

Making our hospitals safer: journeys on the
Safer Patients Initiative



About the Safer Patients Initiative

The Safer Patients Initiative (SPI) was set up to test ways of improving safety on an organisation-wide basis. Phases one and two worked with 24 hospitals across the UK between 2004–08 in partnership with the US-based Institute for Healthcare Improvement. The hospitals involved have demonstrated to their patients that they recognise that safety is high on their agendas and are taking real steps to improve it.

SPI involves staff focusing initially on four clinical areas of work, underpinned by work involving leadership. The clinical areas are intensive care, general ward care, surgical care (also known as perioperative care) and medicines management. In each of these areas staff put in place a number of evidence-based care practices which are known to improve the safety of patients.

In SPI the key to making these improved practices work involves an innovative approach to improving patient safety built around small tests of change. These are spread more widely only after improvements have been shown and steps are well established. The interventions are adapted to each team's circumstances and requirements.

The Safer Patients Initiative provided the participating hospitals with the knowledge and expertise to change practice, measure the effects and embed patient safety improvements. The hospitals have demonstrated that a large number of changes can be successfully tested across clinical areas at the same time. They have shown that improvements can be sustained and spread across a hospital and its board. They have provided inspirational examples of organisational culture changing to prioritise safety.

The SPI hospitals worked in pairs, learning from each other's successes and mistakes. One impressive couplet is Torbay Hospital in Torquay and Musgrove Park Hospital in Taunton. Here a clinician and a manager from each share with us their personal journeys through SPI. They recount powerful anecdotes of the steps they've taken, and are continuing to take, towards making their hospitals safer places. Their inspiring stories show how, through SPI, their hospitals have improved teamwork and changed their cultures to prioritise patient safety.

Justin Phillips



Justin Phillips is a consultant anaesthetist at Musgrove Park Hospital, where he's worked as a consultant for nearly 10 years. He is a generalist who leads perioperative assessment and covers a lot of vascular anaesthesia, general duties and on-call anaesthesia. Justin is the clinical lead for the Safer Patients Initiative in the perioperative care group.

The Safer Patients Initiative is about refocusing on the patient. The NHS is so battered by change and reorganisation that a challenge with some of the SPI changes is that they could be seen as just another thing. So it's important to get across that it's not a management imposition or about increasing throughput and reaching targets. It's about safety, quality and focusing on the patient.

One of the first things I did when I brought SPI back to the perioperative group was to involve the department at audit meetings and talk to surgeons. There's been some resistance but overall we've had a very receptive audience within the hospital and people are seeing it as a good thing.

The hard bits have been sometimes time, and engaging the right people. You come back from the first meeting with the enormity of the task and think 'crikey, all these people, I've got to get this going'. Rather than trying to push it from the top, it's important to get the right people involved.

One of the biggest differences between the Safer Patients Initiative and other programmes is the data collection – the feedback of data, the having to report back and the facility for doing this. To me, one of the major successes of SPI is the fact that we've had data support. If you leave it up to clinicians to collect the data, it will flounder. I think advice for future SPI projects is that for it to succeed you need a very straightforward way of collecting the data, and that needs to be disseminated at the beginning of the project. The one thing you can't get around is that it costs.

Another success factor for SPI is the executive buy-in: having non-medical people within an organisation who are quite senior expecting it to happen, so you're not pushing against a closed door. If you're having problems or issues with a particular area or an individual, they can help things happen, and they'll drive the whole process.

The Safer Patients Initiative has given us the ability to do things reliably; I think we've achieved a lot in terms of reliable processes and seen a whole system change to a safer environment. We've taken the SPI measures very seriously in the perioperative team and it's prompted the perioperative medicine to be sorted out – it's brought it all to the surface.

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The main changes are that we've introduced a safety culture with the safety briefings and the team work that's inherent with that. We've reliably introduced giving antibiotics on time. On the back of it, we've also produced a trust-wide guideline for antibiotic administration. We've raised the awareness and made temperature regulation more reliable, and made glycaemic control in diabetics more reliable. I hope patients feel more cared for too.

We've made most of our changes in all theatres. Competition is always key – being benchmarked against other theatres in the hospital. When we said to somewhere 'you're not doing very well compared with somewhere else', they say 'well that's not good enough, we'll do something about that', and they've been fantastic. Post-SPI we'd like to see data broken down by theatre and feed this back on a bi-monthly period. That's empowering theatre teams and saying it's your theatre, you control what's going on here.

We've found the concept of having a safety briefing, where everybody gets together at the beginning of an operating list, very important. We check any outstanding issues upfront and then we have an informal timeout for each patient when they're asleep. One of the things we've found is that we need different systems for different theatres because circumstances change.

