

# SOLUTION: Validation Rounding

## WHAT IS VALIDATION ROUNDING?

Validation Rounding is simply a conversation between a leader and a patient (and/or family member) to establish rapport, harvest recognition opportunities, assess employee performance, validate that performance expectations are being met, identify opportunities for service recovery, and to “manage up” the caregivers.

That’s all!

As a leader, you are responsible for making sure that great care is happening in your department/unit. Do not lead from your office - lead from where patient care is happening.

## OUR EXPERIENCE WITH DRAMATIC INCREASES IN PATIENT SATISFACTION OCCURRED WHEN TWO VERY KEY INITIATIVES TOOK PLACE:

- 1 Including staff on the journey to service excellence
- 2 Leader Validation Rounding (rounding on patients)

We will repeat! This is the quickest, and most efficient means to elevate the experience of your patients (and their responses on your surveys). It is also the best way for a leader to efficiently lead their department, and with the highest level of satisfaction for their job!

A Patient Care Leader’s Goals for Validation Rounding (both inpatient and outpatient clinical leaders):

- 1 Establish empathic, compassionate rapport. Patients and their families are so impressed when a leader stops in to make sure their care is going well. In a hospital inpatient unit, let patients know that a nurse leader will be attempting to check in on them each day. Inform patients and family members how to get in touch with you and/or the shift supervisor if they need assistance from a leader. Leaving a business card or writing your contact information on the white board may help.



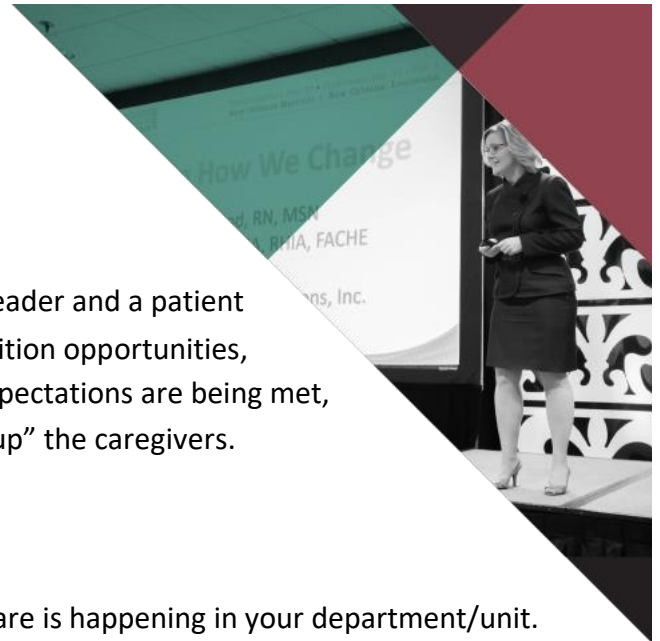
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SOLUTION: Validation Rounding 1

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2 Understand the patient's current level of satisfaction with their care and caregivers (service & quality). Ask specifically about some of the elements of care that the patient will be asked later on your patient satisfaction survey – especially those elements in which you currently have improvement initiatives underway. Round on your patients with your current improvement initiatives in mind. If you are rounding on the same patient multiple days in a row, you can change up the questions a bit each day to assess different elements of their care.

**A great Validation Rounding question is:**

“If the numbers 9 or 10 mean we are exceeding your expectations and providing the best patient care experience possible and the number 1 or 2 mean that we really fell short in our care for you - what number would you rate us today?” If the score is anything less than a 9 or 10 - ask what it is specifically that can be done to improve their care to meet their expectations.

Ask in this way” Our goal is for you to be satisfied with your care to a level of 9 or 10. You rated us an 8 today. What can I do to make that a 9?”

(Then, DO IT).

3 Identify/Initiate Service Recovery, if necessary. Your patients and their family members may have a service or quality concern they have not expressed to anyone; but when you specifically ask if their needs are being met they most likely will let you know. This is wonderful (although it will not feel so wonderful at the time) when patients are willing to share with you any issues that they are having with their care. You have just been given an opportunity to save a poor patient satisfaction survey score or a formal complaint (...or even a lawsuit) from occurring. Healthcare organizations benefit from having a formal service recovery program – but even without one, you can take action to remedy the patient's issue.

4 Harvest recognition opportunities. Validation Rounding provides a great opportunity to recognize staff (...what gets recognized gets repeated). Simply ask the patient: “Who has cared for you that I may recognize for a job well done?” Make sure you follow up when you are done rounding to thank staff members who were recognized by the patient. You can personally do so with the staff members who are on-shift when you are rounding. Employees will often be waiting for feedback from you when you leave their patients' rooms. For employees or physicians that aren't available for immediate recognition, send a Thank You Note to their home (or ask your boss to send one to them) or send them a quick email or other communication to let them know about this patient's praise. If you lead a 24-



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hour department, you will find that you now hear great things about your night shift that you did not have access to before.

- 5 “Manage Up” the organization, department(s)/unit(s) and care providers. “Managing Up” is making positive statements that put caregivers and/or departments in a positive light with the patient. This helps to reduce their anxiety about people and departments that are unfamiliar to them.

