GEOGRAPHIC ROUNDING

WORKBOOK

How to Plan, Implement, and Sustain a Successful Geographic Rounding Program

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CORE CLINICAL PARTNERS

INTRODUCTION

The goal of this workbook is not to tell you the one right way to implement a geographic rounding program. Instead, it offers a set of tools your team can use to aid in geographic rounding planning, implementation, and execution.

This workbook is for hospital leaders who are either planning a geographic rounding program or struggling to implement one. Whichever stage you are in, this endeavor may be more challenging and time-consuming than you first anticipated.

I have helped clinical and operational teams improve their geographic rounding programs, among many other operational improvements. With over 25 years clinical and management experience, and now as Vice President of Clinical Operations for Core Clinical Partners, I support hospital leaders throughout the country as they strive to optimize efficiency and improve throughput. I understand hospital leaders are often tasked with doing more with less, all while maintaining a focus on delivering outstanding patient care.

Sustainable operational change is challenging. Any significant process change faces numerous barriers to long-term success. No two hospitals are the same, nor are the personalities and preferences of the clinicians and staff who work there. There is no one-size-fits-all approach to successful process improvement. However, during my years helping hospital leaders implement numerous process improvement initiatives, I have developed a series of effective tools and strategies that give the best chance of success. These lessons can serve as a road map for hospital leaders seeking to undertake their own process improvement efforts.

As with any process improvement, no geographic rounding program can be successful without the right team. Success or failure hinges on the team's confidence in the improvement and understanding of the task at hand. Our hope is that this workbook provides a guide your team can leverage to get geographic rounding off the ground with the best chance of sustained success.

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Vice President of Clinical Operations, Core Clinical Partners

BACKGROUND

Geographic rounding is a method of patient rounding that groups patients and the clinical teams responsible for them by geographic location within the hospital. In doing so, the hospital admissions and rounding processes are streamlined, optimizing provider workflow, reducing length of stay, and increasing care continuity. It is a response to a difficult and multifactorial problem: bed shortages brought about primarily by higher volumes combined with staffing shortages.

Among developed nations, the U.S. has one of the lowest numbers of hospital beds on a per capita basis—and the number has steadily declined for more than 40 years. The cause is a combination of increased financial and regulatory pressures paired with trends in hospital and healthcare system consolidation.

When the COVID pandemic hit U.S. hospitals in 2020, the nation averaged approximately 2.5 hospital beds per thousand people. However, that number varied widely from state to state. States such as the Dakotas have more than four beds per thousand, while many other states have less than two.

In a nationwide test of hospital capacity management, the pandemic stretched hospitals and clinicians to their breaking points, and in some cases well past them. Despite this challenging time, many hospitals made astonishing progress: new telemedicine programs, rapid process improvements, and improved care. During the height of the pandemic, we helped hospital partners plan, execute, measure, optimize, and sustain success of geographic rounding programs.[i]

What follows are the tools and strategies we used to do it.

WORKBOOK CONTENTS

GOALS

First, clinical teams must be clear about their goals, the why, and realize that geographic rounding will not be a cure-all. Rather, it is one tool a hospital medicine program can use to advance three goals:

1. Reduce inpatient length of stay
2. Facilitate efficient multidisciplinary rounds
3. Improve physician and staff communication and collaboration

Geographic rounding will help support all these goals—with some qualifications.

Goal No. 1: Reduced Length of Stay

Both the on-the-ground experience of care teams and the academic literature support the fact that geographic rounding can have a meaningful impact on length of stay.

One randomized control study of hospital admissions over a six-month period found that those who were placed into a geographic rounding unit had both reduced length of stay (approximately 12 hours) and lower total charges. Another prospective cohort study found that patients admitted to geographic rounding units had a length of stay approximately 17 hours lower than the non-geographic rounding patients at the same facility (3.64 days vs. 4.35 days, respectively).[ii]

But *why* does geographic rounding reduce length of stay? Likely because it facilitates multidisciplinary rounding with closer communication and improved teamwork.

Goal No. 2: Facilitate Efficient Multidisciplinary Rounds

Multidisciplinary rounds, sometimes referred to as interdisciplinary rounds or transition of care plan (TCP) rounds, brings together the stakeholders involved in patient care to discuss, coordinate, and make joint decisions about each patient's progression of care.

