# *Getting the best learning from Quality and Safety Walk-rounds*

Schwartz Conference - Dublin Castle

18th February 2020


**Workshop 4B - 14.30 – 15.25pm**

# hello

**Dr. John Fitzsimons,** Consultant Paediatrician and Clinical Director for Quality Improvement

**Mr. Colin McMullin,** Senior Manager, Quality Improvement and Patient Safety Belfast Trust

**Dr. Maria O'Kane,** Medical Director, Southern Health & Social Care Trust

**Ms Ruth Rogers,** Head of Communications, Southern Health & Social Care Trust

**Ms. Siobhan Reynolds,** QI for Healthcare Boards Lead , National Quality Improvement Team

# What are QSWRs and where do they come from ?

- A planned discussion between frontline staff and executive management
- Hearing first hand safety concerns of staff
- An opportunity to identify good practice
- Regularly repeated
- Held where frontline staff do their work – deference to expertise
- Supported by the quality and safety function

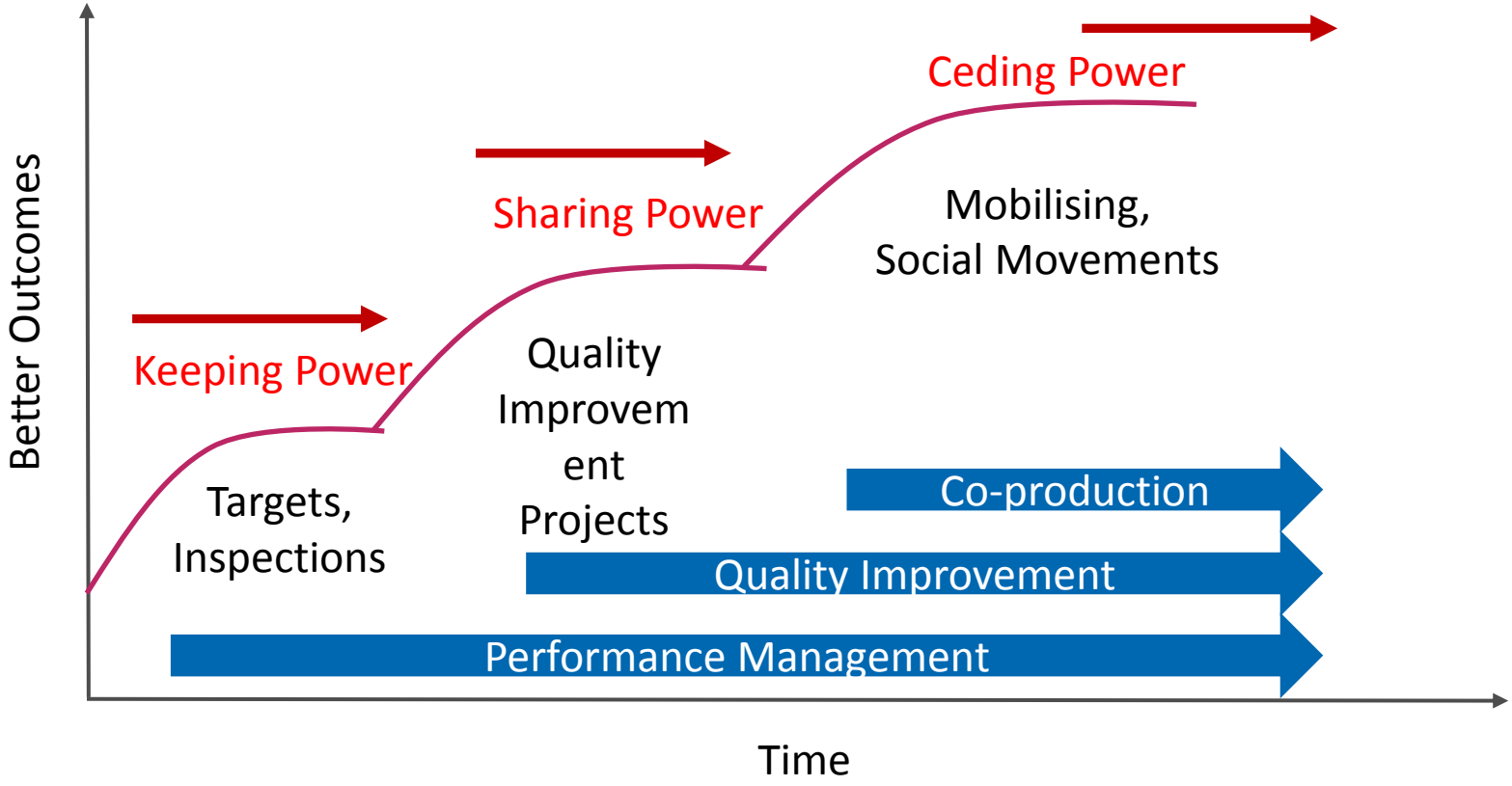
> "Structured process to bring senior managers and frontline staff together to have quality and safety conversations" (Source : HSE 2016)

