PATIENT SAFETY WALKROUNDS™ TOOLKIT

May 25, 2012
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I. Introduction

The patient safety toolkit has been developed to provide a framework for beginning the patient safety WalkRounds™ in your areas. Please feel free to adjust the examples given to meet your communication style. The toolkit appears to be quite lengthy however; the majority of the content is sample documents. Depending on how you will be using the documents, they have been provided electronically as imbedded objects and attached in the appendix as word documents. If you have any questions on how to use the toolkit please feel free to contact the patient safety specialist at LHSC (ext. 74989).

II. Overview

Patient safety WalkRounds™ began as a pilot in the Women and Children’s Clinical Services portfolio at London Health Sciences Centre in April of 2007. In addition to the Women and Children’s Clinical Services portfolio pilot, there have been other portfolios working on the implementation of WalkRounds™. Building on this work we are compiling a toolkit to ease the rollout to all portfolios.

Based on the work developed by Allen S. Frankel, et al, organizations need to develop strategies that support appropriate attitudes of senior leadership and health care workers in creating a culture of patient safety. London Health Science Centre and St. Joseph’s Health Care, London have committed to improving patient safety through the development of the strategic plan in 2008. Under the strategic directive of “Care and Performance” the following strategic initiative is highlighted: “improved patient safety by meeting or exceeding appropriate provincial and national targets and standards”. We can all help achieve this initiative and direction by demonstrating our commitment to implementing patient safety WalkRounds™.

Information regarding patient safety needs to be transparent so that everyone throughout the organization can understand the risks and actions to alleviate the safety hazards. “WalkRounds™ is a tool to connect senior leadership to patient safety and to the teams and groups who inculcate and implement safety ideas into health care systems” (Frankel, et al). Through the study of Frankel and Brigham and Women’s Hospital (BWH) in Boston, Massachusetts, it was postulated that information elicited during the WalkRounds™, if effectively analyzed, could be used to drive safety-based changes. WalkRounds™ will promote an environment that enables providers to voice concerns that will receive follow up actions. The expected end result of implementing the system more broadly is a self-sustaining process that engages leadership, educates clinicians, staff and managers, and leads to continuous improvement (Frankel et al, 2006).

In a culture of patient safety, safety is a continuous improvement process, not a project that ends once a target or goal has been achieved. The process does
not dictate change but rather creates an environment for administrators, staff and clinicians to come together and mutually agree on problems and action steps. Creating a discipline involving senior leaders who elicit and listen to problems and concerns regarding safety delivers a strong message to the organization: it is important to create a safer environment for both patients and employees.

As outlined by Frankel et al, the WalkRounds™ process has the following goals in mind:

1. Increase awareness of safety issues by all clinicians and leaders
2. Make safety a high priority for senior leadership
3. Educate staff about patient safety concepts such as a “just” culture
4. Obtain information collected from staff about barriers to safety
5. Act, after careful analysis on information collected from staff
6. Consistently give feedback to frontline providers and leadership about the process and the actions taken
7. Perform these actions with a careful rigor so that, by tracking all components, transparency through reports and other feedback would be ensured.

Generally, the returns from conducting WalkRounds™ are significant. Benefits include:

1. Improved understanding between frontline providers and senior leaders
2. Better-educated leadership about frontline concerns
3. Increased responsiveness of the organization to problems
4. Faster implementation of improvements
5. More efficient use of capital and operating expenses

### III. Getting Started – Your step by step guide

The following is a step by step toolkit to assist in improving patient safety in your areas. WalkRounds™ should be more than an opportunity for hospital leaders to take the floor and expound on their feelings or pet projects, or to simply listen and shake hands. The substance of WalkRounds™ comes from an effective dialogue among all participants. The degree of personal satisfaction for each individual who participates will be determined by how effectively the follow-up efforts after WalkRounds™ are brought to fruition. Tracking data carefully and ensuring follow-up actions are taken – in essence, great leadership – will determine how interesting and effective the WalkRounds™ become.
a. Preparation for WalkRounds™

The decision by senior leadership to begin WalkRounds™ is much more than a casual commitment. The decision is a team and process commitment. Senior leaders must:

