader rounds utilizing a structured tool to assess nursing care and patient and family satisfaction. Hudson-Covolo, Rivers & Irwin (2018) created an electronic tool that was used during nurse leader rounds. The authors created an electronic tool to mimic the questions patients were asked on the HCAHPS survey. Littleton et al. (2019) had nurse leaders utilize an electronic tool during rounds that had already been deployed at the organization. Tothy et al. (2018) developed an electronic tool with 12 standardized questions that was used during nurse leader rounds. There is a moderate quality of evidence (II-IV) across the studies supporting the use of a structured approach and use of tool during nurse leader rounds (Tables 1 & 2).

### **Theoretical Framework**

Lippitt's (1973) theory of planned change is an expansion of Kurt Lewin's field theory. This theory is defined as a conscious planned effort which moves a system, organization, or individual into a new direction. Lippitt's theory is broken into seven phases (Ziegler, 2005). The first phase involves the identification of the problem, where all parties affected by the change have the opportunity to be involved. Phase 2 involves assessing the motivation and capacity for change which leads to phase 3, which involves the initiator of change assessing how they can facilitate the change happening (Ziegler, 2005). During phase 4 the change initiator defines objectives for the change and decides the specific role they will assume in phase 5. Phase 6 involves maintenance of the change (Ziegler, 2005). In phase 7, the change agent withdraws from the situation leaving the system alone to maintain the change.

Lippitt's change theory was utilized throughout all stages of this quality improvement project to leverage change. The first three phases assisted in understanding the problem and the

significance of maintenance and improvement of nurse communication HCHAPS scores.

Leveraging the information assessed in the first three phases drove staff endorsement of the implementation. An evidence review was performed to assess evidence-based change strategies that could be implemented to address the problem. Specific objectives for charge nurse leader rounding were identified with assistance from key stakeholders, including the charge nurses.

Throughout phase 6 of the project the charge nurse leader rounding was evaluated and assessed for longevity. This phase also included interventions to ensure continued buy-in. Interventions included emails every two weeks to update staff members on progress and follow-up for staff who were audited for compliance. Phase 7 of Lippitt's change theory ensures sustainability of the practice change. During this phase charge nurse leader rounds continued on the CSPCU with the change agent withdrawn.

## **Methods**

The general population on the implementation unit, included adults who were pre or post-operative cardiac surgery patients. All patients who were admitted to the CSPCU during implementation were included. Exclusion criteria included patients whose disease state or mentation did not allow them to answer the questions on the nurse leader rounds. The charge nurse still conducted rounds on these patients, but they excluded asking the patient questions. The implementation included four project champions who were senior clinical nurses and charge nurses on the unit.

The implementation period spanned 10 weeks. Prior to implementation, the project leader created a survey questionnaire that the charge nurses utilized during rounds. (Appendix A). The survey questions mirrored questions utilized by the nurse manager for nurse leader rounds. The project champion trained the charge nurses one- on –one. They tracked education utilizing an

Education Completion Tool. (Appendix B). The team utilized SurveyMonkey® to implement the questions. During the training, the champions instructed the charge nurses to utilize an iPad with the SurveyMonkey® application. They instructed the charge nurses to round on every patient every day either on the day or night shift. The project leader developed a Shift-to-Shift Handoff Tool that allowed for communication between shifts. (Appendix C). Charge nurses completed systematic rounds on all patients utilizing the questionnaire in SurveyMonkey®.

The project leader completed bi-weekly audits to assess uptake usage, utilizing an audit tool. (Appendix D). The project leader notified the charge nurses of the individual audit results via email. The project leader asked for feedback about barriers if the compliance goal was unmet. The project leader sent staff updates about compliance and rounding completion via email every other week. Each email contained questions to ascertain barriers and facilitators that could improve compliance and sustainability.

Compliance was tracked weekly by calculating the percentage of patients who received a visit from the charge nurses. The project leader tracked the data weekly utilizing a run chart and shared with the charge nurse staff (*Figure 1*). The project leader collected HCAHPS survey scores in the nurse communication category and patient perception of nurse leader rounds at the end of implementation. These scores were collected for the implementation period from the Press Ganey database. In addition, overall compliance was measured at the end of implementation by comparing the total number of surveys completed and total number of patient days during the implementation period. A post-implementation survey (Appendix E) assessed the perception of the charge nurses after implementation of the charge nurse leader rounds. Information from the post-implementation survey was assessed and leveraged to ensure sustainability.

