

Safety Briefings within a multi-disciplinary Acute Crisis Service



Introduction

Safety Briefings are a simple, easy-to-use tool that have been used in the world of aviation and other industries for decades. They allow front-line staff to share information about potential safety issues and concerns on a daily basis. More recently they have been introduced into healthcare and have been operational within general hospital wards for sometime. It was decided to introduce them into mental health both locally and regionally in Northern Ireland an initiative advocated through the Mental Health collaborative. Grangewood is an Acute Crisis Service with three parts: the Acute Inpatient unit, Acute Day Hospital and Home Treatment Team. The service provides intensive, time limited care and treatment for people aged 18 to 65 years who are in crisis. The Quality Improvement framework Microsystems would be the tool for driving this action.

Objective

By January 2017 a multi-disciplinary team Safety Briefing will occur on 95% of the days per month within the Acute Crisis Service. Safety Briefings have been implemented to increase safety awareness among front-line staff and foster a culture of safety to ensure both patient and staff safety. The first objective was to introduce daily Safety Briefings to each part of the service.

Method

Prior to April 2016 there were no formal Safety Briefings occurring in any part of the Acute Crisis service. Using the Plan Do Study Act cycle as our method Safety Briefings were introduced to each area of the Acute Crisis Service. It was agreed that one would occur in each area once daily in the morning. A tool was developed to include patient, staff, environment/equipment, infection control and mobility/risk of falls as issues to be covered in the Safety Briefings. For each issue documented a corresponding action could be identified and those responsible for this action also documented. The initial plan was to review on a weekly basis whether or not Safety briefings were occurring.

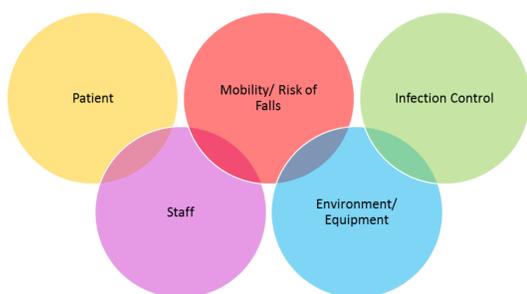


Figure 1. Safety Issues to be addressed through Safety Briefings

Results

After the initial implementation of the Safety Briefings the baseline was measured which showed a different level of success throughout each area. Following a review at the end of May it was decided that Band 6 nurses would lead the briefs and in the middle of June daily Safety Briefings were occurring between 85-100% of the time across the 3 areas of the service. Unfortunately, this improvement was not sustained and the uptake fell below 85% in some of the areas.



Chart 1. Number of Safety Briefings

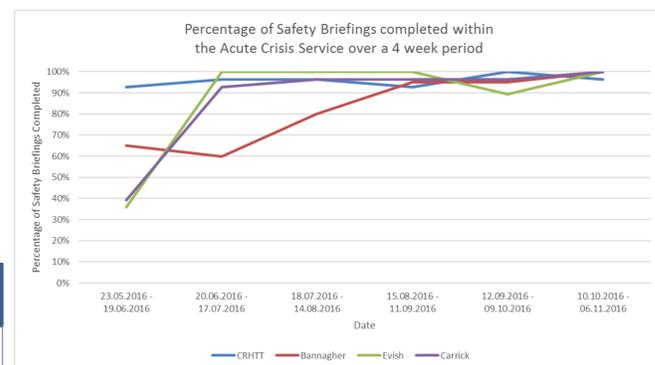


Chart 2. Percentage of Safety Briefings being completed

Results

In July 2016 the Safety Briefings project was brought into microsystems a quality improvement forum within the Acute Crisis Service for discussion. A subcommittee was created to review progress to date and develop a strategy to ensure our objective would be achieved. The subcommittee decided upon further measurements that would be carried out. These included: that a daily Safety Briefing occurred, start and finish times, the duration of each Safety Briefing and the disciplines of the staff attending each Safety Briefing. It was decided that all staff unable to attend the daily Safety Briefings would be responsible on entering those areas to make themselves familiar with the Safety Briefings particular to that area. For this reason the Safety Briefing was to be displayed on the noticeboard in each area and a red boarder was placed around it to make it more visible. A new tool to capture this information was introduced the week beginning 26.09.2016. Currently all four areas are not fully compliant with start time or duration. Also the full compliment of staff that are attending the Safety Briefings are not being captured due to poor documentation.

