WalkRounds

Improve Patient Safety
Gaining feedback to provide exceptional patient care.

By Allan Frankel, MD

A core strategy for improving patient safety involves increasing communication with front-line staff. Traditionally healthcare workers may have been punished for making mistakes, but by providing a culture where front-line staff are comfortable and not afraid to speak up about errors, you open the door to not only improving safety in a hospital setting, but to improving overall efficiency and quality of care as well.

Patient Safety Leadership WalkRounds is a management tool designed to help organizations decrease adverse events and improve employee attitudes. It can provide senior leadership with a chance to learn about safety and, in turn, make employees believe they are part of the solution by helping to solve problems quickly. At the same time, this process is an excellent mechanism for gathering information, identifying effective actions and ensuring those actions are performed.

Patient safety became an important focus for me in 1997 while working with the Institute for Healthcare Improvement (IHI) as a member of the IHI’s Idealized Design of the Medication System (IDMS). One element that emerged during this time was how senior leadership could encourage a strong commitment to and culture of safety at an organization. The idea of WalkRounds was created as a tool that could connect senior leaders with people working on the front lines. The IDMS group comprised some 30 physicians, pharmacists, nurses, quality personnel and statisticians, and our charge was to establish a medication system that was safer and more cost effective.

While working as the director of patient safety at Partners Healthcare, senior executives agreed to be part of a pilot plan. We began working on a
study at Brigham and Women's Hospital and three other hospitals to examine the WalkRounds method.

We wanted to determine if it was an effective tool in improving quality and safety of patient care. The results of our efforts were published in The Joint Commission's *Journal on Quality and Patient Safety* (August 2005, Vol. 31, No. 8). The other hospitals that actively participated were North Shore Medical Center, Shaughnessy-Kaplan Rehabilitation Hospital, Children's Hospital in Boston and Spaulding Rehabilitation Hospital.

We met with each hospital’s executives and safety and quality employees and presented them with suggestions on how to implement WalkRounds, including a timeline to put the program in place and a method for collecting the data. We suggested they perform practice WalkRounds with middle managers to work out any anomalies before getting started with the providers and recommended they decide ahead of time how they would brief safety personnel once concerns and comments had been tabulated.

We also emphasized that once a plan was developed it would be important to inform staff of the results. This also is a good way to enlist volunteers in the process of making improvements.

The four main objectives we hoped to achieve with the concept of WalkRounds were:

- Elicit concerns
- Analyze the problems
- Identify how and who can fix them
- Establish the operational structure to assign accountability for the problems and provide feedback to the persons who raised the concerns

As part of the study, we also asked:

- Would hospital leadership and front-line workers be willing to openly discuss operational failure, safety and harm issues with front-line providers?
- Would frank and open discussions occur in a public setting?
- Could the information be elicited and aggregated in a useful manner?
- Would the information collected affect actions or resource allocation?

Scheduling and timing of the rounds can affect the participants' efficacy. In the study published by the Joint Commission, we found that informing a unit beforehand helped elicit more comments. We also found that scheduling should be based on getting access to all providers and the ebb and flow of clinical intensity—not senior leaders' convenience. In one hospital, making the WalkRounds at 5 a.m. meant leaders were able to interact with night-shift personnel without major disruption to clinical activities.

Establishing an environment of trust and openness is a key component of WalkRounds. The senior leadership has to ensure a milieu in which it encourages staff to answer questions honestly and promises to keep them informed about how things might be improved. It is not enough to just walk around.

**Finding Consistencies**

We tracked what the front-line workers talked about and what the executives experienced during their WalkRound experiences. At BWH—the largest of the hospitals in the study—every complaint or concern was entered into a software database developed to facilitate data manipulation to improve effective targeted actions. Comments were logged into the system. The other hospitals kept
WalkRounds Improve Patient Safety

track of the data using a paper and spreadsheet-based system. At all four hospitals, the persons in charge of patient safety participated in implementing WalkRounds.