- Demonstrate leadership and involvement in the actual WalkRounds™
- Help make connections between problems, issues and suggest changes
- Ensure follow-through on issues at the executive level
- Demonstrate organizational commitment to this process and to patient safety
- Lead the feedback to employees and departments

Prior to conducting any WalkRounds™, be sure to educate your frontline leaders on the purpose, goal and process of WalkRounds™. Communication with all staff as to what the WalkRounds™ are, what to expect in the process, and why we are doing them should begin by the senior leader and be carried out by all levels of leadership within the portfolio. Sharing this information is vital. Below (Appendix 1 and 2) you will find a sample introductory letter and flyer to support the communication.

Appendix 1

Appendix 2

By including your leadership team in both the education and process you will limit the chance of front line leadership feeling disenfranchised or thinking that the WalkRounds™ are a mechanism for senior executives to find fault with them.

b. Scheduling (logistics)

WalkRounds™ should be scheduled well in advance. It is recommended that you give 2-3 months notice for the visit. When scheduling the visit, base the timing of the WalkRounds™ on the needs of the unit to promote attendance. Try to avoid change of shift-times. The following individuals should be included in the appointment:
Core team and roles:

- Vice President (leader of visit)
- Senior Medical Director (co-leader if applicable)
- Patient Safety Specialist (as support to the process, if available)
- Administrative Assistant (to act as scribe)

Participants:

- Coordinator / Manager and Director of respective unit or department
- Medical Leaders of the unit or department (if available)
- Any available front line staff (clinical and support staff) and medical colleagues. Where appropriate, you may wish to include patients at some point during the WalkRounds™

After the initial communication of the upcoming WalkRounds™, you may wish to re-circulate the introductory letter. Within two weeks of the appointment flyers should be posted on the unit to ensure broad communication. A final reminder should occur 24-48 hours of the visit.

The frequency of the WalkRounds™ is left to your discretion. Some larger units may benefit from more frequent visits. Other smaller departments may not need as frequent visits due to the regular visibility of senior leadership. What is important is that all departments are visited and the appropriate follow up does occur.

c. Conducting WalkRounds™

There are different ways of conducting the WalkRounds™. Some departments will gain the most benefit from incorporating the “tracer methodology” as part of the visit. This will allow for safety concerns to surface as the journey of the patient is followed. Other departments will benefit from incorporating them into the “clinical rounds” of the units involving medical staff. By using this approach, the concept of WalkRounds™ may be continued on a routine basis with frontline leadership. Departments may also find it helpful to conduct the visit at the nurse’s station or an empty patient room. This will allow for the opportunity to involve multiple people and those who just happen to be passing by. Conducting the WalkRounds™ in an empty patient room or classroom may limit the distractions or interruptions that are more likely to occur in an open forum.
Ad hoc introductions are less likely to be effective. Be sure to draft an opening statement to begin the session with. Some important points to remember when beginning the sessions are as follows:

- Enhanced awareness of patient safety throughout the organization
- Intent is to improve the care environments as well as the work environments for staff
- Strictly confidential and purely for patient safety and improvement
- Focus is on the systems you work in and not blaming individuals
- Themes that will be covered:
  - a. Teamwork problems
  - b. Distractions
  - c. Inefficiencies
  - d. Problems with protocols
- Goal is to improve our overall delivery of care
- Prioritization of concerns may be necessary

Find below a link (Appendix 3) to a list of questions that should be asked. On some visits, you may not be able to get through all the questions. Be sure to review them prior to the visit and prioritize which questions would be most useful to the unit you are visiting. It is completely acceptable to circulate the questions in advance of the meeting for preparation and to allow staff to gather feedback or input from peers that may not be able to attend. If you create your own questions be sure to frame them so that they are open-ended questions and do not avail themselves to yes or no answers.