# Walk-rounds: Background

- 2001 conversation at the Institute of Healthcare Improvement with Dr. Allan Frankel - *Patient Safety Leadership Walk-rounds.*
- NHS Patient Safety First Campaign - *Patient Safety Walk-rounds*
- Healthcare Improvement Scotland – Safe in our Hands *Leadership Walk-rounds*.

# Getting to the Third Wave of Improvement

**Ref: Jason Leitch & Derek Feeley**



# Quality & Safety Walk Rounds

www.hse.ie/eng/about/who/qid/governancequality/resourcespublications/


**Exposure to Leadership WalkRounds in neonatal intensive care units is associated with a better patient safety culture and less caregiver burnout**

J Bryan Sexton,[1,2] Paul J Sharek,[3,4,5] Eric J Thomas,[6] Jeffrey B Gould,[3,4,7] Courtney C Nisbet,[3,4] Amber B Amspoker,[8,9] Mark A Kowalkowski,[8,9] René Schwendimann,[2,10] Jochen Profit[3,4,7]

**Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout**

J Bryan Sexton,[1,2] Kathryn C Adair,[3] Michael W Leonard,[4,5] Terri Christensen Frankel,[4] Joshua Proulx,[4] Sam R Watson,[6] Brooke Magnus,[7] Brittany Bogan,[8] Maleek Jamal,[9] Rene Schwendimann,[10] Allan S Frankel[4]

# 3 Characteristics of Good QSWR's

**Singer SJ. BMJ Qual Saf 2018;27:255–257.**

EDITORIAL

## Successfully implementing Safety WalkRounds: secret sauce more than a magic bullet

Sara J Singer

Stanford University School of Medicine, Stanford Graduate School of Business, Stanford, California, USA

**Correspondence to**
Dr Sara J Singer, Stanford University School of Medicine, Stanford Graduate School of Business, Stanford, California 94305, USA;
ssinger@stanford.edu