In order to protect human subjects, this quality improvement project was submitted to the institutional review board who determined it was not human subjects research. No patient specific data was collected during implementation. The charge nurses were deidentified by the use of a code. The code was stored in a locked file in an office and was destroyed at the completion of the project.

## **Results**

All charge nurses were included in the training for leader rounds. During pre-implementation, 100% of current charge nurses completed hands-on training (n=19). Two additional charges nurses were oriented to the role during implementation and completed hands-on training bringing the total number of charge nurses trained to 21.

The project leader tracked the compliance throughout the implementation by performing bi-weekly audits and plotted the results on a run chart. The total number of patients rounded on daily during the implementation period was 64.74%. This value was calculated by dividing the total number of rounds completed during implementation (n=1140) and the total number of patient days during the implementation period (n=1782). Overall compliance of 64.74% is below the set goal of 100% of patients rounded on daily.

HCAHPS data was extracted from the Press Ganey database to assess nurse communication pre-and-post implementation. Data is reported quarterly as Top Box score averages. Quarter 3 (07/01/202-09/30/2020) pre-implementation (n=21) and Quarter 4 (10/1/2020-12/31/2020) post-implementation (n=29) were compared. For the category 'RN listening' Quarter 3 had a score of 90.5 and Quarter 4 had a slight reduction at 89.7. The category of 'RN Courtesy' also had a slight reduction with Quarter 3 scores at 95.2 and Quarter 4

scores at 92.1. The category of 'RN explanation' had a moderate increase of Quarter 3 scores at 76.2 compared to Quarter 4 at 82.8.

Hospital specific HCAHPS data collected on patient's perception of having a nurse leader rounding on them during their admission increased post-implementation. Pre-implementation, 79.64% of patients perceived they were rounded on by a nurse leader. Post-implementation 87.23% of patients perceived a nurse leader rounded on them during the hospital stay.

A post-implementation survey was administered to the charge nurses who participated in the leader rounding process. A total of 75% of charge nurses responded to the survey (n=12). Overall, charge nurse reported that leader rounding is important to patient satisfaction with 54% responding strongly agree and 46% responding agree. Charge nurses on the CSPCU also reported that leader rounding should continue with 15% responding strongly agree, 77% agree and 8% disagree. The majority of charge nurses, 69%, agreed that nurse leader rounds were able to be worked into their, 23% neither agreed or disagreed and 8% disagreed.

## **Discussion**

This QI project was implemented to improve patient satisfaction as evidenced by HCAHPS nurse communication scores. Multiple factors impact patient satisfaction. Several studies have demonstrated that daily nurse leader rounds increase various different patient satisfaction measures (Ayad et al., 2019; Hudson-Covolo, Rivers & Irwin, 2018; Littleton et al., 2019; Tothy et al., 2018). Charge nurses on the CSPCU were able to complete daily leader rounds on patients during implementation with a compliance rate of 64.74%. HCAHPS survey responses indicated that there was an increase of 7.5% of patients perceiving that they were rounded on by a nurse leader while admitted to the hospital. This increase indicates that patients

acknowledged that the charge nurses were the leaders and understood that they were completing rounds.

Initially, charge nurses voiced some resistance to rounding on all patients daily as they were concerned about the increase in workload on an already busy charge nurse schedule. However, by the end of the implementation the charge nurses who responded to the survey reported that overall daily charge nurse leader rounds could be worked into their daily routine. More importantly charge nurses perceived that daily charge nurse leader rounds contributed to patient satisfaction and should be continued on the CSPCU.

Throughout the rounding process the charge nurses and the nurse manager identified unintended benefits. The rounds allowed the charge nurse to be in each patient's room and receive real time feedback from the patients. There were many instances where charge nurses discovered pain or anxiety was not being addressed as effectively as it could be and were able to address the issue and educate the bedside nurse. Charge nurses also noted addressing patients' concerns about housekeeping and dietary and notified management from those particular areas who came to speak to the patients. A nurse staffing turnover occurred in the CSPCU during COVID and the organization hired many new graduate nurses. Charge nurses reported identifying safety concerns while in rooms and provided coaching to newer staff members. Charge nurses reported on the post-implementation survey responses that patients enjoyed having a leader visit them. Charge nurses also expressed that they enjoyed completing daily rounds and meeting the patients.

