

GUIDANCE DOCUMENT FOR CONDUCTING LEADERSHIP WALKAROUNDS



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Introduction

The Clinical Excellence Commission endorses the widespread use of Leadership WalkArounds across NSW Health to increase awareness and focus on patient safety. The implementation of Leadership WalkArounds is intended to inform the facility leadership by hearing first hand issues affecting safety for staff working at the point of care. For staff (clinical and non-clinical) working at the point of care, it is an opportunity for them to speak with the facility executive team about their safety-related concerns and it is a time to share achievements related to enhancing safety in their environment.

What is a Leadership WalkAround?

A Leadership WalkAround is an informal communication tool which provides the opportunity to build connections between the executive and all staff involved in patient care, consequently flattening hierarchical structures. Facility Executive who engage in Leadership WalkArounds demonstrate to patient care staff their commitment to building a culture of safety by acting on issues which interrupt the ability to provide safe and quality care. Executive leaders show their support by allowing staff to talk openly and safely about concerns.

Safety Culture

Fostering a culture of safety is essential for reducing harm and achieving quality care in health care organisations. Safety culture is defined by the Agency for Healthcare Research & Quality as one 'in which healthcare professionals are held accountable for unprofessional conduct, yet not punished for human mistakes; errors are identified and mitigated before harm occurs; and systems are in place to enable staff to learn from errors and near-misses and prevent recurrence' (AHRQ PSNet Safety Culture 2014). In NSW Health one of the top system factors leading to patient harm is communication (<http://www.cec.health.nsw.gov.au/clinical-incident-management>). Leadership Teams who engage in Leadership WalkArounds as an additional communication tool can have a positive impact on safety culture.

Purpose of Leadership WalkArounds

Leadership WalkArounds emphasise a dual ownership, between patient care staff and the Executive, for unit level safety. Executives gain an understanding of the issues that affect safety for unit level staff and have the ability to act quickly and give feedback on the actions that are taken or planned.

Benefits

- Enhances relationships and communication between executives and unit level staff
- Executive leaders and unit level staff are better informed of the safety barriers and enablers

- There is increased responsiveness to the safety concerns of unit level staff
- They promote rapid testing of safety-based improvements

Key Principles

- Commit to Leadership WalkArounds at least once every week with no cancellations
- Establish a facility calendar with dates and times made available to all staff
- Consider the needs of the clinical field when scheduling the rounds
- Include the perspectives and concerns of all staff, clinical and non-clinical, in the conversation
- A structured format keeps the conversation focused on patient safety and the goal of providing harm free care
- Give notice to clinical teams to allow them time to consider their safety concerns as well as their safety-focused achievements
- Establish a process to communicate to staff about safety issues raised and the progress of actions

How to Conduct a Leadership WalkAround

Strong commitment to the process from executive leaders is essential. Establish a core team with representatives from the executive including: General Managers, Directors of Nursing, Directors of Medical Services and Senior Allied Health Staff. Patient Safety or Quality Managers should also be part of the team. Design a facility-specific question list to guide the conversation (see Appendix A for suggestions).

When should WalkArounds occur?

Leadership WalkArounds should occur, at a minimum, once a week with no cancellations. General Managers are expected to hold their Senior Executive accountable for regular attendance. In circumstances where an unexpected priority arises for a member of the Executive, the WalkAround may be postponed but should be rescheduled to occur within the same week.

Where to round

As well as hospital inpatient units, Leadership WalkArounds should incorporate all patient care areas such as outpatient departments, radiology and pharmacy.

Scheduling

- Avoid shift changes, interdisciplinary patient rounds and any known high activity time for clinical units.
- Schedule an hour each week for the WalkArounds. Rounds may be rescheduled but never cancelled.
- Send the question guide to Multidisciplinary team leaders at least two days before the scheduled WalkAround.

Conversation

- Commence with an opening statement to ensure all staff are clear on the purpose of the WalkAround
- Aim to keep the WalkAround as informal as possible
- Have no more than 5-8 facility-specific questions ready
- The allocated scribe will document answers to ensure all safety concerns and achievements are captured which will inform the delegation and timeline of actions
- Close the conversation with a statement on your commitment to act on the concerns expressed and invite staff to share their learnings and the purpose of the Leadership WalkArounds with two other staff members

Documentation

Consider recording staff groups (such as nursing, medical, allied health, catering, cleaning) who participated in the WalkAround as well as the date, time and concerns raised.

Set up a process for assigning and following up on action items. Also maintain a record of action items which were immediately addressed (during the round).

Closing the loop

Set in place a system for providing timely feedback to staff on actions taken. This not only demonstrates to staff the value of Leadership WalkArounds but also encourages reporting of safety concerns. Also ensure that Leadership WalkArounds are included as a standard agenda item on business meetings.

Measuring effectiveness

Measuring the effectiveness of Leadership WalkArounds will depend on the goals set by the facility. Some ways to measure effectiveness include:

- The number of scheduled WalkArounds completed
- Number of action items entered and number resolved
- Use of voluntary reporting systems
- Safety-based changes made each year
- Staff experience of participating in Leadership WalkArounds
- Executive experience of participating in Leadership WalkArounds

Implementation time

Allow approximately four weeks for planning before commencing Leadership WalkArounds

Something to think about:

Leadership WalkArounds introduced without careful planning have been reported to reinforce hierarchical relationships leading to a negative impact on safety culture¹. Including staff who work at the point of care during the planning process will help to avoid the potential negative impact.

1. Rotteau L, Shojania K, Webster F 2014 'I think we should just listen and get out': a qualitative exploration of views and experiences of Patient Safety walkrounds. *BMJ Qual Saf* doi:10.1136/bmjqs-2012-001706

Evaluation

Evaluate Leadership WalkArounds to gain an understanding of the impact they are having and in what ways they can be improved. The following measures are recommended to be routinely collected with aggregated reports generated:

- Number of Leadership WalkArounds scheduled
- Number of Leadership WalkArounds that took place
- Number of associated action items
- Number of action items completed or closed
- Category of action items –
 - Physical
 - Environment
 - Equipment design
 - Workplace layout
 - Patient factors
 - Cognitive
 - Communication
 - Interruptions
 - Teamwork
 - Situation awareness
 - Organisational
 - Staffing, skill mix
 - Workarounds
 - Patient factors



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