



AN ANALYSIS OF SAFETY LEADERSHIP WALKROUNDS IN ACUTE HOSPITAL

Aeri choi¹, Soo Jeong Han¹, Hyun Kyung Oh¹, Hye Jeong Kim¹, Seonah Bak¹, So-young Ha¹, Kyung Eun Han¹ and Ho Young Ryu¹

1 Ewha womans university mokdong hospital, Seoul, Republic Of Korea

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INTRODUCTION

- In this hospital, Safety Leadership WalkRounds are monthly conducted from 2015 to 2022 for building a culture of safety.
- The purpose of WalkRounds is as follows:
 - Demonstrating Leadership's commitment to safety
 - Creating Patient Safety culture
 - Establishing a communication channel for safety among staff, leadership and managers
 - Providing opportunities for leadership to learn about safety
 - Identifying opportunities for improving safety
 - Establishing strategies to minimize risks and improve safety
- For effective safety leadership rounds, improvement activities have been implemented.

AIM

- It aims to **promote Patient Safety culture** by early detection and improvement of safety-related problems through WalkRounds.
- To increase the rate of corrective action of the raised issues:** It conducted through three meetings (① **preliminary meeting**, ② **plenary session**, ③ **follow-up meeting**)
- To increase attendance** of leadership and participants:
 - At the beginning of each year, the units to participate are selected and notified to staff and leadership.
 - We received applications from units wishing to participate and considering the past WalkRounds implementation history and recent patient safety issues, the patient safety department and the hospital director selected the participating units.

METHOD

- Patient Safety culture survey

The questionnaire measures safety culture on 15 dimensions, including Team work within a department, Direct supervisor/manager expectations and actions, Patient safety priorities, Etc. Each dimension assessed on 5-point Likert scale.

Reliability of questionnaire was .932(Cronbach's α =.932).

Collected data from leadership and all staff(N=960)

The collected data was analyzed by SPSS 22.0.
- Performance indicator
 - Rate of corrective action (%)

Numerator : The number of corrective action

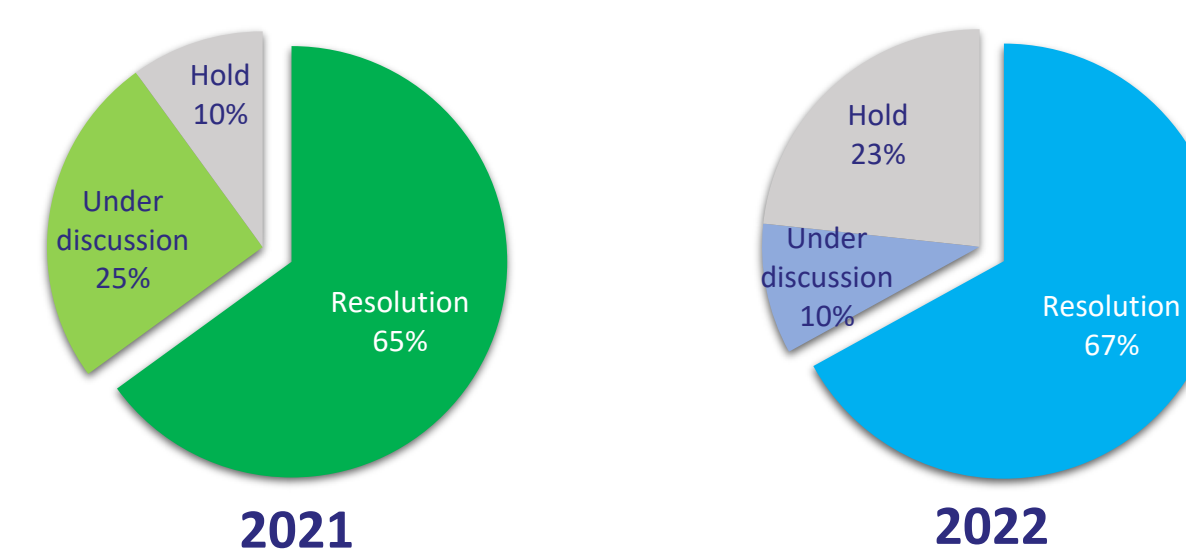
Denominator : The number of raised issues on WalkRounds
 - Positive response rate (%)

The average positive response rate refers to the combined percentage of respondents who answered "Strongly agree/ Always" or "Agree/ Most of the time"..

