



Promoting patient & family involvement in improving patient safety: Pilot study

❖ Susan Hrisos. Senior Research Associate.

- ❖ Richard Thomson. Prof Epidemiology & Public Health.
- ❖ Institute of Health & Society, Newcastle University

Patient Safety is important

- More than a million people are treated successfully each day in the NHS
- Despite best efforts, hospitals are very busy & complex places and things still sometimes go wrong
 - Approximately 10% patients are unintentionally harmed by the care they receive¹
 - Around 6% of such events are avoidable²
 - It is estimated that 5.2% of all deaths in hospitals in England are preventable (equivalent to 11,859 adult patients every year)³
 - Persistent problem for all healthcare systems across the world
- Adverse events can carry significant consequences for patients, families & staff (personal & emotional), as well as substantial costs to NHS
- There is a need to continually look for ways to improve safety

¹Department of Health (DoH). *Building a safer NHS for patients: Implementing an Organisation with a Memory*, London: DoH, 2001.

²Vincent CA et al. *Adverse events in British hospitals: preliminary retrospective record review*. *BMJ* 2001;322:517–9.

³Hogan H et al. *Preventable deaths due to problems in care in English acute hospitals: a retrospective case record review study*. *BMJ Qual Saf* (2012)

What are the benefits of involving patients & families?

- **They might know things you don't ...**
 - Patients are present during every contact with healthcare staff, so may carry important contextualised information with them¹
 - They know themselves better than anyone else – unique expertise
 - They are often quite expert in self-management, especially chronic illnesses²
- **They can be an extra barrier to harm**
 - Their knowledge about themselves and their care is an asset for healthcare staff – an important source of expertise that you can use to enhance safety
 - If patients & healthcare staff work together towards this common aim then possible problems can be “nipped in the bud”
- **Research shows that involved & informed patients can experience more satisfying and safer healthcare²**
 - Informed patients make better decisions & choices
 - Involved patients are more likely to follow treatment plans

¹Schwappach, DLB. *Engaging Patients as Vigilant Partners in Safety : A Systematic Review*. Med Care Res Rev 2010 67: 119

²Longtin et al. *Patient Participation: Current Knowledge and Applicability to Patient Safety*. Mayo Clin Proc. January 2010;85(1):53-62



The “ThinkSAFE” approach

Developed in collaboration with ward staff and patients

Three components:

- 1) **Patient video:** *“A guide to patient safety for patients & their families”*
- 2) **Healthcare Logbook, that contains tools to help patients & staff share information at key time points during the inpatient stay ...**
 - **“Patient safety at a glance” card:** *a quick visual guide to how patients & relatives can help staff to keep them safe*
 - **Medications list:** *to help staff know what medicines the patient is taking*
 - **Admission & discharge checklists:** *to help patients & staff share information at these key time points*
 - **Daily care calendar:** *to help patients be better informed about what to expect & when during their stay in hospital*
 - **“Question note pad”:** *to help patients & relatives ask questions and get the information they need*
- 3) **“Talk” time:** *brief, one to one to sessions for patients (or their carers) with a member of staff, dedicated to addressing patients’ queries and updating them about their care. Patients can invite relatives to be part of these sessions too.*

Your role is crucial to patient involvement

- **Patients are willing to help, but ...**
 - Don't want "to bother busy staff" with questions or concerns
 - Worry that staff will be upset, feel insulted or challenged
 - Fear being labelled "difficult" or "demanding"; a "complainer"
 - Fear their care may be compromised/relationships with staff will change

Healthcare staff, when a patient or the relative of a patient themselves, report feeling the same way - its human nature
- **So the way staff interact with patients is crucial ...**
 - People are "not quite themselves" when a patient and can feel extremely vulnerable & more sensitive than usual
 - Patients who witness or experience a negative response from staff after asking a question or raising a concern are reluctant to do so again
 - Patients are reluctant to ask questions of staff who appear unreceptive (e.g. "dismissive", "grumpy", "unfriendly")

How you can foster patient involvement

Evidence suggests that patients are more likely to take a role in improving patient safety if healthcare staff tell them what they can or should do to help, i.e. if staff “permit” their involvement

During the **ThinkSAFE** pilot study we would like you to actively encourage patient & family involvement by:

- **Saying to patients ...**
 - *“It is OK to ask me ...” “I want you to ask me ...” - questions about your care; what I am doing to you & why; if I have washed my hands”*
 - *“It is OK to tell me...” “I want you to tell me ...” - when something doesn’t seem quite right; if you think there has been a mistake”*
- **Engaging patients in their care by ...**
 - *Talking them through what you are doing and why*
 - *Exploring what they understand about their illness, treatment and care*
 - *Providing “opportunistic education” when understanding appears lacking*
 - *Involving them in decisions made about their treatment and care*
- **Using the Logbook contents & “Talk Time” sessions - to sit down with patients to discuss their care and share important information**
 - *E.g. at admission (using the checklist & medication list), during the patient stay (using the Q note pad, helping patients update the information sections of their logbooks) and prior to discharge (using the checklist & medication list)*