Appendix 3
During the visit be sure to have someone designated as the scribe. This individual needs to have their primary focus during the visit to that of note taking. Information that is important to record is as follows:

- Date of visit
- Location (unit, floor, and facility)
- Names of team members present and their role
- Name of department staff present (for follow up and survey purposes)
- Concerns and comments raised during visit
- Concerns elicited from the unit on previous WalkRounds™
- Status of any prior concerns

While conducting the visit be sure to highlight the fact that problems tend to fall into a few different categories. Some problems are on a local level which facilitates the solutions more readily. Others may be clinically simple but administratively more complex to solve. Some problems require significant budgetary investments or the attention of an action team to assess the problem before attempting a solution. Staff participating in the rounds should know that their input will help prioritize issues. Although action steps may not be formally communicated to the individuals for a number of months, tracking the collected data and providing unofficial feedback to this group helps reinforce that everyone’s participation is important. As safety concerns are addressed and initiatives are implemented, leaders are encouraged to communicate these initiatives through various forums such as staff meetings and/or departmental communications.

Closing the discussion is just as important as opening the discussion. It is important to think about how you will bring closure to the meeting. Some points to consider are:

- Appreciation for honesty, time and effort
- What will be done with the information gathered
- How you might determine the most responsible person for following the actions through
- Accountability for follow up actions
- Future communication they might expect
- Their role for communicating with their peers this experience and the concepts covered
• Their role in future adverse events and near misses

d. Tracking
Developing a standardized documentation of findings will ease the collation of data. Please find below and as Appendix 4 the data form to be used for tracking purposes. Use of the common form will facilitate in the collection and collation of data for a more corporate use.

![WalkRounds Data Collection Form](image)

Appendix 4

e. Reporting process
By reporting the themes of the WalkRounds™ to the patient safety / quality committee, full senior leadership team, and the hospital board, ensures the appropriate buy-in form all levels in the organization and the commitment to the WalkRounds™ process along with facilitating, planning, prioritization and assignment of action items to address hazards identified during the visits. A detailed summary by the appropriate patient safety committee to the respective senior leadership team will occur through the quarterly committee reporting process. There is an opportunity for this work to be reported on a biannual basis to the respective board to ensure their commitment and knowledge of the patient safety risks within the organization.

f. Feedback
Once you have completed the visit, be sure to follow up with a brief letter thanking the staff for their time and attention. In this letter it is also beneficial to summarize the top few risks and /or themes. Please find below (Appendix 5) a sample letter that may be used in follow up.

![WalkRounds Follow-up Letter](image)

Appendix 5

Action steps may not be formally communicated to the individual WalkRounds™ participants for several months. Informal feedback to the group is possible if the data collected is appropriately tracked and used. It is important to create and maintain a list of risks identified through the visits. As these risks are resolved it is important to communicate the status to the front line staff. By creating and maintaining a list of
completed action items, staff will be able to reflect on the value of their input. Be sure to inform frontline providers of closed or resolved issues.

g. Measurement / Evaluation

As the WalkRounds™ program is implemented, it is important to solicit feedback on the effectiveness of the visits. Below (Appendix 6 and 7) is a sample memo and survey that should be circulated to the participants of the visit for their feedback on the process.

Appendix 6
Appendix 7

How will we know that WalkRounds™ are effective? It is also important that we not only track over-all error rates but also measure the effectiveness on safety climates and cultures. Through the Accreditation Canada process, the patient safety culture survey will be a tool in which we are able to measure the effectiveness. Having a baseline to work from is helpful. In our 2008 patient safety culture survey both organizations received a red flag in the following area: “senior management has a clear picture of the risks associated with patient care”. Understanding where our organization rates in the next survey will provide a good indication of the effectiveness of the visits. To compliment this, during 2009 / 2010 we will explore conducting the evaluations centrally through the LHSC Quality and Patient Safety Committee and the St. Joseph’s Health Care Quality council.
IV. References


Appendix 1

WalkRounds™ Introductory Letter

Enter Hospital Logo here

Date here

To: [Department name here] staff and doctors

From: [VP name and portfolio] and [Senior Medical Director Name]

Re: Patient Safety Leadership WalkRounds™

Patient Safety WalkRounds™ have been embraced by many healthcare organizations to help enhance and to promote a culture of patient safety. Our organization has committed to patient safety by focusing our strategic direction through care and performance improvement on our initiative below:

“Improved patient safety by meeting or exceeding appropriate provincial and national targets and standards”

The [portfolio name] Leadership Team at [organization] will begin implementing Patient Safety Leadership WalkRounds™. It is our hope that these WalkRounds™ give senior leaders, physicians, front line staff and support staff an opportunity to come together – typically in a patient care area – to openly discuss patient safety concerns and ideas and determine actions and accountability for follow-up.