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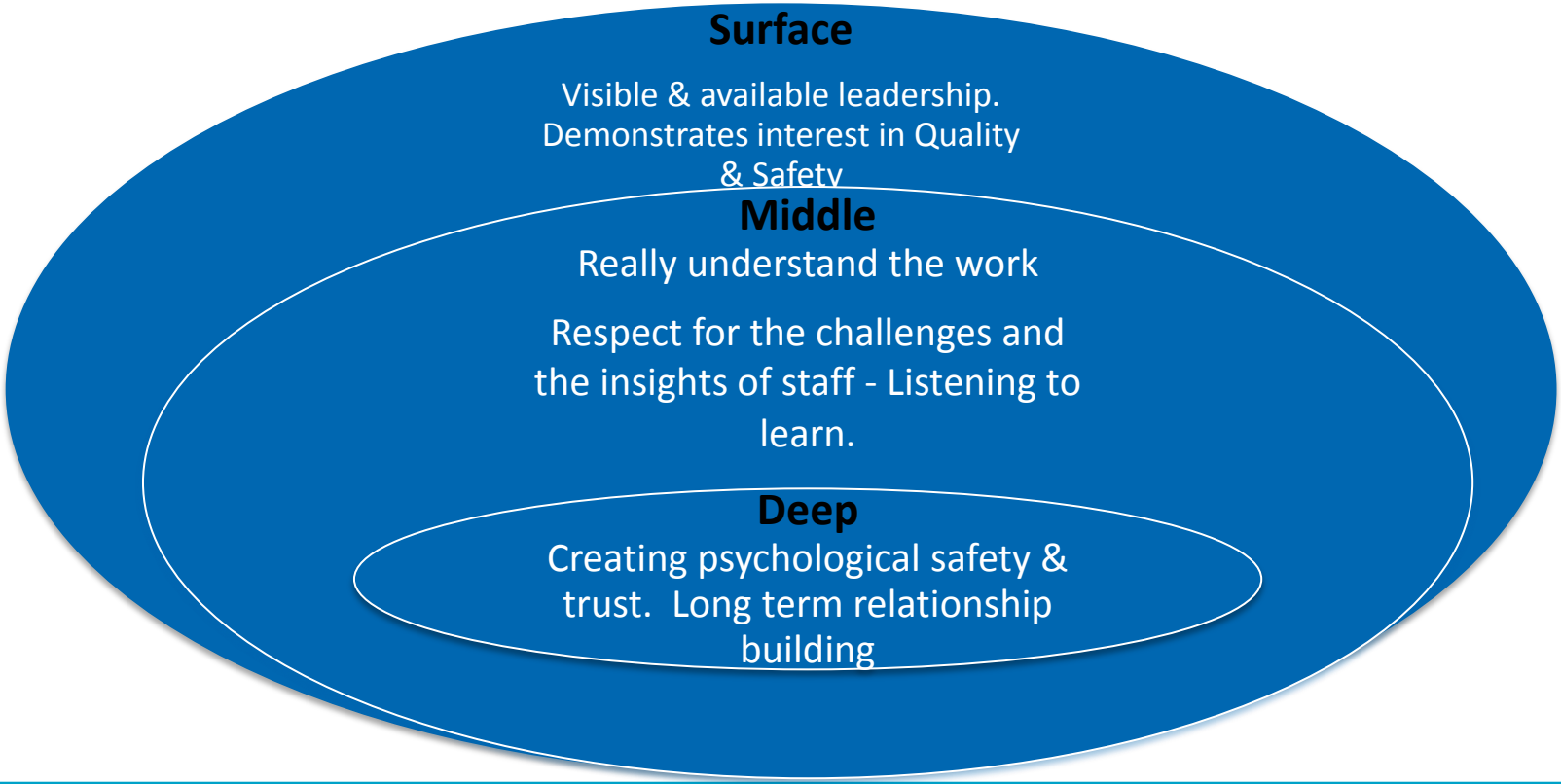
Implementing management innovations to improve safety of healthcare delivery is a critically important, yet often elusive, goal for healthcare organisations. Safety rounds, in which senior executives spend time on the frontlines of care, talking with staff and observing work, aim to improve safety of healthcare delivery by providing a systematic approach for engaging senior executives with the work system challenges faced by front-line staff and ensuring follow-up and accountability for addressing these

One interpretation characterises feedback as the key to a successful strategy for implementing safety rounds. This 'magic bullet' interpretation could lead earnest executives to believe that feedback is sufficient for achieving benefits of safety rounds. Those holding to this interpretation would expect successful results by merely following prescribed steps, including observing work on the frontlines and then providing feedback to staff about any actions taken. Scholars have attributed this type of rote followership for the failure

1. Leader attitudes & actions on show
2. Attitudes and actions of senior executives must be institutionalised through strong project management and problem-solving infrastructure.
3. Rounds should be conducted with awareness of social and contextual factors. (middle managers/other activities)

# Quality & Safety Walk Rounds

## *3 Levels - All can happen at the same time*



# Shared experience of QSWRs

# Some Examples of QSWRs in Practice

- Beaumont Case Study - Leadership Development Programme
- Mayo University Hospital - Patient Advisors
- Cavan Hospital - Humble Inquiry
- St Michael's House Pilot - Service User Meetings
- Rotunda Hospital - Hospital Board
- Older People's Services - Walk -rounds by Community Managers

