Beyond Rounding: Creating and Sustaining a Culture of Connection at NYU Langone Hospital–Brooklyn

By Andrea Fitzgerald

NYU Langone Health is dedicated to bringing patients excellent care closer to home. As part of the system’s growing network, NYU Langone Hospital–Brooklyn is an example of its commitment to delivering high-quality care to the Brooklyn community.

To better serve its growing patient population, NYU Langone Hospital–Brooklyn created and implemented a purposeful hourly rounding model centered on fostering connections between patients and providers and among staff. Since the rollout of this program, called “CARE Connections,” in 2016, the 450-bed teaching hospital has realized and sustained improvements in every major HCAHPS domain.

These gains are not simply due to a more standardized and patient-centered approach to rounding. They reflect the robust efforts of staff, particularly those at the front line, to go beyond rounding and build a culture of empathy and compassion that keeps them connected to the organization’s core values and their own, according to Catherine “Katia” Sokoloff, the director of Patient Experience at NYU Langone Hospital–Brooklyn.

This connection to both an organizational and personal “why” was particularly important at the time, Sokoloff explained during a presentation at a recent Press Ganey LINK Meeting in New York City. In late 2015, NYU Langone Medical Center had just merged with one of Brooklyn’s community hospitals, resulting in a surge of new initiatives and large-scale changes that left staff feeling overwhelmed and disconnected.

Rather than focusing on striving for a target percentile rank, organizational leadership wanted to empower the workforce to build connections with each other and their patients, Sokoloff said in a follow-up interview. In partnership with Press Ganey Strategic Consulting, they adapted the Compassionate Connected Care™ model to create a new standard of purposeful rounding that would meet the needs of both their patients and providers. To ensure the success of its implementation and execution, the patient experience team set out to secure buy-in from nurses and other front-line staff, ancillary services leaders, union delegates, and other members of the workforce.

Connecting the Whole Organization

A pillar of the implementation strategy was getting the front line involved, according to Sokoloff. Knowing the model would only be successful if it was practiced hospital-wide, the patient experience team wanted to gain the trust and buy-in of front-line staff so that they could help drive the change effort to other levels of the organization. The team began by convening staff from the three pilot units. In focus groups, they provided feedback in two 90-minute sessions. “We wanted to hear from people on the ground to make sure the model was going to resonate with our workforce,” Sokoloff said.

The hospital also mobilized a rapid improvement team made up of nurse leaders as well as nurses, aides, and clerks who either volunteered or were selected by their managers to act as peer coaches on the front line. These coaches were instrumental in developing the “why” statement for the initiative and identifying barriers that the CARE Connections team could remove, according to Sokoloff.

Using an appreciative coaching model, they took a collaborative approach to improvement, with a focus on identifying and enhancing what works rather than what doesn’t. Peer coaches were able to practice this type of coaching in a simulation lab during a four-hour training session mandated for all staff and led by a Press Ganey consultant or member of the patient experience department. They then went out on the floor to join their peers on rounds, armed with a validation tool for observing them and debriefing afterward.

AT A GLANCE

- NYU Langone Hospital–Brooklyn created and implemented a purposeful hourly rounding model to help providers make meaningful connections with each other and their patients.
- The model, called “CARE Connections,” has helped staff reconnect to their professional meaning and purpose and advance organizational priorities.
- Since the program’s implementation in 2016, the hospital has realized and sustained improvements in every major HCAHPS domain. As a result, NYU Langone Health is looking for ways to roll out the initiative to its other campuses.
The validation process continued for approximately three months after the model went live on a unit. Each staff member had to have five validations completed—one self-validation, one by a manager, two by a coach, and one by a peer who may or may not be a coach—and only one could be completed each week. This accomplished two things, according to Sokoloff. “First, we wanted to ensure long-term growth rather than a check-the-box mentality. Second, we wanted to give plenty of opportunities for everyone to be in a coaching role so that ultimately they would all become coaches,” she said.

This “coach the coach” model was also essential for anticipating, preparing, and managing resistance, according to Sokoloff. “With any change, resisters tend to fall into two groups. One believes they’ve already tried a similar initiative and it won’t make a difference, while the other believes they’re already practicing the ideal behavior or process,” she explained. Though only a fraction of the workforce at NYU Langone Hospital–Brooklyn fell into one of these groups, the coaches were essential in getting their buy-in on the ground.

“It was very important for our coaches to be able and empowered to say, ‘You’re right. We have tried this before, but here is how this program is different. I’m involved, and I’m your friend, and I’m here with you on the unit.’ Or to say to the other group, ‘You’re right. We do a lot of this already. How can we make it better?’ These messages are much more valuable coming from a peer versus management,” Sokoloff stressed.

Management did play an important role in securing buy-in as well, particularly as the model was rolled out to transport, dietary, case management, and other ancillary services at the facility. Executive leaders, ancillary leaders, staff educators, and union delegates served as sponsors to ensure the CARE Connections model represented key interests within the hospital and that all staff recognized it as a strategic priority. This was particularly important at the time of implementation, because they were asking staff to spend a few hours of their day in training and coaching sessions, Sokoloff noted.

Getting Back to the Heart of Health Care

Once in sessions, employees learned how each aspect of the CARE Connections program was uniquely set up to help them succeed. Leaders used the hospital’s own survey and quality data to fill in the organizational “why,” and coaches shared how it was helping them reconnect to the reason they got into health care in the first place.

“When we first began, we thought we were just cleaning up rounding protocols. We didn’t realize how transformative the model would be for staff,” Sokoloff said. While helping many providers find joy and fulfillment in their work, it has also enabled the organization to improve the safety, quality, and experience of care for patients.

Since embarking on this journey, NYU Langone Hospital–Brooklyn has moved the needle on all major HCAHPS measures. Since FY2016, top-box performance on each domain has increased as follows:

- Overall Rating: from 48.5% to 60.8%
- Communication with Nurses: from 71.8% to 76.1%
- Responsiveness of Staff: from 59.4% to 62.9%
- Communication with Doctors: from 75.1% to 77.7%
- Hospital Environment: from 49.1% to 51.2%
- Communication about Medicines: from 56.9% to 59.5%
- Discharge Information: from 82% to 84.2%
- Care Transition: from 42.7% to 46.8%

As a result of such significant success, leadership is looking for ways to bring the program to other campuses across the system, and is piloting a similar model for interdisciplinary rounding, called “WE CARE,” at the hospital.

According to Sokoloff, making sure that every department is aligned and at the table—from finance to HR to operations—continues to be a strategic priority. “We want to help everyone recognize that no matter what their role is, they contribute to our mission to improve care delivery and live out the values of performance, respect, integrity, diversity, and excellence,” she concluded.