There's definitely more of a team environment and atmosphere now. I think the non-medical staff feel as though they're more on board and part of the team. In the perioperative group they're doing more frontline care which traditionally would have been very medical. It's also enabled them to understand the importance of some things we do. I think it's raised morale as staff feel more part of the team and proud of the things that have happened. One of the things we've found difficult is how to reward people for being involved – we're working at how to do that.

'Staff feel more part of the team and proud of the things that have happened'





‘One of the challenges you face is trying to make sure the organisation knows that SPI has contributed to such a huge amount’

I think the Safer Patients Initiative has probably changed the way I look at safety. It's gelled a lot of things because I was quite involved with incident reporting before, and it's given a way of reducing hierarchy, especially in theatres, and opening that as a way of improving safety.

I think the methodology of how it was put into our organisation was very significant – learning a technique which was fairly different to anything we'd used before. Creating teams and reliable processes are important factors you can take anywhere. One of the challenges you face is trying to make sure the organisation knows that SPI has contributed to such a huge amount.

Liz Childs



Liz Childs is Director of Nursing and Quality and Deputy Chief Executive of Torbay Hospital. Before getting involved in the management and business side of healthcare delivery she worked in paediatric nursing in London, Sydney and Taunton. Liz is hugely involved with safety at Torbay: she is responsible for the professional standards of nursing as well as infection control and prevention.

The work we've done around the Safer Patients Initiative has been fantastic and we've seen some excellent results. It has surprised us that the whole organisation has embraced the programme – there's a real feeling of engagement. I had ward managers asking when could they be part of it; that's amazing for people to be asking when can they be part of this exciting change they've heard about.

In terms of tangible changes made through SPI, I think the big thing is the culture. That's one of the most difficult things to change but I think safety is definitely seen as a priority across the organisation now from board to ward. At each board meeting we start by listening to a patient's story; this may have positive endorsements or some criticisms or issues about the care the patient's received. This sets the tone for every decision we make around the board table, with the end result being to improve care.

Then when you go back down to the grassroots part of the organisation, the biggest difference we've seen through the programme has been the whole methodology of how we implement change. We no longer say we need to do this differently so we'll try it here and then we'll spread it across the whole organisation. With SPI you take something and try it in a small way and you test it, test it, change it, test it, change it, test it. You keep looking at the results until you see over 85 per cent compliance with the process, then you can start to spread and adapt it elsewhere.

And you're constantly feeding back to the staff at ward and department level where they've improved and what's worked well and what hasn't worked well; the cycle is testing, measuring, feeding back.

'Culture is one of the most difficult things to change but I think safety is definitely seen as a priority across the organisation now'

It's so important to have senior leaders involved because we're trying to improve safety at the bedside and at the front end. But at the same time we're also changing the culture of the organisation so that safety is the top priority and always at the forefront of our minds in everything we do. So if we're making a decision about the environment, our workforce or where we put the finances, we're conscious of the issues around safety. If you're providing the safest care you can deliver, you're removing duplication, error and waste out of the system and being efficient in financial terms as well.

'We looked at where they had got to and celebrated their successes, looked at where they were struggling'

The whole of the executive team took the time to do leadership walkrounds. It was important particularly for people who aren't normally associated with clinical work like our directors of finance and human resources and the chief executive to spend time with the staff who deliver care. They are saying to them you know the process, you know the system; tell me what worries you about safety. People knew that we were taking it seriously because we gave them our time.

Part of getting this really embedded at the grassroots level was engaging ourselves. I held meetings with ward managers every fortnight. We looked at where they had got to and celebrated their successes, looked at where they were struggling, how we could help them and learn from other ward areas. I think showing the nurses that you're committed because you're giving your time to seeing this through was really encouraging and powerful.



We liked the idea of the couplet because we have been quite poor in the NHS about sharing success, mistakes and failures. This opportunity of saying you work together and you're only as strong as the weakest partner is a real driver to share and work together in very different ways than we have done in the past.

We're going to continue the programme; we've given a commitment to that. We've written our safety strategy which takes us to 2011, building on the work we started off with the Institute for Healthcare Improvement and the Health Foundation. There are enormous benefits to continue working in the couplet beyond this initial two years – it gives you external assurance and peer review.

SPI has affected my job in the sense that it's taken me right back to the coalface. I've been listening to and engaging with the people who deliver care day in and day out. There's nothing more inspiring than hearing from the people who for the past 10 or 15 years have delivered care compassionately, giving 110 per cent – it's refreshing to engage regularly with frontline staff and hear their successes and concerns. We try and make the right thing to do the easiest thing to do, and provide information that allows them to see that they have made a difference to patient safety.

I think the Safer Patients Initiative is groundbreaking in that the methodology used ensures the changes are sustainable and become embedded in the way people work. This is important, to reassure ourselves that the changes will continue to be delivered, even though we move onto new challenges.