# Safety & Quality Visits

Colin McMullan

Senior Manager Quality Improvement and Patient Safety

Safety & quality



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# BHSCT is the largest integrated health & social care Trust in the United Kingdom

## Annual Activity

Deliver care to a population of **340,000** people

Annual budget of **£1.3 billion**

Workforce of over **22,000** staff

Care for **150,000** inpatients

Care for **600,000** outpatients

**160,000** new attendances at Emergency Departments

**330,000** District Nurse visits

Care for **7500** people in their homes

# What are Safety & Quality Visits?

Safety & Quality Visits:

- Form part of the BHSCT safety & quality improvement agenda
- Allow Ward Managers, Service Managers & Directors and Non-Executive Directors to work together to make improvements.
- Give staff the opportunity to talk about improving safety, quality and experience and discuss challenges
- Provide a platform to discuss what matters to staff and service users
- Provide an opportunity to learn from each other and share learning across the organisation

# Results after improvement project:

Number of Safety Quality Visit reports submitted has increased from **28%** **to 63%** in 18/19

Visits have provide a unique opportunity to learn from other areas with summary infographics now produced.

**88** Wards/ areas were visited in 18/19

There has been an increase in the number of Senior Leaders involved in visits

**80%** of staff thought the new template was easy to complete and submit

**78%** of ward staff thought the new template helped them reflect the good work undertaken in their area

**88%** of staff felt able to discuss ideas for change and improvement

Highly commended staff are invited to have tea with the chairman

## Actions arising through Safety & Quality Visits 2018/19:

**36**
**Red Actions**

Discussion at Executive team meeting regarding signage/renaming of outpatient department to address huge volume of patients misdirected to level 7 Wards.

**45**
**Amber Actions**

Source drug aprons for administration of medicines

**58**
**Green Actions**

Engagement between Imaging and Fracture clinic to smooth pathway for patients and minimise delays in imaging.

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# Safety & Quality Visits

#SQVBelfast

Top tip

End of bed handover to check the medicine kardex

**Medication Safety**
'It takes 2' focus board in the tearoom as a reminder 2 registered staff are required
.


**Deteriorating Patients**
BEACH training for Band 3 staff & ALERT training for Band 5/6 staff

**Ensure Right Care, Right Time, Right Place.**
Management of referrals to our service, highlight any inappropriate or unsafe referrals

**If you could change one thing for patient safety, what would it be?**
Dedicated porter to work in unit in evenings to prevent unit staff having to leave the unit to transfer patients

**Preventing HCAI's**
Manage patients lists and place infective patients at the end of the list

**Keeping people safe**
Encourage reporting of incidents and sharing learning


**Most proud of.**
Completing QI project 'Safe Spaces – Safety Cross' resulting in a reduction in violence by 10%

**Open & learning culture**
Participation in Patient Feedback & Safety Thermometer

THE FIFTEEN STEPS CHALLENGE

Leadership Walk

# Southern HSC Trust
# Quality & Safety Walks pilot

Dr Maria O'Kane, Medical Director
Ruth Rogers, Head of Communications

1. Backstory
2. Three positives - three challenges
3. Action plan & reporting

# Ways to get more learning from your Quality and Safety Walk-rounds

# Ways to get more learning from your Quality and Safety Walk-rounds

- Appreciative Inquiry (power of positive)
- Humble Inquiry (power of curious)
- Psychological Safety (power of listening & hearing)

# Appreciative Inquire: Paradigm Shift

## Problem Solving

- Analysis of causes
- Leading with answers
- Blame and division
- Analysis of possible solutions
- Top-down approach

Fixing a Problem

## Appreciative Inquiry

- Appreciation of what's working
- Leading with questions
- Ownership & collaboration
- Envisioning what might be
- Open conversation

