How to Conduct a “Walk-About” from the Patient and Family Perspective

One way to begin working with patients and families in planning for change and improvement is to explore your hospital, department, 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 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 team, 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.

Instructions:

Select a time when several members of your team, 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 a separate ambulatory facility, begin in the parking area, 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 and welcomed 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.
- Information and education materials shared with patients and families during an outpatient visit or a hospital stay and the transition to home and community care.
- Materials and information presented in public areas—bulletin boards, posters, announcements, and information kiosks.
- Features that are encouraging and supportive of family presence and participation.
Characteristics of the physical environment that have an impact on patients and families (e.g., wayfinding, signage, artwork, color, lighting, access to views of nature, indoor/outdoor interfaces, security features, 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 team members’ observations.
- 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/video-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 the engagement of patients and families in their rehabilitation journey. These may be elements or processes that clinicians 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 clinician 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 change and 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” (Note: we will be doing a good deal of this step in the “walk-about” during our face-to-face learning collaborative meeting in September). Teams will be preparing a storyboard for the September meeting using what you collect (Note: instructions will be sent to you). In addition to what will be included on your storyboard, bring all the “evidence” that you collected to the meeting. We will be discussing what team members learned about the experience of care through the eyes of patients and families and planning for changes.

This tool can also be given to other staff to conduct their own “walk-about” to develop their ability to see the clinic, unit, hospital, or organization from the perspective of patients and families.