



Solution

Change Tactic: Validation Methods

“Trust. But Verify.”

- Ronald Reagan

What...

Validation is a key component of a process improvement methodology (e.g., it is the “Study” or “Check” step in the PDSA or PDCA cycle). Validation methods can be qualitative or more objective (e.g., involving hard data and statistics) and/or qualitative or more subjective (e.g., involving observations or perceptions/opinions).

When a team or department evaluates their baseline measurements and findings, and then sets an improvement AIM or a GOAL that is measurable, this lends itself to reevaluating the measurements and findings at various intervals in the continual improvement process to validate the progress, and impact, of the change.

Validation tactics are utilized to assess if processes, and changes to them, are achieving the intended results. Validation results help to identify success (or pockets of success) and important information that helps identify further opportunities for improvement.

After we initiate a change, big or small, we have some questions that need to be answered:

- 1) Did the applicable employees, leaders, and/or providers integrate the change into their work? How do we know?
- 2) Are the changes resulting in an improvement, and if so, to what extent? Where is it working (and where isn’t it working) and why? In which ways is it working (and in which ways is it not working, and why?).

Why...



How...

Additional Resources (in ASCEND Resource Center)

- Training Module - Change Tactic: Validation-Feedback Loop
- Training Module - 7 Change Challenges
- Training Module - Change Tactic: Improvement Method (PDSA)
- Training Module - Survey and Improve
- Training Module - Rounding with Employees

This SOLUTION will overview four key validation methods:

- ▶ Validation (Patient) Rounding (aka “Ask the Patient”)
- ▶ Data/Surveys
- ▶ Employee Rounding (aka “Ask the Employee”)
- ▶ Competency Evaluation/Observation

It is recommended that you carefully consider utilizing two methods of validating each change, one involving data/surveys (more objective, quantitative) coupled with one of the other three methods (more subjective, qualitative).

Let these questions listed earlier guide you as you consider what validation methods best help us to understand:

Did the applicable employees, leaders, and/or providers integrate the change into their work? How do we know?

Are the changes resulting in an improvement, and if so, to what extent? Where is it working (and where isn’t it working) and why? In which ways is it working (and in which ways is it not working, and why?).

“Validate out of curiosity and a desire to understand and improve, not to police, judge or punish.” - Sue Tetzlaff



Tactic #1: Validation (Patient) Rounding

This tactic is useful when the change you are validating is one that impacts patients (e.g., Bedside Shift Report) as it provides a real-time mechanism to assess whether the systems and processes designed to create great patient and employee experience tactics are actually reaching the patient, and getting the intended result.

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

A patient validation rounding conversation typically takes 5-10 minutes (yet expect those “outlier” rounding conversations that may take longer), and incorporates the following:

- 1. Establish empathic, compassionate rapport.** Introduce yourself, your role, and why you are there (e.g., “it is my responsibility to be sure that each patient receives the very best care in this nursing unit and the best way I can do that is to hear first-hand from you”). It’s been our experience that opening the conversation well in this way will lead to patients will open the door to patients telling you things that they won’t/didn’t tell their frontline caregivers about their care/experience. Great rapport enhances the experience for them and your ability to garner the most/best information.
- 2. Validate overall satisfaction and specific changes.** Be intentional - Round with your patients with your current improvement initiatives in mind - what do you need to validate? 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 or different change initiatives.

Inquiring about overall satisfaction: “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 for your care 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?”



Inquiring about specific changes: Ask questions about specific change/improvement initiatives. These changes can be specific to your department's goals or improvement initiatives, the introduction of a new piece of equipment or new protocol, or those from other project/improvement teams within the organization (e.g., the Patient Experience Team, a clinical improvement team, etc.). It may sound something like this: "We recently changed our process of shift change communication between our day shift and night shift staff. We now have our patient handoff conversations at the bedside of each patient. When the staff are in your room around 7a and 7p for this conversation can you tell me from your perspective- What do you like about that? What don't you like about that? Could we make this process more beneficial for you? Are there any staff that do this very well?"