Leveraging the Positive

# Safety & Quality VISITS

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| | |
|---|---|
| Department/Area: | |
| Date: | |
| Hosts (please tick): | Ward Manager ☐ Consultant ☐ Trainee ☐ ASM ☐ AHP ☐ Service Manager ☐ Other ☐ (please specify) |
| Visit undertaken by: | |

**Belfast Trust has committed to placing safety, quality and compassion at the heart of all that we do. By focussing on this we believe that we will be one of the top performing UK Trusts by 2020.**

**To help achieve this we wish to hear how staff who deliver services to patients/ clients embed quality improvement as part of your everyday job. These visits are a unique way that we can learn from each other and share the learning across the organisation. These visits allow all staff to talk freely about safety, quality and experience and how you have improved this or discuss the challenges that remain.**

**Our discussions with you today are purely for the purpose of better understanding and helping to make care safer.**

**Thank you for your help and support with this.**

| | Questions | Response |
|---|---|---|
| 1. | What are you most proud of achieving in the last 6 months that demonstrates how you are delivering safe, effective & compassionate care | |



| | Questions | Response |
|---|---|---|
| 2. | What makes a good day? | |
| 3. | What do you do regularly that doesn't add value? | |
| 4. | What matters to you & your staff? | a)<br>b)<br>c) |
| 5. | What matters to your patients/service users? | a)<br>b)<br>c) |
| 6. | Which staff member would you like to highlight, who goes the extra mile to ensure safe, effective and compassionate care? | |

| Tell us about how you : | | Response |
|---|---|---|
| 1. | Make Medication Management Safer? | |



| Tell us about how you : | | Response |
|---|---|---|
| 2. | Prevent Healthcare Associated Infections? | |
| 3. | Recognise and respond to Deteriorating patients? | |
| 4. | Keep our Patients & Service Users Safe in Our Organisation? | |
| 5. | Ensure Patients & Service Users Receive the Right Care in the Right Place at the Right Time? | |
| 6. | Ensure that an Open, transparent and Learning Culture is encouraged? | |

| | Questions | Response |
|---|---|---|
| 1. | If you were able to change one thing to improve patient safety what would it be? | |



| | Questions | Response | | | |
|---|---|---|---|---|---|
| 2. | Agreed Actions from this Visit (Maximum of 3) | Action | Click/Tick relevant box below<br>To complete within<br>1 month | 3 Months | 6 Months |
| | | 1. | ☐ | ☐ | ☐ |
| | | 2. | ☐ | ☐ | ☐ |
| | | 3. | ☐ | ☐ | ☐ |
| 3. | To help our learning:-<br>This visit would be even better if: | | | | |

**Please take 10 minutes to complete, scan and email this template to** SafetyQualityVisit@belfasttrust.hscni.net

**Share your experience of the Safety & Quality Visit on Twitter via @BelfastTrust** **Please remember to tag us using #SQVBelfast**

Is there an experience of Safety / Quality that you would wish to share via the Belfast Trust Twitter account? If so, please send photographs and information to **Cillian.McGinn@belfasttrust.hscni.net**, using the subject line SQVBelfast

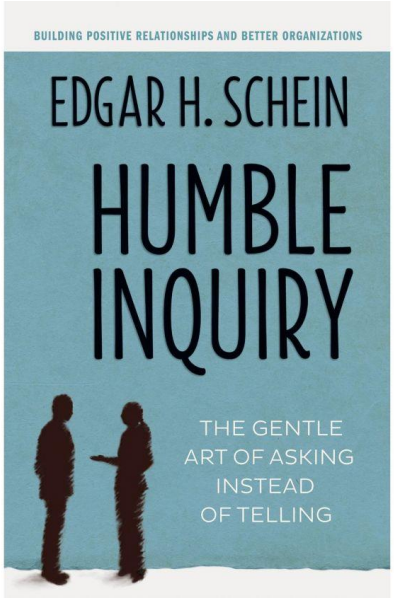
# Recognition for staff

- Staff get recognised at a senior level for the great work that they do for our service users.

