

Improving patient safety through the involvement of patients: development and evaluation of novel interventions to engage patients in preventing patient safety incidents and protecting them against unintended harm

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Plain English summary

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Plain English summary

NHS hospitals need to get better at learning from patients' experiences if the numbers of safety incidents are to be reduced. The aim of this research programme was to design and test new ways to support hospitals to do this. These were:

1. A questionnaire to capture patients' views on how safe they feel while on a hospital ward. The questions included were chosen to address the issues within a ward environment that are known from previous research to contribute to patient safety incidents.
2. A reporting form to allow patients to feed back any specific incidents of concern that they have regarding the safety of their care.
3. The combination of this questionnaire and reporting form into a single tool called Patient Reporting and Action for a Safe Environment that can be administered by a third party at the bedside and then fed back to hospital staff in a format designed to help them to make improvements.
4. A ward-based package called ThinkSAFE designed to promote patient safety among staff and patients. This included a video, patient logbook, staff education session and a Talk Time initiative.
5. An education resource for trainee doctors that uses patients' stories about unsafe care to enhance trainees' understanding and commitment to patient safety.

We tested these tools and methods using a randomised controlled trial, a standard approach used in clinical trials of new drugs and treatments. We found that patients and staff were highly supportive of the aim and development of these tools. Patients were willing and enthusiastic about providing useful feedback about their experience in hospital. This feedback provided a new insight into the safety of wards. Patients and their carers were able to design ThinkSAFE and also teach junior doctors about the personal consequences of harm. However, when we used the rigour of a randomised controlled trial to find out if these tools improved safety we were unable to show any effect. This may be because of the difficulty of measuring safety in hospitals.

The research team have made these tools freely available to all NHS organisations and are working to spread their uptake across the UK.

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