Over the next few months, you will begin to see one or both of us, along with other key leaders in your area talking with staff about patient safety issues and concerns. You will be given advance notice of when we will come to your area. Please feel free to join in the conversation as we would like to hear from as many staff as possible from each area.

A sample of questions that may be asked during the WalkRounds™ is listed below. Please give these questions some thought so that we may make the most of our time together.

1. Were there situations in which you were not able to care for your patients this week as safely as possible? If not, why not?
2. Can you describe how communication between caregivers either enhances or inhibits safe care on your unit?
3. Can you describe the unit’s ability to work as a team?
4. Please share with us any “near misses” that almost caused patient harm but did not?
5. What suggestions do you have that could prevent the next adverse event?
6. What do you think this unit could do on a regular basis to improve safety? For example, would it be feasible to discuss safety concerns, e.g., patients with same name, near misses that happened etc., during your report-out or hand-offs?
7. When you make an error, do you always report it? What process do you follow to report the error?
8. If you prevent / intercept an error, do you always report it? What process do you follow to report the near miss?
9. Please share any concerns regarding personal consequences for those who report errors or near misses?
10. What feedback do you receive on the information that you report?
11. What personal practices do you use to specifically prevent making errors (using memory aids, double-checking, forcing functions, etc.)?
12. How do you go about discussing patient safety issues with your patients or their families?
13. How comfortable do your patients and their families feel in voicing any safety concerns? What process would you encourage your patients or family members to follow to voice their concerns?
14. What specific intervention from leadership would make the work you do safer for patients?
15. What would make these executive WalkRounds™ more effective?
16. Do you feel respected by everyone you work with? If not, why? What might improve this?

Other questions that may be explored:

1. How do you communicate to your patients their role in their own safety as a patient?
2. What work or processes do you do that are not done according to policy or standard because the policy or standard just won't work in reality?

We thank you in advance as we continue to create a safer environment for our patients.

Sincerely,

VP name and portfolio          Senior Medical Director name
PATIENT SAFETY
WALKROUNDS™
Enter Department Here

~

Date
Time
Meeting Location

As part of our {LHSC / St. Joseph’s Health Care, London} patient safety initiatives, Vice President and Senior Medical Director invite frontline staff of the [enter unit here] to meet with them to discuss your concerns about patient safety and opportunities for improvement. The plan would be to meet with whoever is available at the scheduled time and have an informal discussion. We value your participation in this process and hope you will make it a priority to attend.

Enter hospital logo here.
Appendix 3

WalkRounds™ Questions

WalkRounds™

Sample Questions (Frankel, et al, 2006):

1. Were there situations in which you were not able to care for your patients this week as safely as possible? If not, why not?
2. Can you describe how communication between caregivers either enhances or inhibits safe care on your unit?
3. Can you describe the unit’s ability to work as a team?
4. Please share with us any “near misses” that almost caused patient harm but did not?
5. What suggestions do you have that could prevent the next adverse event?
6. What do you think this unit could do on a regular basis to improve safety? For example, would it be feasible to discuss safety concerns, e.g., patients with same name, near misses that happened etc., during your report-out or hand-offs?
7. When you make an error, do you always report it? What process do you follow to report the error?
8. If you prevent / intercept an error, do you always report it? What process do you follow to report the near miss?
9. Please share any concerns regarding personal consequences for those who report errors or near misses?
10. What feedback do you receive on the information that you report?
11. What personal practices do you use to specifically prevent making errors (using memory aids, double-checking, forcing functions, etc.)?
12. How do you go about discussing patient safety issues with your patients or their families?
13. How comfortable do your patients and their families feel in voicing any safety concerns? What process would you encourage your patients or family members to follow to voice their concerns?
14. What specific intervention from leadership would make the work you do safer for patients?
15. What would make these executive WalkRounds™ more effective?
16. Do you feel respected by everyone you work with? If not, why? What might improve this?