**Examples:** “I see you are being cared for by Dr. Mackie. I love how he takes time to explain things to patients”; or, “I see you have our physical therapist, Anne, working with you - she is new to our hospital, but we are very lucky to have recruited her away from her hometown”; or, “I see Bonnie is your housekeeper today, she will do a great job making sure your room is clean”; or, “I see you have a CT scheduled this afternoon. Our radiology department is very high tech and the technicians are all certified and very caring. I know they will take great care of you.”

If the patient and family are visitors to your town, make sure they have all their needs met. Have they found a good place to have a meal? Are they comfortable where they are staying?

- 6 Manage/evaluate employee performance (Behavior Standards, Quality of Care, Care on Other Shifts, Safe Environment, etc.) through Validation Rounding.

Look around you when you are in the patient’s room or the treatment area. Is it clean? Are the patient’s hygiene needs met? Are the white boards updated? Is there evidence that hourly rounding is consistently occurring?

Ask specific questions about important elements of their care. If there are opportunities for improvement, follow up with the applicable caregiver(s) to positively coach on the performance expectations. If there are trends of non-compliance with specific standards/expectations throughout the unit, this is a sign that you should re-educate on the standard/expectations.

I found, as a leader, that I was finally able to “see” what was lacking in my department from a frontline care perspective. It made me more proactive, and less reactive in my leadership.



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## FRONTLINE PEERS AS VALIDATORS

We also recommend **Peer Rounding**. Your Nursing/Clinical team is going to be putting the **Solution on Nursing Bundle of Best Practices** in place for your organization. It is important that they also validate that their training and communication about a Solution is effective. If you do have peer champions do Validation rounding on some portions of your week or month, please make sure they have a way to communicate to you their findings. Celebration, and recognition, as well as positive coaching and service recovery still need to happen if the leader is not rounding daily.

### Recommendations for Succeeding with Inpatient Validation Rounding

In hospital inpatient units, make Validation Rounding the priority of your day - probably in the afternoon when patients are back from testing and their hygiene needs are met. Put it in your daily schedule – Validation Rounding is as important as any meeting or appointment you will have on your schedule for the day. Treat it as a priority.

Solicit help from other leaders (your nursing officer, your assistant, shift supervisors). Off-shift supervisors can be assigned Validation Rounding in the evenings and on weekends/holidays. They may also follow up on a family or patient that experienced a service recovery need in those off hours and can provide recognition and coaching to staff members working in these off shifts. ER and Surgery leaders can help round on inpatients and ask specific questions about their satisfaction with the ER or Surgery processes.

Inspire and train others to assist you. When other leaders are helping with Validation Rounding, you must create a communication mechanism so that important rounding findings are shared with the nursing leader of the department. This communication mechanism will also guarantee that multiple leaders are not rounding on a patient in a day's time. My mechanism was as simple as a clipboard on my desk that leaders signed when they rounded on a patient for the day. We discussed at a daily huddle which patients had not yet been rounded on and divided and conquered the rest!

### Validation Rounding in Non-Inpatient Settings

Outpatient leaders do not have the opportunity to round on every patient every day. Therefore, it is recommended that leaders in outpatient departments dedicate 30-60 minutes daily to conduct Validation Rounding.

For example, the ER leader could round for 30 minutes in their department and then assist in rounding in the inpatient unit (...on those patients who were admitted from the ER a day or two prior). The surgery leader may choose pre-operative rounding with patients to “manage up” the surgical process (...and so your patients can



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remember that you rounded on them!). For inpatient surgical patients, the Surgery leader could round in the Inpatient Units.

Assisted Living, Residential Hospice and Nursing Home leaders plan to conduct Nurse Leader Rounding with each resident each month. It is often good to conduct Validation Rounding on new admissions within the first few days.

Leaders of home health, clinics or physician practices can also effectively round on patients and families. This can be done in home health by either calling patients or validating care by visiting patients and their families.

Leaders in home care may round on their employees and patients at the same time. Office practice or clinic patients can be rounded on while waiting for the physician or provider to enter the room. Any delay in care or service recovery opportunity can also be a time for leader rounding.

### Non-Nursing Leaders Rounding on Patients

Validation Rounding is also a great tool for Support Department Leaders in their efforts to achieve high quality service-oriented care. We recommend that once per week, support department leaders spend 30-60 minutes conducting Validation Rounding with patients. Support department leaders conduct Validation Rounding with their specific service and quality goals in mind. Make sure that your patients are not over-validated. It is possible to flood inpatients with leaders who desire to round on them. If a support leader is rounding on patients, they need to do a check-in with the inpatient leader to make sure there is not already plans for rounding with a set of inpatients for the day.

## CALL TO ACTION

Validation Rounding will be the most valuable way you decrease the negative aspects of your leadership job. Validation Rounding with patients and their families is a leadership practice that will make sure that you are proactively finding and resolving issues in your department. You will create not only satisfied customers, but confidence in the care your employees are providing each and every day.

Watch your scores SOAR!



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