The benefits of multidisciplinary rounds are well-known:

- Patients receive the right level of care faster[iii]
- Better efficiency (care teams can see more patients)[iv]
- Improved quality outcomes[v]
- Reduced re-admissions[vi]

Goal No. 3: Improve Physician and Staff Communication and Collaboration

Geographic rounding improves communication between physicians and staff, as well as enhances nursing perception of teamwork. This perception sets the stage for many of the positive outcomes listed above, as well as better patient engagement.[vii]

By allowing more time on specific units, communication between the team of physicians, APPs, nursing, therapies, laboratory, radiology, social workers, and case managers improves. This facilitates actions which both improve quality of care, and may also reduce length-of-stay:

- Implementation and compliance with clinical care pathways, including data gathering for fallouts and opportunities for improvement
- Follow-up on laboratory studies such as culture and sensitivity testing for appropriate antibiotic choices
- Assurance of progression of care to post-acute facilities in timely manner

BARRIERS

> **Hospital leaders know the concept of geographic rounding can bring up objections from hospital physicians. Providers may feel multidisciplinary rounding negatively impacts continuity of care. Yet, the benefits make the effort of building geographic rounding programs worthwhile.**

The main barrier to implementing a geographic rounding program often comes down to concerns among hospital physicians over continuity of care combined with a general resistance toward changing established workflows.

Continuity of care is a universal priority. The traditional method of handling admissions—a round-robin approach—seeks to preserve continuity of care and provide hospitalists with greater control of their time.

With round-robin admissions, hospitalists are assigned patients as they are admitted, but those patients are spread throughout the hospital. This leads to hospitalists spending a great deal of time moving between floors and units—and as a result, they become disconnected from each patient's care team. Nursing staff in each unit loses track of where the physicians are at any given moment, leading to delays in decision-making and duplicative communication. Where the model seeks to keep a physician with the same patient throughout their stay, it actually ends up fragmenting care and can extend a patient's stay.

Even if a hospital already does multidisciplinary rounds, the rounds are likely to occur without the physician present if the hospital hasn't *also* implemented geographic rounding.

Changing culture—and developing a data-backed plan to engage hospital physicians early in the process—is a key component in successful geographic rounding implementations.

As detailed later in the workbook, having a clear communications plan in place is an important component in overcoming physician preference for round-robin admissions.

LEADING THE IMPLEMENTATION

> **One of the most critical considerations for hospitals is the question of who should lead the implementation. Should hospitals hire a consultant? Ask their physician services partner? Or should they identify an internal, hospital-employed leader?**

Hospitals may expect that they can plan, implement, and sustain a geographic rounding program independently. We have certainly seen hospitals try, and our team has been part of those efforts as operational leaders and hospital executives. Our experience taught us that the risk of choosing an internal leader is that the program will ultimately get lost in a mix of competing priorities. Hospital leaders are immersed in day-to-day operational demands, making it difficult to maintain the long-term focus necessary to see the project through.

Outside consultants, meanwhile, can bring focus to the planning, as well as best practices from other health systems. They are a fresh set of eyes on the internal process of the hospital. Whereas the existing hospital staff may have resolved to make geographic rounding a priority, they often have limited bandwidth to think and plan strategically amid ongoing, everyday operational work. Bringing in an outside team can provide singular focus on strategy and implementation of a project and thus may advance initiatives the hospital has not been able to on its own.

However, we have also seen hospital partners experience mixed results when relying on a consultant for implementation. Frequently, hospital teams challenge assumptions made by consultants, revising and repeating their work despite the benefit of having an outside perspective and critical evaluation. Consultants often lack deep historical knowledge of what has or has not worked at that specific hospital in the past, and thus may not readily see or understand the true barriers to implementation.

Typically, the greatest challenge with having a consultant do the work is that they are engaged for project planning but are not retained through implementation or for

follow up to ensure ongoing programmatic success. With geographic rounding in particular, this proves problematic as ongoing support and accountability is critical to a hospital realizing the benefits of geographic rounding.

Ultimately, choosing a physician services group to plan, lead, and execute geographic rounding brings the right combination of outside focus and expertise with incentives which are aligned with your own.