Other questions to consider:

1. How do you communicate to your patients their role in their own safety as a patient?
2. What work or processes do you do that are not done according to policy or standard because the policy or standard just won't work in reality?
### Appendix 4

**Data Collection Tool**

[ Portfolio entered here] Patient Safety WalkRounds

**Data Collection Form**

<table>
<thead>
<tr>
<th>Comments / Hazards Identified</th>
<th>Identify Contributing Factors</th>
<th>Proposed Opportunity for Improvement</th>
<th>Follow-up Action Item</th>
<th>Most Responsible Person</th>
<th>Timeline</th>
<th>Reassessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: There is a lack of patient privacy</td>
<td>Procedure rooms are too close together. Walls are too thin.</td>
<td>Reconstruct walls to add appropriate thickness</td>
<td>Not physically able to reconstruct walls. Suggest purchasing &quot;white noise machines&quot; and place in each procedure room to provide more privacy</td>
<td><strong>Manager:</strong> Jane Doe to complete purchase order for 8 machines</td>
<td>Order places by March 31st, 2009</td>
<td>To be completed on next walk round to ensure that the white noise machines are providing the appropriate level of privacy.</td>
</tr>
</tbody>
</table>
Appendix 5
Follow-up Letter

Enter Hospital Logo here

Date here

To: [Department name here] staff and doctors
From: [VP name and portfolio] and [Senior Medical Director Name]
Re: Patient Safety Leadership WalkRounds™

We would like to thank the staff and doctors of the ___________ unit for your participation in the Patient Safety Leadership WalkRounds™ held in your unit on ___________(date). We enjoyed meeting and talking with you about patient safety issues and found it very informative.

Below is a list of the patient safety issues, concerns and themes that we heard from you:
- A
- B
- C
- D
- Etc.

As discussed at the WalkRounds™ feedback on these concerns should be communicated by…… in the form of ……

We welcome your feedback as we work together to build our culture of safety. We wish to thank each and every one of you for you dedication to patient safety and hope you agree that the WalkRounds™ proved to be a valuable opportunity for learning.
Appendix 6

Survey Memo to Leaders

Enter Hospital Logo here

Date here

To: [Department name here] staff and doctors

From: [VP name and portfolio] and [Senior Medical Director Name]

Re: Patient Safety Leadership WalkRounds™

It has been approximately [enter a time frame] since the launch of Patient Safety WalkRounds™ for [enter portfolio name]. At this time, we would like to conduct a survey with the participants of the Patient Safety WalkRounds™ that have occurred in the different areas.

Therefore, we are asking that you complete the attached survey as well as distribute it to the people that we have listed attended the WalkRounds™ in your area. If you know we have missed anyone please give them the survey as well.

List Department and date visited
[Names of participants including leaders] Give survey to any different participants of this date’s WalkRounds™.

Thank you for your cooperation.
Appendix 7
Survey Document

[Enter hospital logo]
Patient Safety WalkRounds™:
An Evaluation of the Process
[Enter Portfolio Name]

Introduction/Background

The purpose of Patient Safety WalkRounds™ is to enhance patient safety culture by connecting senior leaders with front line staff, providing an informal mechanism for leaders to talk to front line staff about patient safety issues, and showing support for staff reported errors through a series of scripted questions.

The objectives of Patient Safety WalkRounds™ are to increase communication of safety issues by staff; make safety a high priority for senior leadership; obtain and respond to information from staff about patient safety problems and issues, and continue to develop a culture of learning.

Purpose of the survey
It has been approximately [enter time frame] since the launch of Patient Safety WalkRounds™ within [enter portfolio name]. At this point we would like to (a) understand the strengths and weaknesses of Patient Safety WalkRounds™; (b) verify that the WalkRounds™ are operating as originally planned; and (c) that the WalkRounds™ produce relevant data and/or verify results that can be used for making decisions to improve patient safety at [enter organization name].

