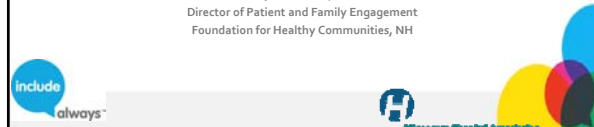


**“Walk-about” & Safety Rounding  
with Patient Advisors**

December 17, 2015

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Minnesota Hospital Association

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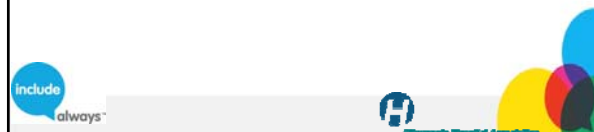
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**Benefits to using advisors:**

- Builds trust between hospital and advisors
- Advisors need to be involved in meaningful work
- Bring fresh perspectives
- Things are experienced from a patient point of view
- Learn what is valuable to patients & families



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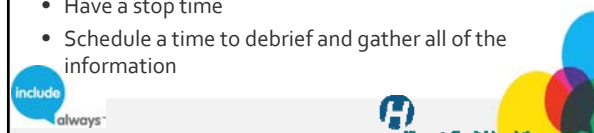
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**Preparation:**

- Plan a date and time that works for the advisors
- Pick the area to be assessed
- Prepare the staff in that area for what will happen
- Have clipboards, pens, and checklists or questions that you want answered ready for each advisor
- Have the advisor’s record what they see, hear, experience...good and bad
- Have a stop time
- Schedule a time to debrief and gather all of the information



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**Patient Safety Walk Arouds: Who**

- Front Line Staff
- Senior Management
- Members of the Patient Safety Committee
- PFA

include  
always

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**Patient Safety Walk arounds: What**

- To demonstrate commitment to safety
- Encourage a culture for change pertaining to patient safety
- To educate employees about patient safety concepts
- Identify opportunities for improving patient safety
- Establish lines of communication about patient safety

include  
always

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## Patient Safety Walk Arouds: Where

- Hospital Wide
  - All areas
    - Maternity, ICU, NICU, Lab
    - Patient areas
    - Divided by departments



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## What is officially being looked at

- Environmental Safety
  - Do any expired medication exist
  - Are exits free of clutter
- Patient Care Issues
  - Are ID badges being worn
  - Are patient privacy, confidentiality and dignity being honored, knocking and announcing presence prior to entering room
- Policy and Procedure Review
- Medication Administration



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Pauline Anton  
Patient Family Advisor  
Co-Chair PFAC  
St Joseph's Hospital Nashua, NH



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What are the expectations of me as a patient family advisor on a Patient Safety Walk Around



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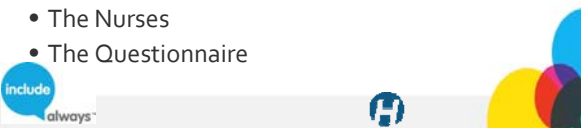
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What the PFA was looking at

- The Plant
- The lightbulb
- The Bathroom sign
- The chair stain
- Tubing
- Medications
- The Nurses
- The Questionnaire



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What am I hearing?



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Questions?



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Windom Area Hospital:



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Windom Area Hospital  
PFAC  
**ER Walk-Through**



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### Emergency Room Walk-Through

- Why?
  - Frequent complaints on surveys; lower scores
  - Area of the hospital not significantly changing with current construction
- Preparation
  - Used several resources; some from MHA
  - Created a form with sections for the ER; space for notes
    - Waiting Room
    - Nurses Station
    - Exam Room #1, #2, etc.
    - Provided clipboard/pens for taking notes on the spot
  - Flexibility for actual use by patients



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### Emergency Room Walk-Through – Cont'd

- Structured as a combination of a tour and letting PFAC members 'explore'
- Started at the entrance, just like a patient would
- **Reactions:** May need additional signage for entrance button