Your physician services group's success depends on meeting your hospital's goals. Therefore, they are invested in the long-term success of the implementation. The right physician services group also ensures the initiative is guided by an ideal combination of clinical and operational expertise, both of which contribute to the long-term viability of the process improvement.

EXECUTION

> **Core has seen hospitals spend years trying to successfully implement geographic rounding. Then, frustrated by the long timeline, the hospital brings in a group like ours to get it done, not in a matter of years or months, but in a matter of weeks.**

What separates failed initiatives that never quite get off the ground, or never stick, from successful implementations? We find it comes down to three factors:

1. Proven planning tools and processes
2. The right personnel on the ground to execute
3. Committed leaders to see plans through

Work Plan and Timeline

The Work Plan and Timeline for a geographic rounding initiative serves as the foundation for the entire initiative. The Work Plan should assign owners or leads for each major activity, as well as expected start and end dates. It should also include things like evaluations of the processes and workflows for on-call hospitalists, as well as the development of control mechanisms such as leading and lagging indicator dashboards, qualitative satisfaction surveys, and the like. The workplan can also assign leads for process mapping and list outreach activities to key stakeholders.

We have provided a spreadsheet with all the key elements of a geographic rounding project plan. You can use this template to track all essential activities and set a duration and a person responsible for each.

The spreadsheet also has details on measuring success based on leading and lagging indicators (covered later in this guide). In addition, includes details on a

communication plan (also covered later in this guide) that includes how each group of stakeholders will be involved and informed, and how feedback will be gathered from each group.

DOWNLOAD
Geographic Hospitalist Work Plan & Timeline Template

Tools

Core utilizes versions of the following tools to structure the implementation of Geographic Rounding and ensure continued success despite any turnover that may occur with staff, physicians, or leadership.

Tool 1: Lean A3 Methodology

A3 is a Lean Six Sigma structured approach to problem-solving and continuous process improvement. It is characterized by objectively presenting information, inclusivity, and transparency in team-building and alignment of all stakeholders with an organization's strategy and objectives.

Core has developed a Geographic Hospitalist A3 Worksheet (see below to download) that can be used to plan new geographic rounding initiatives. While A3 can be adapted for a wide variety of purposes and problems, for the purposes of planning a geographic rounding implementation, your A3 worksheet should contain the following sections:

- **Strategy or Initiative:** Stating the goal, such as "Geographic placement of hospitalists at [Facility Name] with Admitter Model"
- **Background:** Why are we looking at this, plus history or effort until now
- **Current Situation:** What problem(s) are we trying to solve? What is the current performance or current standard?
- **Future State/Target Statement:** What will the future state look like? How will we measure success? Who or what will this initiative impact and how?

- **Leading & Lagging Indicators:** Measurable Key Performance Indicators (KPIs)
- **Results:** Observations and progress toward the goal or target.
- **Next Steps:** What action items do these results prompt?
- **Additional Measures:** A space to provide additional measures pertinent to the analysis.
- **Additional Resources Needed:** A space to mark other hospital resources on which the initiative relies or depends.

DOWNLOAD
A3 Geographic Rounding Worksheet

Tool 2: Data Capture and Analysis

No matter who handles your geographic rounding implementation, you will need a data analysis tool to gather, track, and transparently share Key Performance Indicators (KPIs) with all relevant stakeholders.

Most good tools provide a dashboard that combines billing data from your EHR with other throughput, quality, scheduling, and patient experience information to provide a single "data warehouse." From this warehouse, operational leaders can track leading and lagging indicators on a daily basis as well as create reports to share with hospital staff and onsite medical leadership.

Tool 3: Communication Plan

Obtaining Stakeholder Buy-In
Anyone who has been involved with hospital change management and process improvement knows: most initiatives fail in the long run due to a lack of stakeholder buy-in. Either no one "owns" responsibility for success in the long-term, or the physicians, nurses, and PAs onsite responsible for sustaining the work over time simply do not believe it's worth their time and limited bandwidth.

Overcoming inherent bias requires acknowledging change and empowering onsite clinicians to engage in the process by providing their own input and suggestions.

A key message when implementing geographic rounding is to assure physicians that geographic rounding is a crucial way to improve communication, collaboration, and accountability in all aspects of ensuring safe, quality care for patients. This messaging as well as a schedule for outreach to stakeholders before and during the implementation can be formalized into a Geographic Rounding Communications Plan.

