Supporting patients and staff to improve patient safety
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Senior Research Associate

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ThinkSAFE Project Manager
Patient involvement in improving safety: It’s not what you do, it’s the way that you do it.

TOP TEN TIPS FOR SAFER PATIENTS

1. Ask the doctor or nurse to explain all the treatment options that are open to you, including any potential risks.
2. If you are not sure what a medication is saying, ask them to explain it. Staff are there to help and they will explain medical terms in everyday language.
3. If you are allergic to anything – or have reacted to a medicine or procedure in the past – make sure your doctor, nurse, and pharmacist know about it.
4. Always read the instructions. Medications come with a leaflet that explains how to take it and possible side effects to watch for. The leaflet tells you what your medication is for, your dosage, and whether it should be taken before or after meals.
5. If you or your child are going to have an operation, check all the details on the consent form. Make sure you understand what will happen before you sign it.
6. When a family member or friend is in hospital and has trouble speaking for themselves, you can ask questions for them.

SpeakUP™

To prevent health care errors, patients are urged to...

Help Prevent Errors in Your Care

Welcome to your Clean Hands Partner hospital. This hospital has been chosen as a partner because all our staff take infections seriously and are committed to keeping you, our patients, as safe and healthy as possible. This leaflet tells you more about infections and the clean your hands campaign for hand hygiene, and invites you to be our partner while you are here.

What causes infections? Infections are never caused by dirt – they can be caused by viruses, but mostly by ‘bugs’ or germs called bacteria that occur naturally all around us. They are sometimes on our skin, and even in our mouths and noses. Most of them don’t do us any harm.

But when we are not well or after an operation, our bodies’ natural defences are weaker, so more care is needed to protect us. Getting an infection in hospital might mean staying longer while it is treated. Some bacteria – like MRSA – are difficult to fight with antibiotics because they’ve developed resistance.

We want to prevent our patients getting these infections in the first place.

Patient Handbook

A patient’s guide to a safer hospital stay

ThinkSAFE. Be safe.
Introduction to ThinkSAFE

Seeing safety from both sides

Susan Hrisos
What is *ThinkSAFE*?

- Collaborative improvement of patient safety in hospital
- Grounded in service user & healthcare staff experience
- Underpinned by evidence, best practice & theory
- Supports service user/professional interactions

http://www.thinksafe.care
<table>
<thead>
<tr>
<th>MRC Framework Stage</th>
<th>Study Phase</th>
<th>NIHR Research Programme: Patient Involvement in Improving Patient Safety (RP-PG-0108-1004)</th>
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<tbody>
<tr>
<td>Development</td>
<td>Phase 1</td>
<td>Evidence collation (Feb 2010 – Jan 2011)</td>
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<td></td>
<td>• Qualitative study</td>
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<td></td>
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<td>• Scoping of ongoing work</td>
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<td>• Systematic review of literature</td>
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<td></td>
<td>• Identify relevant theory</td>
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<tr>
<td>Development / Feasibility</td>
<td>Phase 2</td>
<td>Intervention development (Feb – Sept 2011)</td>
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<tr>
<td></td>
<td></td>
<td>• Develop conceptual basis for intervention</td>
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<td></td>
<td></td>
<td>• Interactive workshops</td>
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<td></td>
<td>• Develop prototype materials</td>
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<td></td>
<td>• Pilot interventions in acute settings</td>
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<tr>
<td>Evaluation</td>
<td>Phase 4</td>
<td>Protocol development (Jan 2012 – Jan 2014)</td>
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<td>• Further funding for next steps</td>
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</table>
What do service-users & staff think?

Ways in which patients could help:

Patients & families:
- Keep a list of medications
- Ask about unfamiliar meds offered to them
- Find out about & report possible side effects
- Follow hand hygiene protocols
- Remind visitors & staff to wash hands too
- Tell staff if they feel unwell or become poorly
- Confirm the surgical site with surgeon
- Ask about what to expect following discharge
- Ask for clarification of things they don’t understand
- Tell staff if they think there has been a mistake or if something doesn’t appear to be quite right

Healthcare staff:
Fear being labelled
Don’t want to: “check up”/ “challenge”
Care compromised

Ways in which it could all go wrong

Healthcare staff
Feel challenged
Feel scrutinised
Suspicion of motives
Feel demoralised

Patients & families
Fear being labelled
Don’t want to: “check up”/ “challenge”
Care compromised

Loss of trust

Approach needs to be Collaborative
The conceptual basis of ThinkSAFE
By saying to patients ... 

- “It is OK to ask me ...”, “I want you to ask me ...”
- “It is OK to tell me ...”, “I want you to tell me ...”
ThinkSAFE is feasible & adaptable: context, preference

Potential to influence process:

- *patients felt ‘empowered’ & were actively engaging with staff about their care*
- *staff were motivated to ‘foster’ patient engagement & reported encouraging patient questions*

Potential to improve safety:

- *Improved medications reconciliation at admission*
- fewer prescriptions required pharmacist intervention compared to controls (a reduction in error rate from 62% to 52%, p=0.033)
- prescriptions more likely to contain only one error per patient (73% vs 58%, p=0.024)
Patient Safety Guidance

- **Video** (8mins run time)
  - Demonstrates actions
  - Behavioural barriers
  
  [http://www.thinksafe.care](http://www.thinksafe.care)

- **Laminated Card**

- **Detailed Tip Sheet**
Healthcare Logbook

- A5 Folder or mobile App
  http://www.thinksafe.care
- Integral tools & information
- Patient Safety guidance
- Question prompts & Tips
Time to Talk