Limitations to rounding compliance included multiple competing priorities for the charge nurses. During implementation, the CSPCU was preparing for three upcoming regulatory surveys which increased stress and charge nurse demands. Charge nurses also reported that the

SurveyMonkey® application utilized to collect data during rounding was time consuming and not functional. There are many applications that are designed specifically for leader rounds and are more functional to use. These applications come at an increased cost and were not able to be utilized during implementation. Having an application that is designed for leader rounding should increase the satisfaction of the charge nurses and increase compliance.

Nurse communication patient satisfaction scores increased in one category from pre- to-post implementation. Two categories decreased after daily charge nurse leader rounding which conflicts with the evidence. Although causality between a decrease in nurse communication scores and the implementation of charge nurse leader rounds cannot be assumed, patient satisfaction is complex and impacted by numerous factors. The coronavirus pandemic provided a unique set of challenges during the implementation and impacted patient satisfaction negatively. Patient visitation was curtailed which was a constant dissatisfier for both patients and families. Communication with nurses was strained during this time also due to families not able to be present. Many patients rely heavily on a family advocate for communication post-surgery due to their healing process. Another limitation was the measurement method for patient satisfaction. HCAHPS data is one way to measure patient satisfaction but there are other evidenced based tools to measure patient satisfaction. While the CSPCU consistently has a high patient return rate of the HCAHPS surveys, only 29 patients returned their HCAHPS survey during the implementation period. This number (29) surveys was the highest response rate on HCAHPS that the CSPCU has received in the past two years. But the small response rate only allowed patient satisfaction scores to be analyzed for the small percentage who returned the surveys.

Future QI projects should focus on other measures of patient satisfaction. Different tools could be implemented at time of discharge to increase the response rate. Other HCAHPS

measures could also be evaluated to see if there is an increase in other categories. The QI project design prevents generalizability since it focused on one unit with one specific patient population. However, knowledge gained from this project can support similar QI initiatives in other locations.

### **Conclusion**

Daily charge nurse leader rounds require buy-in of the charge nurse staff and time for the charge nurses to work a new task into their daily schedule. This QI project demonstrated that staff had a positive response to the daily rounds. Staff perceiving that daily rounds influenced patient satisfaction is crucial to sustainability and continued staff buy-in. Daily charge nurse leader rounds have the potential to increase organizational reimbursement from the HCAHPS data. HCAHPS data should be collected and analyzed over time to determine if the daily rounds positively impact scores in a statistically significant way.

The CSPCU has adopted daily charge nurse leader rounds into the unit culture. Education for charge nurses regarding leader rounding has been included into the unit specific orientation blueprint that all charge nurses complete during their orientation. Charge nurses are continuing to utilize the shift to shift handoff tool to communicate which patients to have rounds completed. The organization is purchasing a leader rounding tool that can be used by both management and charge nurses to facilitate data collection and rounding. Use of an electronic tool designed specifically for leader rounding will increase compliance and impact continued sustainability of the leader rounding. An electronic tool, implemented across the organization, will allow for possible expansion of daily charge nurse leader rounding to other units.

Further investigation should be completed about daily nurse leader rounding to assess if there is a positive impact on other domains. All HCAHPS domains should be analyzed to

determine if there is a change in scores pre- and –post implementation. Daily charge nurse leader rounding may also have a positive impact on medication errors, fall rates, and pain management, expanding the value beyond patient satisfaction.

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Table 1  
Evidence Review Table

