

# Evaluating *ThinkSAFE*: a multi-faceted, collaborative approach to involving patients in improving their own patient safety

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**Background:** *ThinkSAFE* is an evidence-based, user and theory-informed intervention that promotes a collaborative approach to involving patients and their relatives in improving their safety (Fig 1). The approach addresses environmental constraints, gaps in both patient and professional knowledge, and their respective beliefs about patient involvement. Core components include a theory-based video demonstrating patient safety behaviours, a patient-held logbook incorporating advice for enhancing patient safety and a range of tools to promote information sharing (e.g. medication checklists, a care diary and a question note-pad). Our development work clearly demonstrated that patient and family involvement needs to be actively fostered by staff and that staff require active support to enable them to do this. *ThinkSAFE* therefore includes a staff intervention component in the form of a brief educational session and “talk time” sessions to facilitate patient-professional interactions at key time points along the in-patient pathway (Fig 1).

**Study aim:** Pre-testing and evaluation of the *ThinkSAFE* approach as recommended by the MRC Framework for the development and evaluation of complex interventions.

## Theory-based video: “A Patient Safety Guide for patients & families”

### Patient-held: “Healthcare Logbook”

Contains four sections:

- “Information about you”
- “What you can do to enhance your safety”
- “Information & notes about your care”
- “Useful information & contacts”

Includes an integral question note-pad

- Incorporates behaviour change techniques
- Demonstrates a series of suggested patient safety behaviours
- Targets key patient-held & staff-held beliefs identified as barriers to patient involvement



### A dedicated, “talk-time” session

To facilitate patient-healthcare provider interaction and dialogue at key points:

- At admission
- In-patient stay
- At discharge:



### Parallel Staff Brief Intervention

- Evidence & theory-based educational session

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 ...”

**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 going to do for you & why, if there are any issues
  - “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
  - Explaining what they understand about their illness, treatment and care
  - Providing “opportunities for 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 during the check-in & 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

Fig 1: *ThinkSAFE* components



**Methods:** Controlled, pre-post, exploratory trial, examining feasibility and the potential impact of *ThinkSAFE* on targeted behavioural factors and on improving medication safety. Eight intervention and four control wards took part (acute & elective admissions; surgical & medical specialties). Within a mixed-methods design, theory-based questionnaires measured staff and patient motivation, attitudes, self-efficacy and self-reported behaviour, and a standardised audit tool measured errors in medication reconciliation at admission and discharge. Semi-structured interviews (intervention wards only) explored patient and healthcare professionals’ experience.

**Findings:** Motivation of patients and staff to engage in patient safety behaviours was high. There was no observed impact of *ThinkSAFE* on targeted cognitions for either group, but patients who reported being more involved in their care were also more confident and willing to directly engage with staff about their safety. Regression analyses confirmed that patients’ fear of reprisal is a significant barrier to them ‘speaking up’, lending quantitative support for the core aim and focus of the *ThinkSAFE* approach. Post-intervention interviews indicated feasibility but the need for adaptability to different settings and preferences; patients reported feeling ‘empowered’; and both patients and staff reported more reciprocal engagement in care during interactions. Prescriptions issued on intervention wards at admission were significantly less likely to require pharmacist intervention (a reduction in error rate from 62% to 52%,  $p=0.033$ ), and where intervention was required, were more likely to contain only one error per patient (73% vs 58%,  $p=0.024$ ).

**Key messages:** *ThinkSAFE* is an acceptable, feasible approach that is adaptable to context and user preference. Our findings tentatively suggest a potential to both influence how patients and staff interact, and to improve patient safety. However, patient use of the Logbook and uptake of the promoted patient safety behaviours was dependent on *visible* staff engagement, with 89% patients agreeing (70% strongly) that **staff need to SAY** “its OK to ask ...” / “I want you to ask ...” None of the participating wards were able to consistently implement ‘talk-time’, though individual staff tried to provide opportunities for patient questions during routine care provision. Lack of time and workload burden were commonly cited barriers for not engaging with patients. If staff are to foster patient engagement in their care and safety they themselves require active support and time to enable them to do this.