- Opportunity
- Confidence
- Collaborative Culture
Staff Support

• **Training session**
  - Evidence & theory-based
  - Workbook: planning & rehearsal

• **Video**
  - Discussion of staff concerns
  - Reassurance

• **E-learning package**
  - Self-guided
  - Reflective practice
The *ThinkSAFE* Implementation Package

Supporting the implementation of *ThinkSAFE*

Yasmin Khan
Acknowledgements

• **Funders:** Patient Safety Collaborative

• **Advisory Group:**
  - Professor Charles Vincent, *Oxford University*
  - Professor Pauline Pearson, *Northumbria University*
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  - Lucy Topping & Claire Cuthbertson, *NHSE Patient Experience*
  - Mr Peter Walsh (CEO) & Dr Angela Brown (Trustee), *AvMA*
  - Dr Mike Casselden, *former WHO Patient Safety Champion*
  - Mr Dave Green, *Public Participant & ThinkSAFE team member*
  - Judith Hunter, *Head of Nursing and Patient Safety, CHS*
  - Annie Laverty, *Director of Patient Experience, NHCT*
## Implementation Package

**February 2015 to January 2016**

### 5 ThinkSAFE Implementation Test Sites

<table>
<thead>
<tr>
<th>Trust Name</th>
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<tr>
<td>The Newcastle Hospitals NHS Foundation Trust</td>
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<tr>
<td>Gateshead NHS Foundation Trust</td>
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<tr>
<td>City Hospitals Sunderland NHS Foundation Trust</td>
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<tr>
<td>Northumbria Healthcare NHS Foundation Trust</td>
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<tr>
<td>South Tees NHS Foundation Trust</td>
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An implementation team within each Trust

- **Local project lead**
- Trust plans for local roll out and testing
- Co-design of Implementation Package
Implementation Package

- Dedicated website
  - Free resources
- Implementation Manual
  - Step by step guide
  - Implementation readiness
  - Monitoring & evaluation
- Enhanced staff training
  - Trainer manual
  - Staff workbook
  - E-learning package

http://www.thinksafe.care
Patient Video
ThinkSAFE Logbook

Mobile App

- iOS (iPhone)
- Android
Downloads

Tips & Tools to help keep patients safe in hospitals

Implementation of the ThinkSAFE approach and resources is currently being tested in five hospitals across the Northern Region of England.

ThinkSAFE resources are freely available to download from this website.

Latest Downloads

- ThinkSAFE logbook (Full contents)
- ThinkSAFE Question Note pad
- Patient Safety at a glance leaflet
HCP Section Registration
HCP Section

Downloads

Implementation of the ThinkSAFE approach and resources is currently being tested is a number of sites across the Northern Region of England.

ThinkSAFE resources are freely available to download from this website.

**Latest Downloads**

- **Staff training powerpoint slides**
  Powerpoint presentation slides with some editable content to allow tailoring of the training session to local organisations

- **Staff training workbook**
  This workbook is to be given to staff to accompany and support the training session

- **Train the Trainers' manual for delivering Staff Training**
  Detailed training manual for those who will be delivering the staff training session

- **ThinkSAFE logbook (Full contents)**

- **ThinkSAFE Question Note pad**

- **Patient Safety at a glance leaflet**

- **ThinkSAFE Patient Safety Guidance video : DVD File image**
HCP Section
Forum
Implementation Manual

- Informed by the experience of five NHS Trusts
- Key learning
- Detailed case studies
Supporting patients and staff to improve patient safety

Implementation in practice:

Learning from five ThinkSAFE Test Sites
<table>
<thead>
<tr>
<th>Trust</th>
<th>Implementation plans</th>
<th>Monitoring/Evaluation</th>
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</table>
| Northumbria Health Care Trust | • 3 Elective Orthopaedic wards.  
• ThinkSAFE introduced at Pre assessment                                              | ThinkSAFE Staff and Patient Questionnaires.  
Range of existing local metrics                                                     |
| Newcastle Hospitals Trust   | • 8 Elective Surgery wards (Urology, ENT, HPB, Vascular and Colorectal)  
• ThinkSAFE introduced at Pre assessment                                              | ThinkSAFE Staff and Patient Questionnaires.  
Range of existing local metrics                                                     |
| Gateshead Health Trust      | • 1 Elective – Orthopaedic ward  
• ThinkSAFE introduced at Pre assessment                                              | ThinkSAFE Staff and Patient Questionnaires.  
Range of existing local metrics                                                     |
| City Hospital Sunderland    | • Elective and Emergency urology ward  
• ThinkSAFE introduced at Pre assessment                                              | ThinkSAFE Staff and Patient Questionnaires.  
Range of existing local metrics                                                     |
| South Tees Trust            | • 1 Elective cardiothoracic ward  
• ThinkSAFE introduced at Pre assessment                                              | ThinkSAFE Staff and Patient Questionnaires.  
Range of existing local metrics                                                     |
Shared Lessons Learnt

• Importance of resourced implementation: Person with capacity to do operational work & co-ordinate with clinicians

• Staff & organisational engagement is essential: Engage with all stakeholders to ensure multi-professional approach.

• Staff training requires planning & commitment: With adequate time allocated for discussion of queries & concerns

• Importance of monitoring & measurement: Identifying metrics can be tricky but essential to understanding change

• Value of shared learning: Collaborative meetings with Trusts invaluable to share ideas, discuss progress & offer peer support
Thank You!

Questions?