

Impact of Appreciative Leader Rounding on Staff Retention and Patient Experience

Richard McIsaac, Rafael Rivera, José Viera, Rackeley Guzman, Michelle Lemoniel, Glori Nuñez, Christina Wolf
Food & Nutrition Department, Lawrence General Hospital, Lawrence, Massachusetts

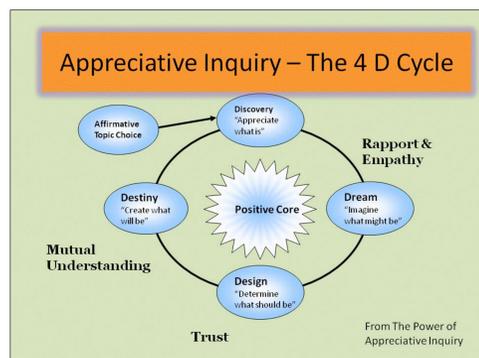
Introduction

The positive impact of Nurse Leader rounding on patient satisfaction scores has been demonstrated in the literature, but less is known about the connection between leader rounding with non-clinical staff and patient satisfaction scores.^{1,3}

In April of 2018, despite ongoing rounding with staff and patients, leaders within the Food and Nutrition department of an urban, 195-bed community hospital in Massachusetts noticed an increase in 90-day staff turnover rates and wide variability in Press Ganey patient survey ratings of overall satisfaction with meals. Three years earlier, in 2015, the hospital embraced Appreciative Inquiry as a change management framework, training many departmental leaders and establishing a Center for Appreciative Practice.

Appreciative inquiry (AI) is a “theory and practice for approaching change from a holistic framework”.⁵ AI seeks to discover what is working in an organization, what is possible when staff are at their best, and how to build on past successes.^{2,4}

In an effort to improve staff retention, the Food and Nutrition Director used the principles of Appreciative Inquiry to revise leader rounding questions to focus on identification of team strengths and recognition of high-performing peers.



Intervention

Department: Food and Nutrition.

Intervention: Bi-monthly scripted leader rounds over 5 months (April 2018 - September, 2018).

Rounding Scripts: Though Food & Nutrition staff also regularly engage in patient rounding, only the leader rounding script was modified.

1. Personal Connection	
2. What's working well?	
3. Is there anyone I should recognize/compliment for doing a good job? Why?	
4. Are there any depts./units that I should recognize?	
5. Are there any systems that need improvement? How?	
6. Do you have the basic tools and equipment to do your job?	
7. Any Tough Questions from employee	
8. Behaviors Coached	
□	
□	
Summary of Actions	

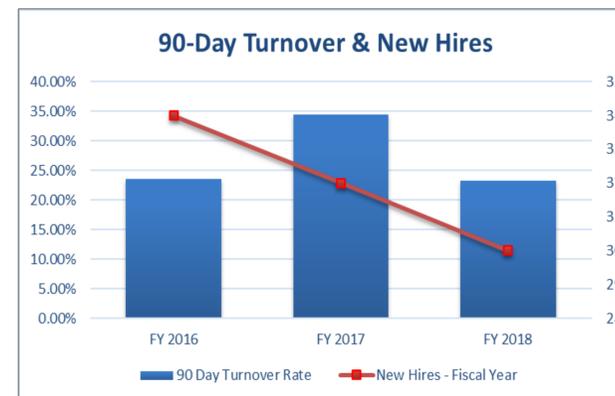
Rounding Process: Food and Nutrition leaders are expected to round on 100% of staff bi-monthly and return completed rounding forms to the Director. Improvement ideas are pulled from the forms and reviewed by the leadership team who act upon “quick wins” immediately, and engage staff in finding solutions to more complex improvements. A list of staff recognized by their peers is posted in the department alongside quality and performance data. High-performing staff are also recognized publicly at twice daily, all-staff huddles. Staff are empowered to recognize other disciplines or units as well, for example the Food and Nutrition staff recently thanked inpatient nurses for their contributions to patient care with platters of cookies.

References

- Kennedy B, Craig JB, Welsel M, Reimels E, Wright J. Three nursing interventions' impact on HCAHPS scores. *Journal of Nursing Care Quality*. 2013 Oct-Dec;28(4):327-34. doi: 10.1097/NCCQ.0b013e31828b494c.
- Ruhe MC, Bobiak SN, Litaker D, Carter CA, Wu L, Schroeder C, Zyzanski SJ, Weyer SM, Werner JJ, Fry RE, Stange KC. Appreciative Inquiry for quality improvement in primary care practices. *Quality Management in Healthcare*. 2011 Jan-Mar;20(1):37-48. doi: 10.1097/QMH.0b013e31820311be.
- Tan M, Lang D. Effectiveness of nurse leader rounding and post-discharge telephone calls in patient satisfaction: a systemic review. *JBHI Database of Systematic Reviews and Implementation Reports*. 2015 Aug;14(13):154-76. doi: 10.1124/jbisri-2015-2013.
- Trajkovski S, Schmied V, Vickers M, Jackson D. Using appreciative inquiry to transform healthcare. *Contemporary Nurse*. 2013 45(1): 95-100. doi: 10.5172/conu.2013.45.1.95.
- Watkins, J.M. & Bernard J. Mohr. *Appreciative Inquiry: Change at the Speed of Imagination*, Jossey-Bass, 2001, pages xxxi – xxxii

Results

Changes to the leader rounding script were originally intended to improve staff retention, evidenced by a decrease in 90-day turnover rates and the need for fewer new hires. While turnover decreased from fiscal year 2017 to fiscal year 2018 and fewer new staff were hired, indicated improvements to staff retention, these outcomes did not reflect the full impact of the intervention.



Prior to the intervention, Press Ganey survey scores for meals was variable only exceeding the 50th percentile in 2 out of 12 months. Post-intervention scores, however, steadily rose, exceeding the 50th percentile for 3 consecutive months and then skyrocketing to the 91st percentile in August, 2018.



Food & Nutrition Staff Recognized by Senior Leaders

Conclusions

While results are preliminary, and Food and Nutrition leaders recognize the difficulty of sustaining bi-monthly leader rounds, the positive impact on staff turnover and patient satisfaction has sparked the interest of other departments struggling to improve employee engagement and patient experience scores. Peer recognition has been especially powerful in driving staff engagement and positivity. Workforce Engagement and Patient/Family Loyalty figure prominently in the hospital's Annual Operating Plan goals for the next 12 months, and appreciative leader rounding has been identified as a best practice.

Limitations

This initiative is still in a relatively early stage of implementation and more data points are needed to determine if the results shown here can be sustained over time. Successful leader rounding requires a high degree of leader engagement and accountability which varies across the organization, and may limit the success of any efforts to implement similar leader rounds elsewhere in the hospital.