

Daily Safety Huddles as a Medicine Safety Change Intervention: The Health Innovation Network's work with four care homes with expertise across adult nursing, Dementia and learning disabilities

“The Huddles are excellent and something we would like to introduce into the daily schedule
Care Home Manager”

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Overview

In 2019, NHS England and Improvement established the National Patient Safety Improvement Programmes and commissioned Patient Safety Collaboratives to deliver safety and quality improvements (QI) across the NHS in England.

One of the five programmes is the Medicines Safety Improvement Programme which addresses the most important causes of severe harm associated with medicines most of which has been known about for years but continue to challenge the health and care systems in England.

Method

The huddle requires staff to meet for approximately 5-15 minutes discussing new residents, discharges from hospital, medication changes, soft signs of deterioration, NEWS2 scores, concerns and end of life care planning. The test huddles were designed to be led by staff over a period of 14 days using the toolkit (documentations) provided to capture data and findings.

The Health Innovation Network (HIN) provided a toolkit to capture data and baseline findings. This included the Safety Attitude Questionnaire (SAQ), designed to be completed anonymously by staff as a gauge of the safety culture within the care home. The effectiveness of the daily safety huddles was measured both quantitatively and qualitatively.

Conclusion

Daily Safety Huddles focused on medicines may be more suitable for adult care homes with a higher number of beds and whose residents are likely to be more dependent on being given medications. Smaller care homes with younger residents with mild learning disabilities rarely had hospital admissions or change of medication. This means less potential for medicine safety errors.

Daily Safety Huddles seemed to be more sustainable when incorporated into existing daily meetings. All four care homes said it was impractical to have a separate huddle for medicines, but they can incorporate relevant aspects into already existing meetings.

All care homes have access to documentations and tools used during the test period and are encouraged to continue to incorporate them into their daily work.

Aim

The aim of the programme is to **reduce medicine administration errors in care homes by 50% by March 2024**, through medicines optimisation and quality improvement.

The aim of the daily safety huddles as a change intervention, is to foster safety culture through a daily medicines' safety huddle in the care home. The huddle aims at integrating medicine safety into the daily routine of the care home so that there is increased awareness of medicine safety issues which could positively impact the quality of care for residents.

Results

Structure of huddle - Discussion prompts were invaluable particularly in guiding conversations

Culture surveys (SAQs) - The results were helpful in providing an approximate culture of the care home

Adaptable support - It was invaluable to have both face to face and virtual support during the Covid-19 pandemic

QI tools - Care homes found the Plan, Do, Study, Act (PDSA) and medicine safety cross very useful to identify, understand and solve medical related issues

Distributed leadership - Rotating the leadership provided an opportunity for staff to lead the discussions and capture relevant information

Medicine Safety Change Interventions in 8 South London Care Homes (March 2022)

