

The effectiveness of executive walk-arounds in hospitals

Citation The effectiveness of executive safety walk-arounds in hospitals. Centre for Clinical Effectiveness, Monash Innovation and Quality, Monash Health, Melbourne, Australia.

Background

A recent review was conducted in February 2016 on Patient Safety Walk-arounds. The review benchmarked Monash Health's current practice against that in available literature. However, the scope of the review did not address the effectiveness of patient safety walk-arounds by executive (i.e. leadership) staff on improving outcomes such as patient safety culture in the hospital. A review by Singer & Tucker (2014)¹ reports that higher safety culture correlates with better hospital performance on a variety of outcomes, this evidence snapshot will provide the most updated literature that has evaluated the effectiveness of safety walk-arounds in hospitals.

Objectives

To provide an up to date evidence snapshot about the effectiveness of executive walk-arounds on improving patient safety culture (i.e. staff behaviour, attitudes) and other safety outcomes in hospitals.

Results

A search was performed in Google Scholar to identify literature that evaluated the effectiveness of patient safety walk-arounds by leadership staff in the hospital setting.

We identified seven publications from Google scholar published between 2014 and 30 August 2016. One publication was a high quality literature review published in 2014. It included 43 articles published from 2003 onwards, six articles being those that we had also identified in our search. Therefore, only information from the 2014 literature review has been included in this evidence snapshot.¹

The evidence included in the literature review by Singer & Tucker (2014)¹ consisted of descriptive (n=8) or descriptive case studies (n=15); the remaining were qualitative (n=5), quantitative (n=6) and mixed methods (n=6) studies. The two remaining were studies that used pre- and post- intervention survey and observations.

Tables 1 and 2 show data extracted from the literature review by Singer & Tucker (2014).¹

Many studies included in this review¹ reported a positive impact of safety walk-arounds and were from descriptive, qualitative studies. Only one randomised controlled study was identified²; it reported the implementation of an 18-month, management-by-walking-around (MBWA-based) improvement programme involving 56 work areas. On average, the programme reported a negative impact on performance. Results suggest that prioritising easy-to-solve problems was associated with improved performance. Authors indicated that this may occur because it resulted in greater action-taking. A different approach was characterised by prioritising high-value problems, which was not successful in the study. The study goes on to suggest that by assigning responsibility to senior managers for ensuring that identified problems get resolved resulted in better performance. Overall, this study suggested that senior managers' physical presence in their organisations' front lines was not helpful unless it enabled active problem solving.

In Tables 1 and 2, negative results are indicated in red.

Table 1. Data from descriptive and qualitative studies included in the review by Singer & Tucker (2014)¹

Evidence	Outcomes	Conclusion
Descriptive, qualitative case studies (n=33)	Heightened awareness of and insight about safety issues among senior managers. (n=6)	These papers demonstrate 'proof of concept' by using case studies of successful implementations of safety rounds to show that <ul style="list-style-type: none"> It is feasible for senior managers to maintain a rigorous implementation of safety rounds Safety rounds enable senior managers to identify meaningful safety concerns If hospitals address these concerns, staff satisfaction with safety climate can increase.
	Allow senior managers to demonstrate that safety is priority (n=4)	
	Frontline staff feel more willingness to be open about safety issues and experience improved morale (n=4)	
	Failure to mention complex issues (n=9)	Complex or potentially contentious communication, especially interdisciplinary communication challenges, care delivery issues, such as difficulty accessing electronic information in support of clinical decision making, and opportunities for staff education remain latent.
	Frustration in frontline workers and negative impact to safety culture (n=2)	When senior managers do not address issues raised by frontline staff, safety rounds can cause frustration among frontline workers, worsen perceptions of safety climate and potentially negatively impact their attention to patient safety.
	Enabled hospitals to identify and eliminate safety hazards (n=8)	Safety rounds provide value by uncovering significant and actionable items that might otherwise remain unresolved.
Increase hospital efficiency (n=3)		
Qualitative studies (involving in-depth interviews) (n=3)	Negative impact on safety culture (n=3)	Safety rounds negatively impact individuals who participate in the rounds