This plan should include dates, deliverables, target audience, and key messaging. The following are suggested deliverables to include in such a plan:

Suggested Communication Plan Deliverables:

- Staff meeting with HM Project Working Group
- Talking Points (PPT Slides) for ED and IP Nursing/SW/CM/UM/Therapies
- Talking Points (PPT Slides) for Hospitalist Team
- Nursing Meetings
- Face-to-Face Meetings with: CEO, CMO, CNO, Administrative Leaders
- Email to CNO/Admin Leader
- Email to HM/ED/Specialty Providers
- Email to ED and IP Nursing/SW/CM/UM/Therapy

DOWNLOAD
Communication Strategy & Calendar Template

Tool 4: Daily Debrief

The daily debrief is a critical tool to obtain real-time, daily feedback on how the implementation is proceeding. At the end of the day, everyone involved in the geographic rounding initiative meet with the purpose of capturing the successes and opportunities of the day's events. Physicians, administrators, and others are present either physically or via teleconference. Typically, the site medical director, or other hospitalist service line leader, will lead a discussion seeking input from the stakeholders.

On a scale of one-to-ten (ten being the best) the day is rated with overall geographic physician satisfaction. The overall rating is captured as a Net Promoter Score (NPS) and tracked/trended by leadership to measure physician satisfaction with the process. Then, each participant provides input toward areas such as processes and communication which may be improved upon, or further hardwired for more success.

Identifying Units

Choosing the right unit or units for project initiation is vital to its success. First, examine hospital data to identify opportunities to recognize substantial cost reductions and improvements to patient care:

- Longer length-of-stay metrics (Opportunity Days, GMLOS, ALOS, etc.)
- High re-admission rates
- High-volume, high-cost diagnosis
- Diagnosis amenable to care pathways and hospitalists managing a threshold of volume with these patients
- Hospitalists managing the highest percentage of patients on selected unit's census
- Hospitalists managing a high percentage of their own patient census on the selected unit

Next, from a personnel perspective, hospitals should identify units with:

- **Excellent Nursing Leadership**
  The nursing leader should have the bandwidth to embrace this model, drive KPI improvement, and identify opportunities and successes during implementation

- **Appropriate Case Management and Social Work Support**
  The unit or units should have Case Management and Social Work representatives who embrace change and communicate well with team members

- **Clinical Interest**
  Which units are decided should be based on patient needs and hospital needs, though it is useful to start where there is already openness from Physicians and APPs involved.

The combination of strong clinical leaders and targeting units with metrics in serious need of improvement will set up the program for early success. This success will strengthen buy-in and compound engagement and commitment to more medium- and long-term improvements.

Admitting APP

A key consideration when designing a process flow for geographic rounding is whether to use a dedicated admitting APP.

Many teams start without one because, technically, an admitting APP creates an additional handoff between two care providers. This additional handoff raises care continuity concerns.

However, an admitting APP can be a good solution if on-site teams find that not enough patients are making it into geo units. There are a variety of reasons why patients may not be admitted to geo units as the admission location is based on timing, bed availability, ED flow, and/or incoming transfers.

APP admission coordinators who work closely with the admitting physician and bed management can handle the initial admission, then hand the patient off to the assigned hospitalist for each geo unit. This can be an integral piece in ensuring geographic rounding success.

To further define the role of an APP admitting coordinator, create a standard work document outlining their responsibilities at various times throughout the day.

DOWNLOAD
APP Coordinator Standard Daily Process

Sample APP Coordinator shift:

6 a.m. Daily

- Ensures physicians listed on board reflect current schedule
- Assigns overnight and swing patients to physicians based on geography
- Distributes non-geo admissions to minimize number of units covered by rovers (i.e., hospitalists who are assigned to treat patients on a variety of units)

6 a.m. – 4 p.m.

- Takes all ED consult calls
- Takes ICU transfer as capacity allows
- Coordinates with admitted physician for capacity
- Admits patients
- Coordinates with Bed Management and assigns geo rounder or rover if admitting physician is at capacity
- Coordinates non-geo admissions to minimize number of units covered by individual rovers
- Attends Daily Debrief

4 p.m. – 6 p.m.