Citation: Ayaad, O., Alloubani, A., Alrafaay, M., Arideh, A., Abualeish, M., & Akhu, Z. L. (2019). Impact of Structured Nurse Leader Rounds on Satisfaction With Nursing Care Among Patients With Cancer. <i>Journal of Nursing Scholarship</i> , 51(5), 526–536. <a href="https://doi.org/10.1111/jnu.12503">https://doi.org/10.1111/jnu.12503</a>					Level II
Purpose/ Hypothesis	Design	Sample	Intervention	Outcomes	Results
“The purpose of this study was to evaluate the impact of structured nurse leader rounds (NLRs) on satisfaction with nursing care among patients with cancer. Moreover, we assessed the relationship among NLRs, patient satisfaction, and demographical variables.”	Experimental Randomized control trial, two-group post test design	Sampling Technique: Stratified random sampling  # Eligible: Patients diagnosed with cancer, 18 years of age and older, conscious, oriented to nursing care, and hospitalized in one of the four units for at least 3 days Excluded: Patients hospitalized in non-targeted units or for less than 3 days in targeted units # Accepted: 169 # Control: 90 cancer patients, 1 excluded due to inability to contact after discharge # Intervention: 90 cancer patients, 9 excluded due to inability to contact after discharge  Power analysis: 124 participants required to meet 80% Beta, .05 Alpha, and medium effect size. Power	Control: Unstructured nurse leader rounds were performed once daily on patients in the control group  Intervention: Structured nurse leader rounds were performed by nurse leaders twice daily utilizing a scripted nurse leader tool.  Intervention fidelity: Scripted nurse leader tool was utilized during rounds. The tool aimed to assess nursing care and patient and family engagement. Nurse leader (n=4) and acting nurse leader (n=4) (charge nurses) were trained in goals and procedures of the study as well as in the nurse leader round scripted tool. Nurse leaders performed structured rounds twice daily on patient in the intervention group. Acting nurse leaders	DV: Patient Satisfaction Measurement: The dependent variable was measured using the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ). The tool was scored by two methods- general results (scores for all patients are summed to an average value for each patient) and detailed feedback (means and standard deviation are calculated for each item). Cronbach’s $\alpha$ reliability was .88 patient satisfaction was assessed in both groups by phone 5 days after discharge	Statistical Procedures(s) and Results: t-test analysis was utilized to assess the difference between the two groups. 80 patients in the experimental group scored overall patient satisfaction as high. There was a statistical difference in patient satisfaction between the two study groups ( $t = -9.213, p > .001$ ). Significant difference was found in patient’s experience with nurse concern and caring in the structured nurse leader rounding group ( $t = -2.054, p = .042$ )

		analysis met, minimizing the risk of type II error	performed unstructured leader rounds on each patient once a day.		
Citation: Hudson-Covolo, J. L., Rivers, R., & Irwin, B. (2018). Daily Intentional Nurse Leader Rounding on Patients. <i>Journal of PeriAnesthesia Nursing</i> , 33(1), 90–95. <a href="https://doi.org/10.1016/j.jopan.2017.11.005">https://doi.org/10.1016/j.jopan.2017.11.005</a>					Level VI
Purpose/ Hypothesis	Design	Sample	Intervention	Outcomes	Results
“Daily nurse leader rounding on patients in an acute care inpatient hospital setting is intended to improve the patient care experience and increase the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient survey scores.”	Quality Improvement, utilized <i>The Eight Stage Process</i> by Kotter	Setting: 34-bed medical-surgical unit  #Eligible: all patients admitted during the months of June and July during the intervention	Intervention: Nurse Leader Rounding on every patient each day of their hospitalization utilizing an e-tool, The E-tool was created to mimic the questions patients were asked on the HCAHPS survey.  Intervention fidelity: The nurse manager and day shift charge nurses were expected to round on all patients 7 days a week. Night shift charge nurses were trained in rounding and the e-tool in case the rounding was not finished on day shift. A 3-hour training session was conducted with nurse manager and charge nurses.	DV: Patient satisfaction scores as evidenced by HCAHPS results  Measurement: HCAHPS results in: Global Rating, Communication with Nurses, Nurses Treat with Courtesy and Respect, Nurses listen to you carefully, nurses explain things in a way you understand, pain management, pain well controlled, staff do everything to help with pain, communication about medications, staff describe medication side effects	Global Rating Score improved from 66.9% to 76.7% but was not statistically significant (p=.155). Communication with nurses, communication about medicines, and care transitions increased in the proportion of “always” (4.6%) and “strongly agree” (9.8%) responses but were not statistically significant. Overall there was a 23.6% increase of “strongly agree” and fewer “agree” responses.
Citation: Littleton, L. L., Fennimore, L. A., Fernald, C. S., & Gonzalez, J. Z. (2019). Effective nurse leader rounding improves the patient experience. <i>Nursing Management</i> , 50(10), 11–14. <a href="https://doi.org/10.1097/01.NUMA.0000580620.45628.cd">https://doi.org/10.1097/01.NUMA.0000580620.45628.cd</a>					Level VI
Purpose/ Hypothesis	Design	Sample	Intervention	Outcomes	Results