- 3. Identify/Initiate Service Recovery.** 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 avert a poor patient experience (and a poor satisfaction survey or a formal complaint (...or even a lawsuit) from occurring if you listen (without getting defensive), apologize ("I'm sorry to hear that, this is not how we want things to go, I'm sorry this happened to you."), and act on what you learned (e.g., "how can I make this right for you").
- 4. Harvest recognition opportunities.** Validation Rounding provides a great opportunity to recognize staff (...what gets recognized gets repeated). Simply ask the patient: "Who has been part of your care that I may recognize for a job well done?" If the patient replies "everyone" - ask a follow up question to try to elicit a specific employee/story (e.g., does one specific example or person stick out in your mind?"). Be 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 during the time 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.
- 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 a top training program”; 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 staff are all certified specialists 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? If the patient is being transferred or referred to another provider or facility, managing up the next provider(s)/facility.

6. Validate employee/provider performance (Behavior Standards, Quality of Care, Safe Environment, etc.)

During this time, you can ask specifically about some of the elements of care that the patient will be asked for later on your patient satisfaction survey (e.g., explanations about medications, responsiveness of staff, quite, etc.) or specific standards (e.g., positive communication standards, nursing bundle practices, behaviors, etc.). These standards can be specific to your unit, or organization-wide practices or standards.

Look around you when you are in the patient’s room or the treatment area. Is it clean? Safe? Are the patient’s hygiene needs met?

These standards may not have changed recently, or be the subject of recent improvement efforts, yet, they are so important to the routine care and great outcomes, that you want to proactively validate these from the patients’ perspective.

7. Close well. Thank them for their willingness to have this conversation. Summarize anything that will be done in follow up (e.g., service recovery, recognition to staff, etc.). Inform patients and family members how to get in touch with you and/or the shift supervisor if they need assistance from a leader (e.g., leaving a business card or writing your contact information on the white board).. However, be sure to manage up your team by assuring the patient/family that employees can resolve most any issues that may arise (rationale: you do not want usurp the empowerment you’ve provided employees to perform front line service recovery). Communicate the promise to return (e.g., “in our unit, it is a daily practice that a leader stops by to check-in in a similar way, tomorrow it will be my assistant manager Stacy who will do so.”)



Inpatient Settings - Recommendations for Succeeding with Validation Rounding

Make Validation Rounding a priority of your day - find the best time to interact with patients (i.e., 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 (aka “vital time”).

“Every patient, every day” -- Strive to make inpatient validation rounding a consistent practice.

Inspire and train others to assist you. Ask for help from other leaders (nursing/clinical officer, assistant manager, charge/lead/shift supervisors). Off-shift supervisors can be assigned Validation Rounding in the evenings and on weekends/holidays. They may also grab the baton for any service recovery needs from previous roundings by others. Emergency department and surgical leaders can round with inpatients and ask specific questions about their satisfaction with the emergency or surgical processes.

When other leaders are helping with Validation Rounding, you must create a communication mechanism so that important rounding findings are shared with those who need to know. If validation information is being provided to other improvement/project teams in the organization, a brief summary report can be created to share rounding information (see example on last page).

Validation Rounding is also a great tactic for “support departments” (e.g., environmental services, food and nutrition, social services/discharge planning, rehabilitation, etc.). We recommend that once per week, leaders in the support departments spend 30-60 minutes conducting Validation Rounding with patients. Support department leaders conduct Validation Rounding with their specific service and quality goals in mind.

A mechanism should also guarantee that multiple leaders are not rounding with a patient on the same day (... just like you don't want to create “survey fatigue” by oversurveying, you also don't want to create rounding fatigue by “over rounding.”) A simple clipboard with rounding assignments and a brief discussion at a daily huddle may be helpful tactics for coordinating the rounding efforts.



Non-Inpatient Settings - Recommendations for Succeeding with Validation Rounding

It is recommended that leaders in outpatient departments (lab, radiology, cardiopulmonary, emergency, clinics, physical therapy, ambulatory care, etc.) or residential/home care settings (assisted living, rehabilitation, etc.) dedicate time daily (e.g., 30 minutes) to conduct Validation Rounding with a random sampling of patients/families.

