

I. Toolkit Overview and Rationale for a Patient Safety Rounds Program

Over the past decade, Dana-Farber Cancer Institute (DFCI) has worked to create an organizational culture that places a high priority on patient safety and on patient- and family-centered care. Today, an assessment of how an action or process will impact the safety of patients and families is a routine part of DFCI's decision-making process, and patients and families participate in decision-making at every level of the Institute.

Patient Safety Rounds is an important component of our broader patient safety program. When it was first introduced in 2001, the Patient Safety Rounds program involved the Risk Manager and other members of the DFCI staff who rounded in clinical areas to obtain staff input on safety issues. In 2004 the model was expanded to include patient volunteers who were recruited to interview other patients and obtain their input on safety concerns. This model of Patient Safety Rounds, in which both staff and patients are engaged in identifying actual and potential safety problems, continues at DFCI today. Although the patient interviews are conducted separately from rounds with DFCI staff, data from both groups are analyzed to identify safety issues.

Over the years, the value of Patient Safety Rounds has been demonstrated by the number and range of patient safety issues the program has helped to identify. And because it focuses on the safety of patients and families and involves them in its implementation, the Patient Safety Rounds program has also helped us advance our mission to become more patient- and family-centered.

This Toolkit is designed to help you assess whether your organization will benefit from the implementation of a Patient Safety Rounds program and to design a program that will meet your patient safety goals. The Toolkit is divided into nine sections that describe various components of the Patient Safety Program and offer resources that can be readily adapted for use in your organization. The remaining sections of the Toolkit (Sections II - IX) are briefly described below.

II. Organizational Assessment – A Patient Safety Rounds program is designed for organizations that demonstrate a commitment to patient safety and patient- and family-centered care. This section includes instruments that will help you assess your organization's culture and determine whether it will support a Patient Safety Rounds program. The section also includes a document, entitled *Principles of a Fair and Just Culture*, that articulates the principles and values that underlie the DFCI patient safety program. This document, adopted at DFCI in 2004, can serve as a basis for others who are interested in developing, codifying, and adopting similar principles at their organizations.

III. Roles – Several roles have been created within the Patient Safety Rounds program that are key to its success. These roles are referenced and discussed throughout the toolkit. This section describes each role and explains whether it is a part of another position or was created specifically for the Patient Safety Rounds program.

- IV. Implementing Patient Safety Rounds with Staff at Your Organization** – Many organizations interested in developing a Patient Safety Rounds program are uncertain as to where to begin. This section provides a description of how to design and implement a staff-based Patient Safety Rounds program. Further, the section discusses the important role of clinician champions and other staff members who may serve as unit-based resources on issues related to patient safety. Strategies for involving patients in Patient Safety Rounds are examined in Section V.
- V. Involving Patients in Patient Safety Rounds** – Patients and their family members can provide invaluable insights into potential safety issues; however, involving patients in a Patient Safety Rounds program offers unique challenges. This section is designed to help institutions decide whether to involve patients and family members in their Patient Safety Rounds program. It also provides materials to help organizations design and implement an effective patient component. The qualifications for patient and family volunteers, a guide for designing a patient interview component, and documents used to explain the patient role to staff members and patients in clinical areas are all included. Because many organizations have asked how patient confidentiality is protected, particularly among volunteers who are themselves patients or family members, this section also includes a copy of the DFCI confidentiality policy.
- VI. Training Staff and Patients for Patient Safety Rounds** – This section contains materials that can be used to train the staff and patient and family volunteers who participate in Patient Safety Rounds. It includes an outline of a Patient Safety Education Day that DFCI held for staff, patients, and family members involved in the Patient Safety Rounds program. Also included are slides and materials from several of the educational sessions, including sessions on human factors and systems concepts that form the basis of patient safety efforts. We found that gaining an understanding of these concepts allows staff, patients, and family members to participate more effectively in Patient Safety Rounds.
- The second half of our Patient Safety Education Day focused on training the patient and family member volunteers who participated in Patient Safety Rounds as patient interviewers or “Patient/Family Safety Liaisons” (Liaisons). Role-playing was an important part of this training component. In this section, we describe a role-playing session used to train liaisons in interviewing techniques.
- VII. Recommended Taxonomy for Classifying Incidents Reported by Staff and Patients During Patient Safety Rounds** – We discovered that potential and actual safety issues identified through Patient Safety Rounds cannot always be classified using standard incident report classification schemas. In this section, we describe a taxonomy we developed to accurately capture and categorize data obtained through Patient Safety Rounds.
- VIII. Evaluation Tools** – Feedback about Patient Safety Rounds from staff, patients, and family members can yield valuable information that will help you fine tune your program. In this section, we include a sample survey that we used to evaluate the Patient Safety Education

Day presentations, along with surveys we used to obtain input and perceptions about patient safety and the Patient Safety Rounds program from nurses, physicians, and other members of the staff.

IX. References – This section includes references related to patient safety that we have found helpful.