RESULTS

- The following is the implementation stage of WalkRounds:**
 - Preparation stage**
 - A week before the plenary session, e-mail was sent to encourage the attendance of leadership and the relevant departments
 - A preliminary meeting was held between the PS department and the participants. The PS department was able to review the list of issues, to help prioritize the issues.
 - Implementation stage**
 - The plenary session was attended by leadership and the relevant departments, the PS department, and the participants
 - At the start of the plenary session, informed the participants about the management's willingness to make a safe hospital
 - The discussion was conducted without blame
 - The participants briefed on the issues and discussed the issues with others.
 - After the discussion, practical field rounding was held.
 - Follow-up stage**
 - The PS department made plans and implements for solving strategies on issues.
 - Two weeks after the plenary session, the PS department discussed the progress with hospital director.
 - Major issues and result of solving strategies were shared to staff.
- The results are as follows:
 - Rate of corrective action(%) (Graph 1)**
 - We visited 9 units in 2021. 40 issues raised during WalkRounds, 26 issues have been solved. It showed a **rate of corrective action of 65%**.
 - We visited 11 units in 2022. 103 issues raised during WalkRounds, 69 issues have been solved. It showed a **rate of corrective action of 67%**.
 - After implementing improvement activities, the number of issues in WalkRounds increased by 63, and the number of corrective actions increased by 43. It showed that **rate of corrective action increase by 2%p**.
 - Positive response rate of PS culture awareness (Table 1)**
 - Positive response rate was 50.8%** in 2021 and **55.5%** in 2022 .
 - Among the dimensions of PS culture leadership support for patient safety was **31%**, and Patient safety policy/procedure **47.7%** in 2021.
 - Among the dimensions of PS culture leadership support for patient safety score was **36.4%**, and Patient safety policy/procedure score was **54.6%** in 2022.

Graph 1. Results of WalkRounds Activities



Picture 1. WalkRounds – Plenary Session



Table 1. Positive response rate of PS Culture

Dimension	Positive response rate(%) (N=956)	
	2021	2023
Total score	50.8	55.5
1 Team work within a department	71.4	76.7
2 Direct supervisor/manager expectations and actions	62.7	69.4
3 Organizational learning-Continuous improvement	52.4	58.0
4 Leadership support for patient safety	31.0	36.4
5 Overall awareness for patient safety	51.6	53.9
6 Feedback and communication on errors	61.9	68.9
7 Openness of communication	51.0	57.5
8 Frequency of reporting errors	64.4	64.1
9 A system of cooperation among departments	32.3	38.0
10 Staffing	24.7	27.6
11 Transition	36.9	43.3
12 Unpunished response to errors	33.1	35.2
13 Patient safety policy/procedure	47.7	54.6
14 Patient safety knowledge/attitude	80.4	84.5
15 Patient safety priorities	49.8	53.3

CONCLUSIONS

- In order to effectively implement WalkRounds, active participation of the units is needed. By notifying all staff and the participating units of WalkRounds schedule in advance, the units were given time to prepare for WalkRounds. In addition, the PS department assisted participants review patient safety related issues at the preliminary meeting. As a result, additional issues requiring resolution for safety were discovered, and the number of issues increased.
- As efforts were made to continuously resolve issues through follow-up meeting. Feedback was given to the participants on the results of the discussion, the resolution process of the issues, and the reason why the issues could not be resolved. As a result, the resolution rate of the issues increased.
- Through WalkRounds, the communication channel among leadership, frontline manager, and staff was established to understand each other and to inform the staff of leadership's will for a safe hospital. In addition, we found weak points and challenges, and we were able to accomplish successful performance. PS culture has improved as leadership has shown a willingness to continue to pay attention to patient related issues.

ACKNOWLEDGEMENT

- Thanks to the participating units, and the relevant departments for working hard with us for improvement.
- Special thanks to the hospital leadership for your generous support. Leadership's attitude without blame and firm will and support to solve the problem are the priority.
- The PS department actively support leadership's commitment, inform staff, and make efforts to resolve the issues.

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CONTACT INFORMATION

Ewha womans university mokdong hospital
qi001@eumc.ac.kr