Most of the safety concerns compiled were equipment and communications related. There also were staff issues such as work overload. Pharmacy issues, education and training comments, and housekeeping concerns also existed. Changes included relocating staff and patient bathrooms, replacing doors to an intensive care unit, hiring additional personnel, and greeting and triaging patients in the emergency room. BWH averaged 12 comments per rounds, and the other hospitals averaged 3.5 comments. In the end, BWH monitored and compiled more than 100 actions. North Shore Medical Center reported 12 actions it made as a result of information obtained during the study.

As a more recent example at one of the hospitals conducting WalkRounds, there was concern about the ineffective paging of a physician following a patient's fall. The head of telecommunications and the chief of medicine were assigned the responsibility of determining if there was something wrong with the paging system or if the problem was with the way doctors were scheduled on call—the latter could be fixed right away. If changes needed to be made to the paging system, then it would take many months to get approval to allocate funds. Regardless of the solution, the person who first raised the concern would be told that his or her involvement was why the system was improved or replaced.

At the end of rounds, we would discuss with WalkRounds participants the two or three issues they believed were most pressing. The others would be entered into the database, and we would track which ones surfaced the most frequently. Those became our next set of concerns to tackle.

Developing a Plan

The decision to institute WalkRounds should be agreed on by senior leaders and managers and, if required, the organization's board of trustees. Before getting started, you should inform all staff and reassure them that the information discussed will stay confidential. To keep your board informed, participants also should submit a regular report of the program's comments and results.

Not every hospital in our study used the same combination of senior leaders and front-line staff. Each hospital designed its own approach, but in most cases, the rounds were conducted by the CEO, chief operating officer, chief medical officer, chief nursing officer, board members and vice presidents. The rounds may be conducted weekly or biweekly but at a minimum monthly, for the minimum time of one year. Circumstances may cause a scheduled round to be postponed, but it should never be cancelled. The conversations should include three to five employees or more, and the group should talk about adverse events or near misses within their area and about the factors or systems issues that led to these events.

You and your leaders set the tone. Will you want to conduct your WalkRounds individually with staff or as a group? In the hallway? Should you use the same location or try to vary it each time? Should you talk to employees with the same kind of job function or mix everyone together? One place the conversations should not take place is in a senior leader's office or any place associated with "management."

What began as a pilot program at BWH is now an international success. It is estimated that more than 1,000 hospitals, from Singapore to Denmark and from England to California, now use this system. We have discovered...
that two major benefits emerged from the practice: Front-line staff appreciate that their concerns are heard and acted on, and leaders gain insight into quality and safety concerns of which they were not previously aware.

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### Introductory Steps to Implementing Effective **WalkRounds**

**Week 1**
- Introductory session to Leadership and Safety and Quality Personnel.
- Introductory session to middle management.
- Teach patient safety personnel how to use computerized database to collect and manage information.
- Perform a “pilot” WalkRounds to test concept, followed by discussion about data collected and placement of information into database.

**Week 2**
- Identify a central and appropriately authorized committee (one run by the chief operating officer or equivalent) to whom WalkRounds data will be discussed and actions assigned. WalkRounds should be a standing agenda item for this committee.
- Identify how patient safety personnel will learn about and track actions (e.g., participating on committee and debriefs with leadership on a regular basis).

**Week 3**
- Send out hospitalwide notice of plans to begin WalkRounds. Ask for floors to volunteer to be the first.
- Identify and develop, with assistance from Marketing if feasible, feedback mechanisms. Perform pilots of feedback and reporting.
- Develop feedback process for immediately after rounds for those who participated about the concerns discussed that day.
- Develop feedback plan for specific locations and individuals about actions taken—this could be days or even months later.
- Develop monthly or periodic reports for the operations committee.
- Develop a report to the board of trustees (or its quality subcommittee).

**Week 4**
- Identify leadership to participate in WalkRounds.
- Schedule WalkRounds for six months to one year.
- Write and sign performance agreements for those participating. Leaders agree to participate, not cancel, and perform X number of WalkRounds per year. Patient safety personnel agree to manage data and feedback in a timely fashion. Operations committee agrees to complete action items in X months with goal to improve cycle times by Y percent in one year.