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### Emergency Room Walk-Through – Cont'd

- Waiting Room
  - No flat screen (old TV)
  - Not child friendly; no toys
- Exam Rooms
  - Eye Charts – look old, torn and tattered



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Emergency Room Walk-Through – Cont'd

- Exam Rooms – cont'd
  - Laminate internal signage
  - Paint not matching
  - Privacy
    - 2 bays have curtains, easy to hear other's info



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Emergency Room Walk-Through – Cont'd

- Nurses Station
  - Clean but cluttered
  - Everything is out in the open
- Sink Area
  - Area above cluttered with supplies



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Patient Chairs

- Another 'quick hit'
- Complaints about patient chairs
- Wanted PFAC to weigh in on new chair sample



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Debrief

- After the walk-through, the group met back in a conference room and identified the previous findings
- Several 'spin off' suggestions were made after the walk-through
  - Teddy bears for kids getting 'poked'
  - Talked about long-term plans for privacy



Windsor Area Hospital

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Learnings

- Many suggestions were 'quick hits'
  - Allows the PFAC members to feel they make an impact quickly
  - Shows us that many suggestions are easily accomplished (versus daunting)

**But how do they all get done?**

- We have yet to establish an effective internal process for:
  - Determining feasibility
  - Allocating resources
  - Assigning responsibility to already full plates
  - Getting approval
- Many other departments showed interest in having walk-throughs
  - Engaged committee members, no defensiveness

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Questions?



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## Remember:

- Thank the advisors for taking their time to give input
- Listen intentionally and ask questions
- You do not have to do all that they recommend
- Don't be defensive or give excuses, this is their experience
- Do explain things if they don't understand why or how you do things
- Acting on a "quick win" change helps the advisors to feel valued
- Let the advisors know when you will be reporting back to them about and changes you will make based on their feedback



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For more information on Walk-Abouts & Rounding with PFAC's:

- [http://www.ipfcc.org/advance/How\\_To\\_Conduct\\_A\\_Walk-About.pdf](http://www.ipfcc.org/advance/How_To_Conduct_A_Walk-About.pdf): How to do a walk-about from the Institute for Patient and Family Centered Care
- <http://www.england.nhs.uk/ourwork/qual-clin-lead/place/> Patient led assessments from NHS England
- [https://www.ncqualitycenter.org/wp-content/uploads/2013/01/4.0\\_Appendix-D\\_UHS-PI-Team-PfFamAdvisorSum\\_508.pdf](https://www.ncqualitycenter.org/wp-content/uploads/2013/01/4.0_Appendix-D_UHS-PI-Team-PfFamAdvisorSum_508.pdf): Patient family advisors on PI teams from North Carolina Quality Center
- <http://www.dana-farber.org/uploadedFiles/Library/adult-care/care-quality-and-safety/patient-safety-resources/patient-safety-rounding-toolkit/intro-patient-involvement.pdf> Involving patients in Patient Safety Rounds from Dana Farber Cancer Institute



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Questions?



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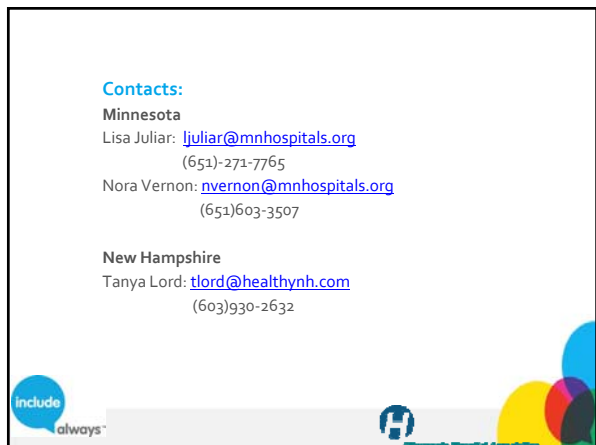
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