**Weekly Leadership Rounds Across the Hospital: Initial Impact**

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**Introduction**

Leadership Rounds demonstrate how we have embraced dedication to service excellence across all levels at Penn State Hershey Medical Center. This effort requires nominal resources and at the same time has promoted improvements in patient satisfaction. Our previous experience with inpatient Patient Safety Leadership Rounds engaged front line staff in patient safety issues; but occurred monthly, with a select number of leaders. Senior Management (SMT) recognized that additional efforts to promote service excellence were needed. SMT with leadership from the Service Excellence Team enlisted support from Management Council, whose membership is primarily managers and operations directors. All members were invited to participate voluntarily. The Executive Director, Dean and Vice President for Health Affairs, Chief Medical and Nursing Officers, and other executives participate. This process resulted in 85 teams that are assigned to visit the same four inpatient rooms each Tuesday at a time that is mutually agreeable to the individual team.

**Conclusions**

We believe Leadership Rounding is a key contributing factor in our overall improved HCAHPS scores.

Our percentile rank increased from the 54th percentile in June-August of 2011 to the 75th percentile in 2012 for the HCAHPS question percent of adult inpatients rating the hospital a 9 or 10.

**Interventions**

A general information session was held to promote the inaugural rollout day. The following guidelines were provided:

- Introduce yourself and explain why you are visiting.
- Ask two questions: Can you tell me a little bit about your stay so far? If there is one thing you would change about your stay what would it be?
- Before leaving, make sure there is not anything else they need at that time.
- Always remember to “Wash In” and “Wash Out”.

Leadership Round participants are requested to be the actual problem solvers when patients may convey concerns, rather than routinely passing the issue to the unit’s clinical staff to resolve. This process was deemed important because the expertise of the Rounding Team is generally sufficient to find resolution, without inconveniencing clinical staff.

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