Abstract
Patient satisfaction is becoming a more important aspect of hospital reimbursement and ratings. Hospitalist-nurse rounding is one strategy being employed to improve patient satisfaction. 97 patients in a community hospital were randomized into two different rounding interventions: hospitalist nurse team and independent rounding. Survey data revealed an increase in the patient’s perception of the nurse’s understanding of the treatment plan when the patient was in the unit for 2 midnights or less. Nurses were also surveyed, and while no significant increase was found between the groups pre or post study, nurses rated hospitalists higher when they noted they rounded with a hospitalist. While there were only a few significant benefits, there were almost no negative effects of hospitalist-nurse rounding.

Introduction
Patient satisfaction scores are becoming an increasingly recognized publically reported measure by which hospitals are evaluated. Similarly, teamwork, patient safety, and quality are at the cornerstone of the hospitalist’s daily routine. Interprofessional rounds have shown to be beneficial by several studies, and some have shown that time is a large barrier to implementation. Dual rounding with the nurse and the hospitalist may lead to a more efficient unit, improved perception of teamwork, and decreased errors as a result in improved communication.

Methods
Over the course of eight weeks at a community hospital in suburban Chicago, Illinois, patients in a cardiac telemetry unit were randomized into two groups: hospitalist-only and nurse-hospitalist rounding. Eligible patients were given a five question survey on the day of discharge. Readmission rates for all patients were also analyzed. 25 nurses were given a five question teamwork climate survey before and after the study. Both surveys used the 5 point Scale, and Mann-Whitney tests were used to analyze the patient’s and the nurse’s responses.

Results
66 of 97 patients were considered eligible and completed the survey. No significant difference between the two groups of patients was found in the means in each of the five questions asked. When patients who were at the hospital for less than 2 midnights were selected, a significant difference was found in the patient’s perception of the nurse’s understanding of the treatment plan (P = 0.03). There was no change in the hospitalist-nurse patient readmission rates compared to the hospitalist only readmission rates (21% vs 18% respectively, P = 0.4). Post-study nurse survey results showed that nurses who noted they had rounded with a hospitalist during the study were less likely to agree that decision making required more input from nurses than nurses who did not round with a hospitalist (3.19 vs 4.25 respectively, P = 0.06), though this result approached but was not significant. Nurses who rounded with a hospitalist during the study rated their teamwork climate better in three of the survey questions than nurses who did not round with a hospitalist, but the results were not significant.

Conclusion
Patients’ responses indicated that their experience was not influenced by the presence of the nurse on daily physician rounds. The nurses’ perceptions of hospitalists were overall favorable, even before the study began, but they did not significantly increase if they rounded with a hospitalist as opposed to not rounding with a hospitalist. While the results of the current study suggest that nurse-hospitalist rounding can be beneficial to the patient, particularly if the patient stays in the unit for a shorter period of time, more research should be conducted as to the effects on overall cost and readmission rates. Limitations included small sample size and possible researcher influence based on the method of administering the surveys.