

ROUNDING LOG FOR LEADER

Leader Name _____

Date _____

Check box(es) to indicate type of rounding.

<input type="checkbox"/> Employee	<input type="checkbox"/> Patient - Nurse Leader	<input type="checkbox"/> Patient - Director	<input type="checkbox"/> Areas You Serve
<ul style="list-style-type: none"> Relationship question Explain rounding, why and duration. What is working well today? Are there any staff/physicians working today whom I can recognize? What's not working well today/issues? Do you have the tools and equipment to do your best? Is there anything else I can help you with? Thank them for their time. 	<ul style="list-style-type: none"> Introduce yourself by name and title. We want you to be <u>very satisfied</u> with your care. Do you mind if I take a few minutes to ask you some questions? Manage up nurse/physician. Has everyone introduced themselves upon entering your room? Have you had to call your nurse in the last 24 hours? Ask 2 very specific questions about care Is there anyone you would like to recognize for providing exceptional care? Is there anything I can do before I leave? Thank them for their time. 	<ul style="list-style-type: none"> Introduce yourself and tell them you are visiting as a rep from Administration. We want you to be <u>very satisfied</u> with your care. Do you mind if I take a few minutes to ask you some questions? What's working well with your hospital stay? Have you had to call your nurse in the last 24 hours? Is there anyone you'd like to recognize for providing exceptional care during your stay? Have you had any issues that you've shared with our staff that haven't already been resolved? Is there anything I can do for you before I leave? Thank them for their time. 	<ul style="list-style-type: none"> Relationship question Explain rounding, why and duration. Review what has been accomplished since last round or wins from your department. What is working well? Are there any employees from my department I can recognize? What are 1 or 2 things my department could be doing better? Thank them for their time.
Name of Person Rounded		Department/Room	
1.			
2.			
3.			
4.			
5.			
6.			
Comments	Follow-Up Required	Complete	
Items Working Well			
1.	1.		<input type="checkbox"/>
2.	2.		<input type="checkbox"/>
3.	3.		<input type="checkbox"/>
4.	4.		<input type="checkbox"/>
5.	5.		<input type="checkbox"/>
6.	6.		<input type="checkbox"/>
Individuals to Reward/Recognize			
1.	1.		<input type="checkbox"/>
2.	2.		<input type="checkbox"/>
3.	3.		<input type="checkbox"/>
4.	4.		<input type="checkbox"/>
5.	5.		<input type="checkbox"/>
6.	6.		<input type="checkbox"/>
Issues/Needs Identified			
1.	1.		<input type="checkbox"/>
2.	2.		<input type="checkbox"/>
3.	3.		<input type="checkbox"/>
4.	4.		<input type="checkbox"/>
5.	5.		<input type="checkbox"/>
6.	6.		<input type="checkbox"/>
Other			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Submit copies of all Rounding Logs to Ellen Hemm by 5:00 p.m. on Friday of each week.