Table 2. Quantitative studies showing mixed results in outcomes in the review by Singer & Tucker (2014)¹

Evidence	Outcomes	Conclusion
Quantitative studies, mixed methods, pre- and post-intervention evaluations (n=14)	Higher perceptions of safety climate (n=5)	Generally, these papers report positive outcomes stemming from safety rounds.
	Greater patient safety risk reduction (n=1)	
	Detection of more adverse events (n=1)	
	Higher job satisfaction (n=1)	
	Lower burnout (n=1)	
	Decline in safety climate (n=2)	Safety climate and perceived improvement in performance decline in randomly selected intervention units compared to control units and hospitals.
	No improvement or relative decline in other measures (not reported in the Singer 2014 review) (n=3)	Studies show some improvement in organisational climate relative to control hospitals, but not associated with higher safety climate, no improvement or a relative decline in multiple other measures.

The mixed results of safety rounds suggest that implementation differences may drive their success.

The determinants of successful implementation include:

1) Breadth of staff exposure

Higher proportion of staff who have participated in safety rounds (at least 60% of staff report participating in safety rounds), substantial engagement with senior managers during a safety round visit, and the receipt of feedback about actions taken as a result—correlate with better outcomes.

2) Characteristics of hospital leaders

Leaders must engage actively in the safety rounds programme and assume accountability for ensuring resolution of issues and reporting back to frontline workers.

3) Willingness of frontline workers to speak up

Frontline staff are more willing to speak up if the hospital has a just culture, or if they perceive that the programme is adding value, evidenced by actions taken to resolve the problems identified.

4) Adequacy of infrastructure for implementing and sustaining the programme

Strong project management is key; scheduling a productive discussion with frontline staff during safety rounds, maintaining an effective database to monitor action-taking and formal processes to ensure follow-up.

5) Specific type of safety rounds being implemented

The most widely-used variations of safety rounds include senior executive adopt-a-unit programmes. Other variants include the use of safety rounds as part of comprehensive surveillance programmes or as a feature of multifaceted programmes to improve the reliability of clinical care processes, or the rounding by frontline staff or department managers.

Take home message

- Safety rounds can improve safety culture but must be implemented with full commitment and ability to resolve frontline staff's concerns.
- Half-hearted, insincere or ineffective safety rounds can backfire, eroding rather than improving safety culture and wasting time at all levels of the organisation.
- Organisations interested in implementing safety rounds are well advised to develop process improvement capabilities first, or to begin in one or two units, rather than tackling the entire organisation.
- Senior managers not inclined to invest the time and effort to solicit, really listen and address frontline staff's concerns, may want to focus on other means to improve their organisation's culture.

Reference

1. Singer S.J & Tucker A.L. (2014) The evolving literature on safety WalkRounds: emerging themes and practical messages. *BMJ Qual Saf* 23: 789–800.
2. Tucker and Singer. (2015) The Effectiveness of Management-By-Walking-Around: A Randomized Field Study. *Production and Operations Management Society* 24,2: 253–271.

Appendix

Inclusion Criteria

Population	Include: Executive, leadership or management staff
Interventions	Include: Patient safety walkrounds or all related programs
Context	Include: All hospital settings Exclude: Long-term care (aged care and nursing homes)
Outcomes	Patient safety culture (i.e. staff attitudes and behaviour, safety awareness) Risk reduction
Types of evidence	Include: Literature that have evaluated the effectiveness of patient safety walkrounds
Limits	Database: Google scholar Date: 2014 – current (30 August 2016) Language: Publications in English

Search strategy

Information sources	Details of search
Google Scholar	Terms: “effective safety walkround” Inclusion criteria and date limits applied.

The search was limited to articles published from 2014 onwards. The term “safety walkrounds” was used to include walkrounds by leadership staff in hospitals. This included similar programs such as executive walkrounds, patient safety walkrounds, safety rounds, leadership walkrounds and management-by-walking-around.