The whole ethos of this unit is embracing the value of the team efforts and successes.
Recently 4 staff were recognised at the Nursing Oscars – for roles in mentorship, nursing auxiliary, OU student categories as well as acknowledgment of success in dementia education and learning

All of our team go the extra mile. Recently Caiomhe, Leah, Joanne, Sharon and David, brought a patient's daughters wedding to the ward, setting up the dayroom, liaising with IT to enable wedding on TV screen, getting makeup organised for patient, drinks and nibbles and we celebrated with the patient as ward.

# “The Gentle Art of Asking instead of telling”

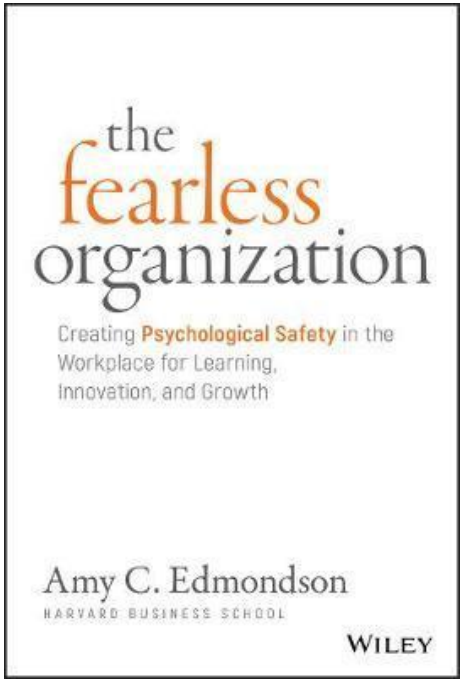



# Why Humble Inquiry?

- Awareness that communication is as much about relationships as it is about exchanging information
- Humility is not modesty, false or otherwise. Humility is the simple recognition that you don't have all the answers, and you certainly don't have a crystal ball.
- Curiosity to want to know about other peoples perspectives and avoid assumptions
- Empathy to show you care
- The practice of humble inquiry helps you demonstrate trust as well as interest in your conversation partner

# Psychological Safety

**Amy Edmondson**




**Psychological safety:** *a sense of confidence that the team will not embarrass, reject or punish someone for speaking up*

**Questions that demonstrate psychological safety:**

- Can I ask questions without looking stupid?
- Can I be respectfully critical without looking negative?
- Can I seek feedback without seeming incompetent?
- Can I be innovative without looking disruptive?

*"People Live in the Worlds*

*Their Questions Create."*

*Diana Whitney,*

*Ph.D.*

# Examples of Appreciative Inquiry Questions

## Ref: David Cooperrider

1. What has been your best experience of working in your team – a time when you felt most alive, most engaged, and proud of yourself and your work?
2. What's really important about this experience?
3. What do you value most about it? What do you value most about your work?
4. Without being humble, what do you value most about yourself and the way that you do your work?

# Attributes of a Powerful Question

www.theworldcafe.com/wp-content/uploads/2015/07/Cafe-To-Go-Revised.pdf

- Generates curiosity in the listener
- Stimulates reflective conversation
- Is thought-provoking
- Surfaces underlying assumptions
- Invites creativity and new possibilities
- Generates energy and forward movement
- Channels attention and focuses inquiry
- Stays with participants
- Touches a deep meaning
- Evokes more questions

# In groups write some powerful questions to inquire about one of the following themes…

Quality

Safety

Teamwork

Leadership

Communication

Include attributes that make questions appreciative and respectful to encourage possibility, trust and psychological safety

# Group Feedback

# References


1. Feitelberg, S., (2006), **'Patient safety executive walkarounds**', *The Permanente Journal, 10(2): 29-36.*
2. Frankel, A., Graydon-Baker, E., Neppl, C., Simmonds, T., Gustafson, M., and Gandhi, TK., (2003), ***'Patient Safety Leadership WalkRounds',*** *Joint Commission Journal on Quality and Safety, 29(1): 16-26.*
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5. Institute for Healthcare Improvement (2004), ***Patient Safety Leadership WalkRounds****. Boston: Institute for Healthcare Improvement.*
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Thank You !