- Completes admissions received before 4pm
- Assists swing physician with admissions as capacity allows
- Reviews patients assigned to physicians going off service to identify potential redistributions
- Evaluates upcoming shift transitions to ensure continuity of care (The APP Coordinator should look at the next several days' shift schedules of hospitalists and make plans to transition patients off that physician's service in case the physician is not working.)

LAUNCH

Geographic rounding launch planning is crucial to the success of the program. We suggest focusing on these key launch priorities.

Pre-Launch & Go-Live

Ensure Operational Leaders are Onsite Engaging with Key Stakeholders
During the weeks leading up to launch, the operational leaders leading the implementation should be onsite. The week before the go-live date, they should coordinate with all stakeholders, ensuring that clinical schedules are in order and multidisciplinary rounds are set with the correct attendees.

Launch Week

Focus on Troubleshooting and Training
The week of launch, there will be obstacles. Inevitably, there will be clinical or administrative staff working the week of go-live who were not present (because of illness or vacation) for the initial planning stages. These team members may require additional training. The go-live team should be onsite to assist with on the fly training of these individuals and to troubleshoot barriers and overcome these and other obstacles as they arise.

Observe the Program During the Day, at Night, and on the Weekend Shift
The first week of an implementation, operational leaders should plan time to be “elbow-to-elbow” with onsite clinicians every day and at least one night and one weekend shift to help surface problems specific to those time periods.

Hold a Daily Huddle
A daily huddle or debrief to share key metrics, discuss what went well and what didn’t, what obstacles exist, and what can be improved is a very effective way to improve as you are implementing. These daily huddles are an essential tool in Lean A3 rapid improvement methodology.

MEASURE

Key Performance Indicators for a geographic rounding initiative can be broken into two groups: leading and lagging indicators.

Leading indicators reflect the four primary markers of a geographic rounding program's success. Operational leaders should establish a baseline for each leading indicator, track weekly performance, and establish an annual goal.

Lagging indicators are metrics that geographic rounding should improve over time. These indicators metrics should be tracked with a strong data collection and analysis tool and managed using daily and weekly trackers.

Leading Indicators

1. Percent of hospitalist patients on geo units covered by geo rounders
2. Percent of hospitalist patients who are on two units or less
3. Number of units covered by geographic rounding
4. Number of patient with IP orders written by admitter/percent of patients with IP orders written by rounder

Lagging Indicators

1. Length of Stay
2. Opportunity Days
3. Doctor and APP Satisfaction
4. Care team Satisfaction
5. 72-hour Re-admission Rate
6. D/C Order Time
7. ED Admitted Patient LOS
8. ED Boarder Hold Hours/Patients

DOWNLOAD
Leading and Lagging Indicators Tracking Sheet

DOWNLOAD
Daily Admit and Consult Tracking Sheet

SUSTAINING SUCCESS

This workbook is designed to give your team a general road map for planning and implementing a geographic rounding initiative—but ultimately—the "secret sauce" in sustained, continual improvement in patient care and with geographic rounding is the team on the ground, the people who make it happen.

In the weeks and months following the go-live date, operational leaders will need to:

- Sustain open dialogue and gather constructive feedback with all stakeholders to surface and overcome future barriers
- Continue to measure, manage, and report on key performance indicators
- Identify new opportunities to scale the program, including identifying and expanding to new geo rounding units

Building the right team means aligning them around a shared vision and goals, recruiting and retaining talent into the organization, and hiring the right partners who are invested in success alongside you.

If, at any time in this process, you feel an outside expert could be of use, whether that is in conducting an operational analysis of the current state, or in leading a change initiative on the ground, we at Core are happy to help. Our group was founded to deliver the precise kind of partnership that gives process improvements like geographic rounding the best chance to succeed: one in which operational leaders are given the necessary time onsite to ensure that the process is successful.

For more information about our group or for more information about anything in this guide, reach out to us at Core Clinical Partners.

We wish you well on your journey to successful geographic rounding!

Sincerely,

Mark Canada, MHA, MSN, RN
Vice President of Clinical Operations

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WORKSHEETS

- Geographic Hospitalist Work Plan and Timeline Template
- A3 Geographic Rounding Worksheet
- Communication Strategy and Calendar Template
- APP Coordinator Standard Daily Process
- Leading and Lagging Indicators Tracking Sheet
- Daily Admit and Consult Tracking Sheet