

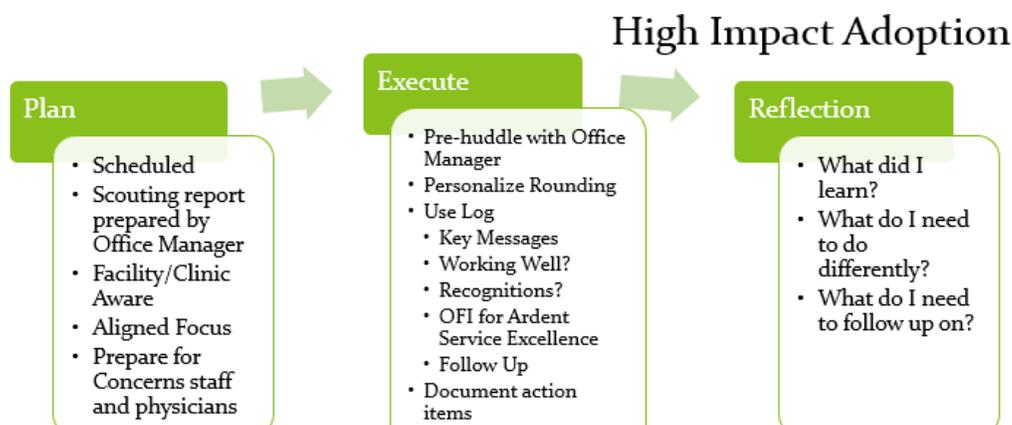
AMBULATORY-SENIOR LEADER ROUNDING

Rapid Improvement Resource

INTRODUCTION

Conducting senior leader rounding (SLR) in the ambulatory setting is an equally rewarding experience for the executive conducting the rounds and the staff/providers or leaders visited in their place of practice. While conducting SLR in the ambulatory setting is very similar to the acute care environment, there are a few key differences to prepare for. This document addresses some of the steps in the SLR process and the nuances unique to the ambulatory setting.

Senior Leader Rounding in Ambulatory facilities, clinics and departments still follows the practice of Plan, Execute and Reflect.



There are four specific SLR transaction points or interaction places in this setting that differ most from acute care:

1. Scheduling and Determining the Intended Audience,
2. Conducting the Pre-Huddle,
3. Executing the Round, and
4. Following Up.

SCHEDULING AND DETERMINING THE INTENDED AUDIENCE INTRODUCTION

One of the special benefits of conducting SLR in ambulatory settings is the likelihood of encountering the physician and other providers, in addition to the staff normally visible in a hospital setting. When a schedule is being created to visit a clinic, decisions must be made by the Senior Leader about who they plan to spend time with:

- Physician/providers and/or
- The Clinic Manager and staff



Both these groups and individuals will benefit from a visit by a Senior Leader, but they require different preparation.

Physician and/or Providers: The best practice for this visit includes a personal call or email to the physician/provider informing them of your desire to meet with them for 15-20 minutes in their office to get to know them and share some of the work the Senior Team is doing. This invitation should include three questions you would like them to be prepared to answer. Some examples include,

- “Tell me a little about yourself and your family”,
- “What is working well in your office/hospital/surgery center?”,
- “What are you proud of? Is there anyone you would like to recognize for being patient-centered or a great team member?”,
- “What would you like your legacy to be in this organization?”,
- “If there is one thing you would change in our organization it would be?”.

Once the visit is scheduled, go to their office, take time to make a personal connection, conduct the round, share your purpose in rounding, deliver your focused message, and follow up.

Officer Manager and Staff: This rounding can be accomplished one of two ways.

1. **Staff meeting:** Often, clinical practice offices set aside one morning a quarter or per month to conduct a staff meeting. This meeting typically lasts 1-2 hours and can include a visit from a Senior Leader. This is an acceptable way to conduct rounds with proper preparation at least once a year.



Benefits of this staff meeting model include an ability to give a consistent message to many people at once. They will have the opportunity to see you recognize members of their team, share the purpose of senior leader rounding, and ask them about their efforts to improve patient experience or quality projects.

Challenges with this type of rounding include an inability to “get a feel” for the office, the flow of patients, the queues in the reception area, or the way patients are brought into the room. You are not able to visit a patient and ask them about their experience. Part of the benefit of seeing people in action is that you can observe and give feedback about how “warm and friendly” people are or not.

2. **Visit during Patient Hours:** This is the most common manner to conduct SLR in an ambulatory setting. When scheduling with the office manager you can share your purpose, stating that you do not want to obstruct patient



flow but asking if you can meet with staff one or two at a time. Let the office manager know that staff should be prepared for rounding so you are able to solicit feedback about what they love and can garner patient stories and other “wins”. This visit might take 20-30 minutes, depending on the number of staff and providers or patients you are able to chat with.

CONDUCTING THE PRE-HUDDLE

As in a hospital setting, having a Scouting Report ahead of time to review is imperative. Specific review of the clinic/department’s CG-CAHPS and questions that are strongly correlated with Overall (e.g., reception, instructions, spent time with me) should be reviewed. Names of staff who are patient-centered, have great attitudes, are team players, and have gone above and beyond should be documented.

Meet with the office manager in his/her office or privately prior to rounding. Review the report together, ask which staff are working today and who are new employees (ask about orientation, who has been helpful precepting, etc.), and about any challenges. Discuss challenges and plan your round. Remind the office manager or leader, “This is your home and you are in charge, so help me best get to know what you are proud of here and who has done a great job.”



EXECUTING THE ROUND

Introduce yourself. Be mindful of body language and smile. Put people at ease; most expect to hear about problems from their executive staff.

Ask personal questions if you do not know staff such as, “How long have you been here?” “Are you from this area?”

Explain why you and other senior leaders are rounding; share the good feedback you have heard from the manager.

Ask questions. “What are you proud of? Who has done a great job in that area? Anyone you think I should know about to recognize or thank for being patient-centered or having a great attitude/being a team player?”

Thank them for what they do. Connect their work to your mission and vision.

Share what will happen next (You will share information with senior staff, send thank you note to someone appreciated who was not there, and when to expect another visit by a Senior Leader).

REFLECTION AND FOLLOWING UP

Share information with the senior team. Send a note of recognition if staff were not present. Send an email to thank the office manager. And follow up on any promised action items.

Additional Considerations:

- Dependent upon geographic locations of the Ambulatory facilities and clinics, Senior Teams may want to evaluate the frequency of rounds based on volume
- Alternate visibility means may be important to leverage (e.g., video conferencing)



EXAMPLE SENIOR LEADER ROUNDING: PRE-HUDDLE/SCOUTING REPORT

Note: To be completed by department leader in advance of Senior Leader Rounding

Name: Melinda Jones Department: Wolfson Specialty Clinic Date: _____

Preparation Items	Manager Feedback and Actions Taken
Recent Successes and Wins	Recruited a new cardiologist Their portal adoption is above goal
Current Patient Experience	CGCAHPS currently in the 60 th percentile- which has improved from the 40 th percentile. Doctor communication has recently decreased to the 50 th percentile
Staff/Providers to Recognize	<ul style="list-style-type: none"> • Please welcome Dr. Shakic (New Cardiologist) • Susan in registration just had her 5th anniversary. She works so hard to make sure each patient has a great first impression and always remembers our current patients
Challenges Impacting	There is lack of consensus regarding the call schedule among physicians which is leading to conflict. Reaching out to CMO to determine equity of the call schedule
Questions or Concerns	We are currently working on team building between the front office staff and back office staff to understand and grow perspective of roles, responsibilities and contributions