Instruction (How to complete the survey…)
Over the past several months, you have participated in at least one of the Patient Safety WalkRounds™ on your unit/area. Please take a moment to share your assessment of the process: what worked well and what can be done to improve the process. Your opinions and comments are very important and will provide direction for improving the Patient Safety WalkRounds™.

Please check the appropriate boxes and enter your comments where appropriate. The evaluation shall take no more than 20 minutes of your time. Please return survey to [Enter where surveys should be returned] by [enter date].

Thank you!

Name
Vice President
Portfolio Name

Name
Senior Medical Director
Portfolio Name
### Patient Safety WalkRounds™

**Survey**

1. Please identify your role (check one)
   - Front Line Staff
   - Front Line Leader (Leaders who do not have direct reports, usually a Coordinator, specialist etc.)
   - Manager, Director, VP (who have direct reports supervisor, etc. and excluding "Informal Leader")
   - Student

2. Please state your professional designation, if you have one. (For example, RN, MD, RRT, PT, OT, SW etc.)

3. Please specify your specific program/service (check one)
   - fill in departments / programs here

### Questions 4 to 10

Please circle your response (one response only)

4. Were the questions that were asked about patient safety topics at the Patient Safety WalkRounds™ easy to understand?
   - Very Easy
   - Easy
   - Somewhat difficult
   - Difficult

5. Did you find the questions lead to discussions about patient safety?
   - Always
   - Sometimes
   - Occasionally
   - Never

6. To what extent does the feedback on the identified safety issues meet your expectations?
   - Exceed expectation
   - Somewhat above expectation
   - Somewhat below expectation
   - Below expectation

7. Patient Safety WalkRounds™ enhance my awareness of patient safety issues?
   - Agree
   - Somewhat agree
   - Somewhat disagree
   - Disagree
<table>
<thead>
<tr>
<th></th>
<th>How difficult is it to attend the WalkRounds™ in your area?</th>
<th>Very easy</th>
<th>Easy</th>
<th>Somewhat difficult</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td><strong>To what extent are you comfortable discussing openly and honestly about patient safety issues?</strong></td>
<td>Very comfortable</td>
<td>Comfortable</td>
<td>Somewhat uncomfortable</td>
<td>Not comfortable</td>
</tr>
<tr>
<td>9.</td>
<td><strong>To what extent were your issues heard at the Patient Safety WalkRounds™?</strong></td>
<td>Always</td>
<td>Sometimes</td>
<td>Rarely</td>
<td>Never</td>
</tr>
</tbody>
</table>

**Questions 11 to 17**

Please check the most appropriate response

<table>
<thead>
<tr>
<th></th>
<th>Are you made aware of how many patient safety issues were resolved in your unit/area?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td><strong>Should the follow-up on identified issues from your unit/area’s last Patient Safety WalkRounds™ be part of the next WalkRounds™?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12.</td>
<td>Are you aware of patient safety initiatives within your Program/Service?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13.</td>
<td>What is your opinion about the ability of the team to raise safety concerns even when this information would be shocking or surprising?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>What ideas do you have for improving the Patient Safety WalkRounds™?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>What suggestions to you have to enhance participation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>What suggestions do you have to enhance the feedback process?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22
### Questions 18-20
**For Directors, Managers, Coordinators Only**

19. As a director / manager /coordinator, how difficult is it to schedule and facilitate staff to attend the Patient Safety WalkRounds™ in your unit/area?

<table>
<thead>
<tr>
<th>Very easy</th>
<th>Somewhat easy</th>
<th>Somewhat difficult</th>
<th>Difficult</th>
</tr>
</thead>
</table>

20. What mechanisms are you employing to provide (periodic or quarterly) feedback to staff on improvements being made as a result of Patient Safety WalkRounds™? (Please respond to all if applicable)

- Newsletter
- Staff Meetings
- Email
- Other (please specify)

21. To what degree were the issues raised reflective of what you may know as significant safety concern?

22. Additional comments

---

*Please return survey to [enter return name and location].

Thank you*