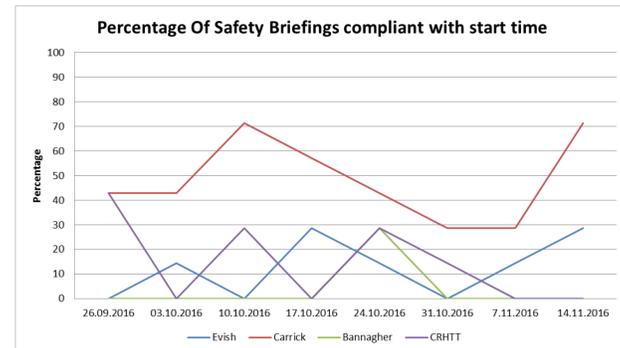


Chart 3. Compliant with start time

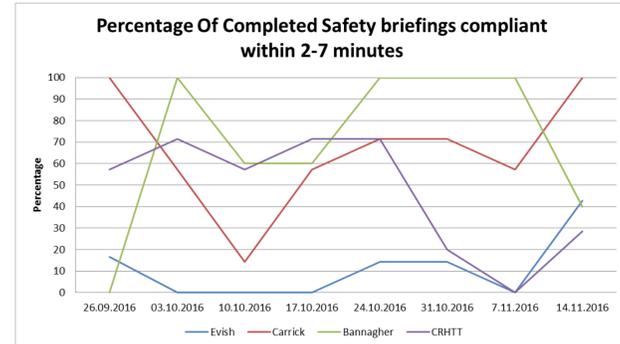


Chart 4. Compliant with duration

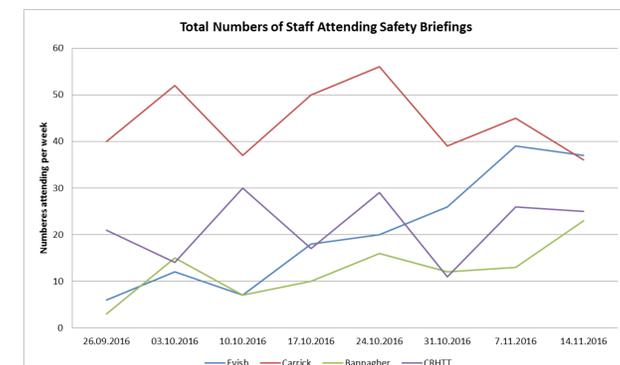


Chart 5. Number of staff attending safety briefing

Conclusion

Establishing Safety Briefings within different areas of an Acute Crisis Service has been challenging. Using quality improvement methodology has been helpful in making and sustaining change. A tool for Safety Briefings is now operational in all clinical areas and easily accessible to staff at a glance. At present the target [a multi-disciplinary team Safety Briefing will occur on 95% of the days per month within the Acute Crisis Service] is being achieved. A prompt has been placed on the front of the folder in each area to remind individuals to complete all areas of the form. The compliance with start time and duration was discussed at the microsystems meeting on 23.11.2016. It was felt that as well as it being poorly documented, the start time was not complaint because staff require some flexibility due to handover taking longer on occasion. It was decided that the Safety Briefings in Carrick, Carrig and Carrick should be completed between 08.30 – 09.00 each morning. In Carrick it will be completed between 09.15 – 09.30. A further audit of the safety briefings will be occur in 4 weeks. Longer term measures that will be looked at are the impact of Safety Briefings on the pattern of incidents, the use of PICU beds and staff morale. A separate piece of work is ongoing with the junior medical staff to ensure their participation in the Safety Briefings.

Contact

Dr Maggie Kelly ST5, Dr Aisling Sheridan Specialty Doctor, Dr Rebecca Hutchinson CT1
Western Health and Social Care Trust
Email: aisling.sheridan@westerntrust.hscni.net;
mkelly54@qub.ac.uk; rhutchinson06@qub.ac.uk
Website: <http://www.westerntrust.hscni.net/>
Phone: 028 71860261