<p>“This quality improvement (QI) project explored the relationship between the percentage of patients on the unit who were rounded on by a nurse leader and the results of a discharge survey reflective of patient satisfaction with care transitions”</p>	<p>Quality Improvement</p>	<p>Setting: 37- bed medical-surgical unit at a large, academic, teaching, Magnet-recognized hospital</p> <p># Eligible: all patients on the medical-surgical unit during the 8- week implementation (4-week baseline data)</p> <p># Baseline data: 252 patients received rounding visit. 345 rounds completed</p> <p># Accepted: 347 patient received a rounding visit. 839 rounds completed</p> <p>Power analysis was performed to calculate sample size needed to measure the difference between baseline and implementation.</p>	<p>Intervention: Nurse leader rounding on every patient during each day of their hospitalization utilizing a standardized electronic rounding tool already in place at the organization.</p> <p>Intervention fidelity: Every patient was rounded on by a nurse leader every day during their hospital stay. To meet the demands of Nurse Leader Rounds additional nurse leaders were utilized outside of the nurse manager. Nurse leasers included Charge Nurse staff, nursing supervisors, and patient care facilitators. Unit staff members and leaders were educated on the project’s rounding expectations and discharge survey administration process.</p>	<p>DV: Overall patient satisfaction measured by 3-Item Care Transition Measure (CTM-3)</p> <p>Measurement: The CTM-3 was used to measure overall patient satisfaction. CTM- 3 was administered by clinical nurses for each patient at the time of discharge. Discharging nurses utilized a script while administering the CTM-3 survey to remove compromise in the survey and rates of hospital HCAHPS survey.</p>	<p>Statistical Procedures and Results: Random sample generator was utilized to determine convenience sample for each phase; 104 surveys were analyzed. Overall quality of care transition score was calculated for baseline and implementation phases utilizing the approved CTM-3 SPSS Syntax scoring criteria. Baseline: 79/100 Implementation: 93/100 Independent t-test was utilized to compare baseline and implementation CTM-3 survey results. There was a statistically significant increase in patient satisfaction with care transition (p&lt;.001) with pre and post implementation.</p>
<p>Citation: Tothy, A., Sastry, S., Springman, M. K., Limper, H.M., &amp; Fahrenbach, J. (2018). Transforming care through bedside leader rounding: Use of handheld technology leads to improvement in perceived patient satisfaction. <i>Patient Experience Journal</i>, 5(3), 41-46. <a href="https://pxjournal.org/journal/vol5/iss3/7">https://pxjournal.org/journal/vol5/iss3/7</a></p>					<p>Level VI</p>
<p>Purpose/ Hypothesis</p>	<p>Design</p>	<p>Sample</p>	<p>Intervention</p>	<p>Outcomes</p>	<p>Results</p>