Assisted Living, Residential Hospice and Nursing Home leaders' plan could conduct validation rounding with each resident each month, yet more often in the first days/weeks/months of their stay.

Leaders of home health, clinics or physician practices can also effectively round with patients and families. This can be done in home health by either calling patients or validating care by visiting patients and their families. This practice helps leaders not only validate the care, but evaluate the caregivers on their team. Leaders in home care may coordinate their validation rounding practice with their employee rounding practices.

Office practice or clinic patients can be rounded with while waiting for the physician or provider or by inquiring with the patient during the clinic check-out process.

MODIFICATION OF VALIDATION ROUNDING FOR NON-CLINICAL USE: Validation Rounding can be modified for use in non-clinical settings. Some departments have internal customers (other departments), and some have external customers (patients/families). All Leaders have the opportunity to ask those they serve how a change process is going. For instance, information technology may conduct valuation rounding with their internal customers/technology users.

TACTIC #2: DATA/SURVEYS

Tactic #2: Data/Surveys Data and survey findings provide more objective or quantitative findings which are often necessary for an effective improvement process.

To be able to validate the impact or status of changes over time, you'll need to consider this at the very start of your formal improvement efforts. After all- would you begin a change to a healthy lifestyle without knowing what your baseline labs, vital signs and weight were?

In the Planning Phase of Change:

- Your process improvement methodology should include the setting of aims, targets, or goals for the improvement. **Ask: What measures should move, in which direction, if this process is improved?** This should obviously connect to the reason the process improvement is being undertaken in the first place.



- Collect/establish baseline data. It's vital to your team that you know what that measurement is prior to the change being put in place so that when you implement changes, you can measure the impact.

“What gets measured and monitored gets improved.”

In the Study/Check (aka “validation”) Phase of Change:

- Monitor the data at prescribed intervals to provide validation that the change is working and/or taking hold. You will want to report back to staff and teams as to how the change is going (i.e., “in follow up to X change, the measurements have improved in these ways xxxxxx”).

An additional resource to assist further in the use of validation data from surveys (e.g., employees, patients) can be accessed by viewing the Training Module - Survey & Improve in the Resource Center.

Not all leaders or team members are going to be data-savvy experts. But these people likely exist in your organization (and likely also are available via your survey vendors). An improvement team or department is well served to consider who can best support the measurement functions for improvement projects and goals. Enlist support and/or additional training as needed for data collection and analysis.



Tactic #3: Employee Rounding If you don't have a routine practice of employee rounding, the need to validate a recent change can be a great reason to start. One-on-one rounding conversations between a leader and an employee are always purposeful when you have the right intent and questions -- and adding an intent to validate is a good one.

Like validation rounding with patients, employee rounding allows for employee-provide insights into the impact and status of change efforts.

If you do engage in regular rounding, changing up your rounding questions to target the recent changes that you are validating can help keep rounding "fresh" and purposeful for everyone.

An additional resource to assist further in the use of validation data from surveys (e.g., employees, patients) can be accessed by viewing the Training Module - Rounding with Employees.

Suggested Employee Rounding Questions for Validation

What is working well with _____?

Is there anyone that you would like to recognize that has been helpful with this change?

What safety issues or concerns do you have related to the change?

Are there any unmet equipment, supplies, training or space needs related to the change?

Any outstanding issues that have been lingering and not resolved?

Anything else I should know or any further questions?



Tactic #4: Competency Evaluation/Observation This tactic involves the use of one or more formats of observation, demonstration, or testing. This approach of validation is most commonly used when needing to assess the understanding and ability to comply with the new/improved way of doing something (aka, the new standard, protocol, policy, equipment, etc.). This tactic can be used to validate the effectiveness of training and communication about the details of the change.

Popular Formats:

- ▶ Direct Observation: Spending time to simply observe people at work, in the moment as things are happening, is a great way to validate. For example, watching an employee register a new patient, use a new piece of equipment, call a patient with instructions, or provide a treatment.

