

## *The Patient Experience Post*

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Since the mid-1990s, Baird has helped healthcare organizations nationwide improve the patient experience and enhance organizational culture. Baird's culture assessment and diagnosis include experience mapping, medical mystery shopping, and focus groups to reveal the real customer experiences within your organization. Using your patients' experiences, Baird and her team prescribe critical next steps for improving patient satisfaction and HCAHPS scores.

## How Hourly C.A.R.E. Rounds Can Positively Impact Your HCAHPS Scores

by Kristin Baird, RN, BSN, MHA

Rounding is nothing new in healthcare. It's as old as some medical facilities themselves and also was a tactic used by Florence Nightingale as she went from one soldier to the next to provide care during the Crimean War! Rounding has traditionally been seen as a way to move efficiently between patients when there was more than a 1:1 ratio of providers to patients. It ensures that providers can move from one patient to the next to keep tabs on each patient's status.

But despite its prevalence in hospitals for many, many years, rounding is experiencing a resurgence and new-found respect, as hospitals and their nursing staff recognize the critical impact that *strategic* rounding can have on patient satisfaction and, ultimately, patient outcomes.

Hourly rounding, in particular, provides patients with a sense of security and confidence that somebody will be back to check on them on a regular basis. It's a great way to manage patient expectations, stay on top of changing conditions, and intervene promptly in service recovery situations. And, interestingly enough, studies have shown that hourly rounding doesn't *take* more time, it can actually *save* time. In 2006, a study showing just that was published in the *American Journal of Nursing*, and hospitals around the country have replicated these results.

But effective rounding is about more than frequency. What *happens* during those critical interactions between patients and staff can make a big difference. Hourly rounds are a great way to deliver great care and to *show* that you care. I use the acronym C.A.R.E. to help staff easily remember the four critical elements of effective rounding. Okay, I know what you're thinking—not another acronym! But face it; we're creatures of habit. And the busier you are, the more likely you are to overlook something. Having an acronym can help you remember the essentials, and you'll be more likely to deliver more consistent patient experiences.

**C** stands for **comfort**: this pertains to anything having to do with the patient's physical comfort, including pain, temperature, position, lighting, or noise.

**A** stands for **access**: access to things that are important to the patient's wellbeing, including the call button, bed controls, bedside table, phone, or water.

**R** stands for **restroom**: does the patient need any kind of assistance?

**E** stands for **environment**: what is the environment like, and what effect is it having on the patient? This category includes room temperature, noise, light, clutter, or equipment.

I have used this acronym during my workshops and find that it really resonates with healthcare professionals. It's a quick, simple, and relevant way to do a

mental reflection of what needs to occur during a rounding visit to ensure optimal care—or C.A.R.E.!

For instance, as you walk into a room, automatically touch on these four elements. You think *comfort* and might say, “How are you feeling? Is there anything I could do to make you more *comfortable*?” and discuss pain management. This discussion provides a nice opportunity to update the patient’s whiteboard. You might even ask whether the patient has certain *comfort* foods and make arrangements with dietary staff to provide them.

Then, evaluate the patient’s *access* to important things like the call button, phone, water, food, reading materials, remote control—are these things readily and easily *accessible*?

A proactive approach to helping patients to the *restroom* can prevent falls and, at the same time, contributes to *comfort*.

Rounds provide an opportunity to quickly scan the *environment* from the patient’s perspective to consider things like cleanliness, temperature, privacy, and noise. Is the room neat and tidy? How does temperature feel?

The great thing about this approach to rounding is that anyone can C.A.R.E., whether you are a doctor, a nurse, a housekeeper, or a volunteer. The bottom line is that it is my belief *everybody* who steps into a patient room can C.A.R.E.

Want more tips on rounding? View the complete webinar, “Rounding to Improve the Patient Experience” on our web site [here](#). Or contact the Baird Group for onsite training.

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*Nurse, author, and consultant Kristin Baird, "Healthcare’s Customer Service Guru," is the author of *Raising the Bar on Service Excellence: The Health Care Leader’s Guide to Putting Passion into Practice* (Golden Lamp Press, 2008), *Reclaiming the Passion: Stories that Celebrate the Essence of Nursing* (Golden Lamp Press, 2004), and *Customer Service In Healthcare: A Grassroots Approach to Creating a Culture of Service Excellence* (Jossey Bass, 2000).*