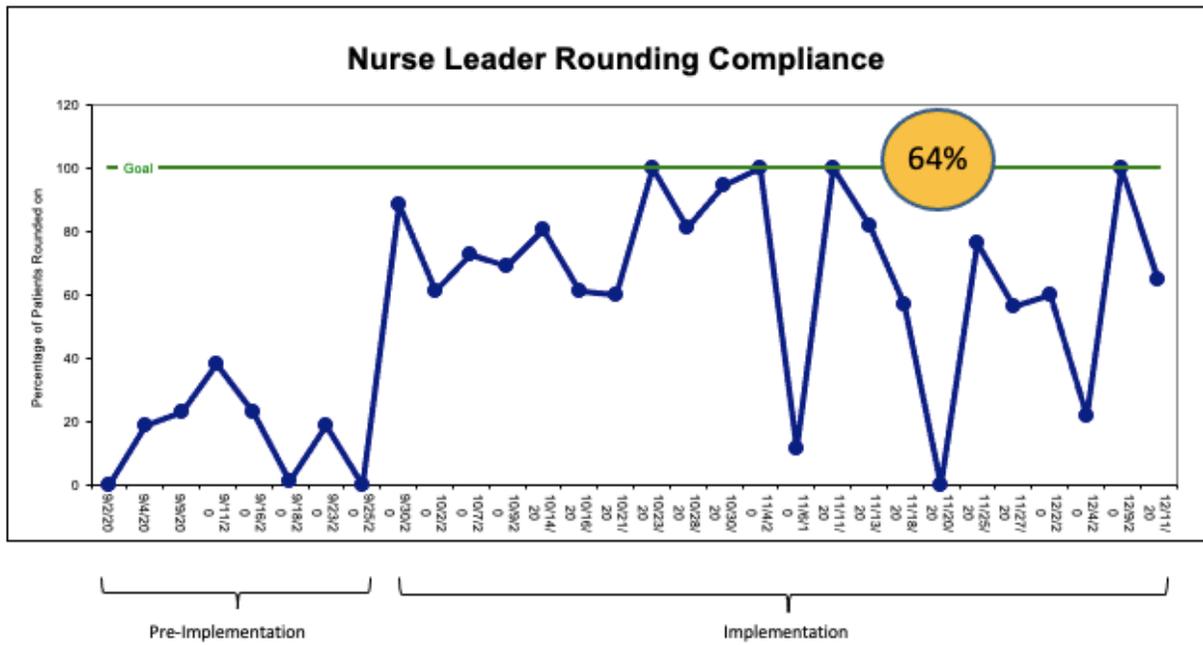
<p>“We hypothesized that this enhanced leader rounding approach would ultimately improve the patient care experience as measured by patient satisfaction scores.”</p>	<p>Quality Improvement</p>	<p>Setting: 600 bed major teaching hospital in Chicago</p> <p>#Eligible: All inpatients during the implementation period (n= 25,984 patient encounters)</p>	<p>Intervention: Rounding on inpatients daily with an electronic tool with 12 standardized questions.</p> <p>Intervention fidelity: Nurse leaders on units initially began focusing on quality of rounding with the electronic tool and survey. Once nurse leaders were confident in the tool the goal was that each patient was rounded on daily. Data from the application utilized to round was able to be merged with data from the Press Ganey Survey to determine what patients were rounded on while inpatient</p>	<p>DV: Patient Satisfaction with their care experience collected by post-discharge self-administered surveys managed by Press Ganey</p> <p>Measurement: The metric “Overall Rating of Care”, a 5-point Likert scale from Very Poor to Very Good was the primary outcome. 5 was considered the “top box score”. Logistic regression was utilized to quantify the relationship between patient perception of rounding experience and overall rating of care. STATA 13 was used for statistical analysis. P-value of less than 0.05 was considered statistically significant</p>	<p>Results: 5989 patient encounters tied to 5624 surveys remained in the study for analysis. All units experienced an increase in mean overall rating of care score. Patients who perceived they were rounded on had 3.53 greater odds of reporting top-box scores for Overall Care Rating (p&lt;0.001)</p>
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Table 2  
Synthesis Table

<b>Evidence Based Practice Question (PICO):</b> Does daily structured nurse leader rounds completed by charge nurses increase patient satisfaction scores on an adult inpatient Cardiac Surgery Progressive Care Unit?			
<b>Level of Evidence</b>	<b># of Studies</b>	<b>Summary of Findings</b>	<b>Overall Quality</b>
<b>II</b>	<b>1</b>	Ayaad et al. (2019) found that completing structured nurse leader rounds twice daily using a scripted tool increased patient satisfaction compared to the control group which received unstructured nurse leader rounds once a day. Patient Satisfaction was measured utilizing the Patient Satisfaction with Nurse Care Quality Questionnaire (PSNCQQ). Patients who received structured nurse leader rounds twice a day reported higher overall scores that were statistically significant and higher scores in nurse concern and caring as compared to the control group.	B, This study was adequately powered, randomized, controlled design. Generalizability may be reduced due to only cancer units being included in the enrollment. The measures and results were consistent. The study reached clear conclusions. Acknowledged that quality of studies included are low. Further recommendations were aimed at further research to include other patient populations and settings.
<b>VI</b>	<b>3</b>	<p>Hudson-Covolo, Rivers &amp; Irwin (2018) found that implementation of structured nurse leader rounding utilizing an electronic tool on every patient during each day during their hospitalization increased multiple HCAHPS scores. The nurse manager and day shift charge nurses rounded on each patient 7 days a week. Night shift charge nurses would round on patients if not every patient was reached during the day. Global Rating of the hospital increased post implementation but was not statistically significant. Communication with nurses, communication about medications, and care transitions increased in the proportion of always and strongly agree but was not statistically significant.</p> <p>Littleton et al. (2019) established that daily structured nurse leader rounding on every patient each day of their hospitalization using a standardized electronic tool increased patient satisfaction measured by the 3-Item Care Transition Measure. There was a statistically significant increase in patient satisfaction with care transition pre and post implementation.</p>	<p>B- No control or randomization utilized, power analysis was not conducted to determine sample size. Search strategies were defined and re-producible. Results were consistent and well defined. Recommendations were made for more studies to be completed in the nurse leader rounding.</p> <p>B- Random sample generator was utilized to determine a convenience sample for pre and post surveys utilized. No control, large sample size with power analysis. Comprehensive literature review with evidence to support intervention. Search strategies were not defined. Results were clear and definitive. Recommendations made for further research.</p>

