Round to influence

Shape practice habits at the front line



De Compassionate. De Cale. De Meliable

We regularly round with purpose to understand what is happening at the front line, engage with our people, and identify problems impacting operations

What it is

- Rounding is a method for connecting with front line staff to reinforce our commitment to safety, reliability, and creating an exceptional experience for patients and caregivers. Rounds gives the opportunity to:
 - Observe first-hand the work performance of staff as well as other leaders
 - · Provide real-time feedback and performance coaching
 - Through conversation, understand employee knowledge of and reinforce performance expectations
 - Identify problems impacting operations
- Rounding may already be a management practice at your organization. We want you to continue this good practice across your leadership team to help establish and sustain high reliability behaviors.

How we do it

- Schedule dedicated time on a weekly basis to Round To Influence. Plan to spend 30 to 60 minutes.
- Ask for problems impacting operations. Think about the questions you will ask to elicit the best, most valuable information about what is happening at the front and what impacts the ability of your people to do their jobs.
- Look for problems impacting operations. Employees often "normalize" operational problems, accepting the problem or creating a work around to the extent that they do not recognize it as a problem or think to point it out as a problem. When rounding, look for signs of unspoken problems.
- Practice 5:1 feedback. Seek out opportunities to catch people doing it right...and to thank them for a job done well.
- Take notes and debrief after you round either by yourself or with others. Review the information you gathered and to prioritize issues that need to be resolved.

Why we do it

- Heightened leadership awareness of the status of front line operations
- Timely recognition and resolution of problems impacting outcomes
- · Enhanced caregiver engagement through leadership visibility and front line interaction

Rounding questions to reinforce behavior expectations

- Name one of the tones or tools that are part of our behavior expectations for Caring Reliably.
- Which tool have you found the most helpful in your day-to-day work? Which is the hardest to practice, and why?
- Tell me a story about a time you observed a co-worker or physician using one of our tools for high reliability.
- What conditions make you most concerned that you're going to experience an unintended error or mistake that could result in harm to a patient or employee?
- Can you think of any "close calls" that almost resulted in harm to a patient or employee? What can we do to prevent that type of close call in the future?

Rounding to Influence (RTI) is a leadership method for reinforcing a vital behavior or performance expectation. RTI is a high-leverage technique – it takes little time and has significant impact on performance reliability. There are four key RTI elements:

- Core Value Connect the expectation to a core value
- Can Do's Assess knowledge of and reinforce the specific actions of the expectation
- Concerns Identify problems impacting the ability to follow the expectation
- **Commitment** Engage commitment to practice the expectation

When rounding to influence, use a script as a guide and practice 5:1 Feedback – seek opportunities to catch people doing it right...and thank them for a job done well!

Sample Script – Rounding to influence safety and reliability

A sample script that can be used for planning rounding to influence behavior related to safety and reliability

Greeting	"Hello. Do you have a few minutes for a brief conversation about patient and personal safety?"
Core Value	 What comes across as most important to us here at the hospital? We may sometimes make decisions that seem to compromise safety. Can you share with me an example of a time when you have seen that happen?
Can Do's	 What are things that you and your team members do to keep patients and employees safe? Which Safety Behavior expectation have you found the most helpful in your day-to-day work? Which one is the hardest to practice, and why? Tell me a story about a time you observed a co-worker or a physician using one of our error prevention techniques.
Concerns	 What conditions make you most concerned that you're going to experience an unintended error or mistake that could result in harm to a patient or employee? What could be done to fix that? Can you think of any "close calls" that almost resulted in harm to a patient or employee? What can we do to prevent that type of close call in the future?
Commitment	Ask for <i>verbal commitment</i> to: Practice our tones, behaviors, and tools for high reliability and make them your personal work habits Observe and coach others using 5:1 feedback STOP the action if you sense a safety risk

Sample Script - Rounding to influence outcomes

A sample script that can be used for planning rounding to influence behavior related to any type of performance expectation

Greeting	"Hello. Do you have a few minutes for a brief conversation about?"
Core Value	 Relate to a core value of safety – protecting from harm – quality, or the exceptional experience Provide information about how well we perform in this area today (number of failures in the past year/month/week, days since last)
Can Do's	 Review the practice expectations Share the evidence that supports these practice expectations
Concerns	 Ask about problems that make it difficult to follow the expectation (examples: work process, technology, supplies, team dynamics, patient/family dynamics) Encourage reporting of any problems that you may think of or that develop
Commitment	Ask for <i>verbal commitment</i> to: Develop the practice expectation as a personal work habit Observe and coach others using 5:1 feedback STOP the action if you sense a safety risk