

Leadership Walkrounds

Leadership walkrounds* is an improvement tool that connects senior leaders with their frontline staff to help build a culture of safety within the organisation.

The tool was developed by Allan Frankel, MD, (Director of Patient Safety, Partners Health Care System, Boston, Massachusetts, USA) as a way both to educate senior leadership about safety issues and to signal to front line workers the senior leaders' commitment to creating a culture of safety. The Brigham and Women's Hospital, Boston, USA was able to demonstrate a significant improvement in safety culture by undertaking walkrounds.

For the Scottish Patient Safety Programme's Leadership work stream NHS boards are measuring the number of patient safety leadership walkrounds undertaken, and the percentage of actions arising from these walkrounds completed.

Each NHS board should undertake one walkround per week, with an agreed schedule that ensures wards are visited systematically, and that all members of the executive team participate in walkrounds.

Benefits of walkrounds

- Leadership walkrounds allow executive leaders to have a structured conversation around patient safety with frontline staff, and enquire as to the barriers to caring for patients as safely as possible.
- They provide an opportunity to connect senior leadership with frontline staff.
- They increase awareness of safety issues among all clinicians and establish a strong commitment by senior leadership to a culture that encourages patient safety.
- They allow NHS boards to obtain and act on information gathered that identifies areas for improvement.
- They connect senior leaders with staff as a way both to educate senior leadership about safety issues and to signal to staff senior leaders' commitment to a patient safety culture.
- They educate staff about patient safety concepts and improvement as well as incident reporting systems.

Who is involved?

Walkrounds should involve NHS board senior leaders, for example the Chief Executive, Chief Medical Officer, Chief Nursing Officer or Head of Finance engaging with frontline staff in clinical and non-clinical areas. These individuals should take turns leading walkrounds and be accompanied by a scribe who is responsible for recording discussions during Walkrounds, specifically problems, events and actions discussed during the sessions.

What is the aim?

The conversation should focus on:

- How do patients get hurt?
- How will the next patient be harmed
- Key patient safety concerns
- What can we do together to improve
- Teamwork and how do your local teams operate
- Communication
- How leadership can help
- Incident reporting

At the end agreement of key actions to be taken forward, by whom, and by when should be recorded. Issues not amenable to easy solution should be identified for further discussion.

Next steps

A response should be sent to the ward/area within 48 hours with confirmation of the areas discussed and the key actions to be undertaken, by whom, and by when.

A follow up process to ensure actions are undertaken, progress is reported to the executive team, and a mechanism for feedback of progress on actions to the ward/area is implemented is essential.

*Patient Safety Leadership WalkRounds™ were developed by Allan Frankel, MD, Director of Patient Safety Partners Health Care System, Boston, Massachusetts, USA. Copyright © 2004 Institute for Healthcare Improvement.