	<p>Nurse Managers, Charge Nurses, and patient care facilitators were utilized to meet the rounding expectations.</p> <p>Tothy et al. (2018) found that rounding on inpatients daily utilizing a standardized 12 question electronic tool increased patient satisfaction scores. Overall rating of care collected by a discharge survey was the measure for patient satisfaction. All units in the hospital experienced an increase in the mean score of overall rating of care. Additionally, patients who perceived that they had been rounded on had a statistically significant greater chance of reporting top-box scores for overall rating of care.</p>	<p>B- No randomization, no control. Large sample size, no power analysis performed. Search strategies were not clearly identified. Results were clear and definitive. Conclusions were drawn. Recommendations were made for further research.</p>
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**Figure 1.**  
Run chart utilized to assess bi-weekly compliance with charge nurse leader rounding



**Appendix A:**

*Charge Nurse Leader Rounding Questionnaire (completed in SurveyMonkey®)*

1. Charge Nurse Name
  - a. \_\_\_\_\_
2. Room Number
  - a. \_\_\_\_\_
3. Are you able to complete rounding on this patient?
  - a. Yes (proceed to rounding questions)
  - b. Unavailable (add comment)
  - c. Extended length of stay: 5 days (no questions)
  - d. Other (please specify)  
\_\_\_\_\_
4. How has your stay been?
  - a. Positive response
  - b. Negative response
  - c. Other (please specify)  
\_\_\_\_\_
5. Are you able to get rest/sleep?
  - a. Yes
  - b. No
  - c. Other (please specify)  
\_\_\_\_\_
6. Do you know your plan for the day/stay?
  - a. Yes
  - b. No
  - c. Other (please specify)  
\_\_\_\_\_
7. Anything we can improve on for the next patient?
  - a. Yes
  - b. No
  - c. Other (please specify)  
\_\_\_\_\_
8. Anyone you would like to recognize?

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**Appendix C:**

*Charge Nurse Leader Rounding- Shift to Shift Handoff Tool*

Room Number	Rounding Completed	New Admission- Rounding
00		
02		
04		
06		
08		
10		
12		
14		
16		
18		
20		
22		
24		
26		
50		
52		
54		
56		
58		
60		
62		
64		
66A		
66B		
68A		
68B		

**Appendix D:**

*Charge Nurse Leader Rounds Compliance Audit Tool*

Week # & Date of Audit	Room Number 00-68B	Patient Admitted to Room Yes=1 No=0	Rounds performed Yes = 1 No=0	Code for Charge RN
6: 10/2/2020				
	<b>Total</b>			

**Appendix E:**

*Post-implementation Survey (completed in SurveyMonkey®)*

Survey Begins: 12/11/2020

Survey Deadline: 12/18/2020

**Survey Questions:**

1. Did you participate in daily charge nurse rounding between 9/27/2020 and 12/11/2020?
  - a. Yes
  - b. No
2. Charge nurse leader rounding was able to be worked into my shift without too much of an inconvenience to my day.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly Disagree
3. Charge nurse leader rounding is an important part of patient satisfaction.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly Disagree
4. The SurveyMonkey Application was a functional tool to use for charge nurse leader rounding.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly Disagree
5. Charge nurse leader rounding should continue on the CSPCU
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly Disagree
6. Any additional comments? (free text)