The “Hawthorne Effect” (individuals modifying an aspect of their behavior or actions in response to their awareness of being observed) can impact this. Given that you want to observe/validate what “is really happening day-to-day” versus what people may show you is happening while being watched, when using this method you’ll need to be a bit less noticeable in your approach to when and how you approach these observations (but not to the point of hidden cameras). Being mindful of the happenings around us at all times, allows many opportunities in most any given day to have direct observation of how people behave and perform.

When Validation Rounding (on patients) this can be a great time for a leader to observe and watch how people work.

- ▶ Quiz/Test - Written or Oral: Testing is an effective way to validate understanding. When administered well after the training on a change has taken place, it validates current understanding and retention of the details of the change, and is likely more reflective of successful change efforts more so than testing immediately after a training session.
- ▶ Simulation/Role Playing: Even if you do not have access to a formal sim lab, you can simulate changes in technique or behaviors by providing scenario-based, mock situations that correlate with the skill and/or knowledge to be validated. The “debriefing” after simulation or role playing provides valuable opportunities for real time feedback and problem-solution/adjusting. If you do have access to a simulation lab, take full advantage of this valuable way to validate change.



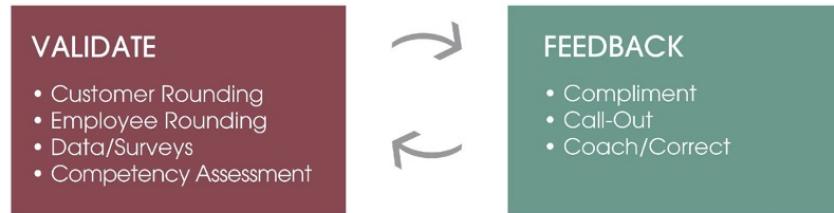
FOLLOW UP TO VALIDATION ACTIVITIES

Armed with validation information, you'll be equipped with knowledge about the progress, and impact, of the change. Now what? Who needs to know this information? How can it be used?

Feedback to departments/teams: If you are a department leader, maybe you are validating a department goal. Then it is your department staff who you should share this information with. If you are a department leader, and you are validating a change on behalf of a project or improvement team in the organization, then you need to get that information to that team.

Feedback to individuals: As validation occurs, especially in the method of patient validation rounding and competency evaluation/observation, feedback to individuals is a key follow up action. The Validation-Feedback Loop is a powerful practice for continual improvement. Observe; and then give feedback (compliment, call-out, coaching) applicable to what was observed.

VALIDATION-FEEDBACK LOOP



If the validation data and information you collect or receive is disappointing or discouraging about the change efforts, consider “how do we pivot and/or persevere?” Use caution when abandoning change efforts as there is a high likelihood that with some small adjustments and added effort (guided by your validation findings), the change will indeed take hold and get the intended results. Let the validation information point you in the right direction of what needs to happen to be successful with the change.

So if the validation data or information isn't moving in the right direction or not fast enough, or if there are “pockets of failure” (individual departments/shifts, etc.), then additional efforts and adjustment to plans should be made.

Celebrate and recognize positive validation results. Even if these results haven't reached your desired AIM or goal, celebrate and recognize progress.

Successful change requires competency and consistency in use of the new way by all the people who need to adopt the change). This is rarely successful on the very first attempt through a cycle of Plan-Do-Study-Adjust.



SAMPLE SUMMARY FORM

Validation Summary

TIMEFRAME (Week or Month): _____

DEPARTMENT(S): _____

VALIDATION METHOD(S) USED:

- ▶ Validation (Patient) Rounding (aka “Ask the Patient”)
- ▶ Data/Surveys
- ▶ Employee Rounding (aka “Ask the Employee”)
- ▶ Competency Evaluation/Observation

NOTABLE TRENDS/FINDINGS	WHO NEEDS TO KNOW
POSITIVES	
OPPORTUNITIES	

Other comments (e.g., recommended adjustments, follow up actions, etc.).

NOTE: Attached any applicable charts/graphs/etc., if applicable.



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