



HOW TO CONDUCT A “WALK-ABOUT” FROM THE PATIENT AND FAMILY PERSPECTIVE

One way to begin working with patients and families in planning for improvement is to explore your hospital, unit, or clinic through the eyes of patients and their families. A “walk-about” is an activity that can be used to obtain patient and family perspectives about the experience of care, especially about first impressions, and how your organization’s policies, practices, and environment support patients and families in engaging as key partners on their health care team.

If you have patient and family advisors working with your organization, ask them to participate in this activity. If you don’t currently have any patients or families identified as advisors, invite several patients and families who have received care at your organization to participate. It is helpful to have more than one patient or family member participating in the “walk-about.” Select patients and families who are willing to share their opinions (for guidance, see “Selecting, Preparing, and Supporting Patient and Family Advisors” in the resources titled, *Advancing the Practice of Patient- and Family-Centered Care in Hospitals: How to Get Started* and *Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Settings: How to Get Started* available at www.ipfcc.org/tools/downloads.html).

Instructions

Select a time when several members of the staff, and patients and families, can tour the facility together. It is helpful to have different disciplines represented. The tour should begin at the first point of entry into the hospital or facility (e.g., the parking lot), and continue to the inpatient unit and throughout the unit, including the patient room, treatment rooms, therapy areas, communication center and/or nursing station(s), family lounge, patient and family resource center, and other areas visible to patients and families. If this is an ambulatory facility, begin in the parking areas, enter the patient entrance, and follow the steps of a typical outpatient visit. Consider all the areas that patients and families may see or access.

You want to specifically explore how the following elements welcome, support, educate, and comfort patients and families and encourage their active participation in care and decision-making:

- How patients and families are greeted in reception areas, admitting offices, registration areas, clinics, and on specific inpatient units.
- The processes of care and exchange of information with patients and families and among staff and clinicians.
- Patient and family informational and educational materials for the ambulatory visit or a hospital stay and the transition to home and community care or different care setting.
- Materials and information presented on bulletin boards, posters, announcements, and information kiosks.
- Features that are encouraging and supportive of family presence and participation.

- Characteristics of the physical environment (e.g., wayfinding, signage, artwork, color, lighting, access to views of nature, indoor/outdoor interfaces, visible equipment, adaptive features, and arrangement of furnishings).

The team should collect “evidence.” Assign one or more of the team to document the “walk-about” through:

- Digital photos or videos.
- Notes from observation.
- Samples of informational and educational materials.
- Specific quotes or messages on posters or other announcements.

Encourage patient and family advisors to share their perceptions throughout the “walk-about.” One team member should be assigned to take notes or audio-record the observations during the tour to capture these thoughts.

While this exercise is designed mainly for staff to see the care experience through the eyes of patients and families, all team members should be given the opportunity to identify elements and processes that contribute to the experience of care and first impressions. These may be elements or processes that physicians and staff perceive as helping or hindering their ability to encourage patients and families to be active partners in care and decision-making.

The “walk-about” activity can be a fun, non-threatening way to begin to work with patient and family advisors and develop an appreciation for and level of comfort with the collaborative process. The “walk-about” can also be beneficial for patient and family advisors and potential advisors. It builds their understanding of staff and physician perspectives, care processes, and the environment of care. It allows them to begin to get a broader view of the positive elements of the system of care as well as areas for improvement. For new and potential advisors, the activity can build their interest and confidence level for serving as an advisor.

Set aside a meeting time to discuss what the team discovered through the “walk-about.” Bring all the “evidence” to the meeting and discuss what team members learned about the experience of care through the eyes of patients and families. This tool can also be given to other staff to conduct their own “walk-about” to develop their ability see the clinic, unit, hospital, or organization from the perspective of patients and families.

The “walk-about” can be used as an initial step in the process of developing a vision, mission, or philosophy of care statement as part of a process to more fully integrate patient- and family-centered concepts and strategies in organizational policies, programs and practices. It can also be used to develop a shared view of the current realities among administrative leaders, staff, clinicians, and patient and family advisors as a way to prepare them to “envision the ideal” and begin to plan and prioritize changes and improvements that will advance the practice of patient- and family-centered care.