'The methodology used ensures the changes are sustainable and become embedded in the way people work'

Chris Uridge



Chris Uridge is a physician in elderly care and general medicine at Torbay Hospital. He's worked in Torquay for six years and before that at St George's Hospital in London. He's clinical lead for the Safer Patients Initiative on the general ward, which involves acting as a conduit for the changes and making sure that clinicians are not threatened by them.

We're surprised and really pleased that the Safer Patients Initiative has been such a successful programme for us – it's really enthused everyone who's been working with it, and the results speak for themselves. One of the real differences about SPI and the key to its success is the constant attention to detail and rapid feedback, so people see their results that day or certainly within a few days. That reinforces change and builds up a feeling of success and improves morale and enthusiasm with it.

SPI is a sort of evolution. When you've developed the package to work on your ward, you don't just give that to another ward and say 'this is what you've got to do'. You tell them to start at the beginning and work through the package and adapt it to their requirements. It makes a big difference to engage everybody on the ward so they experience success rather than just being told to get on and do it.

We chose naked from the elbow down for our first SPI project because it was easy and doable, and within a week we had very high result success rates, almost 100 per cent; we were surprised at how successful it was. There may be people who refuse to do it but time erodes the resistance. Hand washing was much more challenging because people just feel they don't have the time to do it.

The thing you fear most of all is being drawn into something that's going to really take up a lot of time. And although SPI takes up a certain amount of time, a lot of people are working on it, and you are only doing an element of it – in my case encouraging others.

'SPI is a sort of evolution'



‘The Safer Patients Initiative has been enormously useful as a team-building exercise’

SPI has helped us to identify and respond to deteriorating patients using a process that’s far more robust than it was before. For me, this early warning system has been the most exciting improvement, and it’s led to a lot of the doctors becoming really engaged. Before, they may not have understood why someone got the score that they did, but now they know they do have to act. It’s beefed up our outreach response to these patients as well.

We find safety briefings very useful in the morning because they formalise passing on an overview of what’s happening on the ward and improve morale and team work.

The Safer Patients Initiative has been enormously useful as a team-building exercise. Patient safety has always been a priority at Torbay, but the programme has really helped us to develop key team-working between management and clinicians and nursing staff and across lots of areas in the hospital because it’s so far-reaching.

I would say it’s really brought other staff such as domestic staff in and they’ve loved doing it; they’re key members on the ward who didn’t necessarily get fair recognition of their commitment before. It’s drawn the night staff into the process as well as agency staff who are saying that the safety briefings particularly have really engaged them and made them feel part of the ward.

I think it’s very successful because it is very team-based; we’ve had a very team-based success here. A few enthusiastic individuals accelerated it and initiated the success, but at the same time, because it’s built into the programme to become an independent process, and you’ve got to make it become so, the team work’s really added value because other people have taken it on. So initiating it, rolling it out and making it independent and successful are the three different stages, and it’s surprising they’ve all worked.

Working as a couplet was hard to do to begin with, but at management level particularly, it’s worked very well. I think at ward level it’s been more difficult because we used different models. The Torbay site used a pilot ward to trial change and Musgrove Park used a broader strategy but they both work.



There's a natural resistance towards any change and any model for change. But I think SPI's just been such a superb model of how to go about changing a process, so much so that we will continue using it as our model for development. It's had knock-on effects in other areas too, for example we've already used it to improve how we re-organise our drug charts and to reduce falls.

Anyone can tick a box and say you've done a new system but the question is, is it accurate and does it trigger something, the right response? A big thing about SPI is that you can't pay lip service or take at face value whether a process is effective. Yet the SPI measures have all been such simple processes.

I suppose SPI has changed the way I look at safety because there were large measures of failure before and there are certain things you feel you're ranting on about but not getting a lot of positive feedback, whereas this has actually produced an enormous body of effective change. So it's been very positive. Getting everyone to do hand washing and getting people to change their behaviour has been very satisfying, particularly when it's met with such resistance before.

'There's a natural resistance towards any change and any model for change. But I think SPI's just been such a superb model of how to go about changing a process'

Greg Dix



Greg Dix is the interim Deputy Director of Professional Practice and Clinical Care at Musgrove Park Hospital. He has worked primarily in trauma and orthopaedic nursing and at a senior level as a trauma unit ward manager and now as a deputy nurse director. Greg maintains his clinical workload by working as a staff nurse two days a month. He became involved in SPI as the lead for the general ward's workstream.

Patient safety was high on the agenda at Musgrove Park before the Safer Patients Initiative began, but it's validated the fact that safety should be everybody's top priority. It's taken us to another level and the culture of the hospital has definitely changed. It takes a long time to change culture and it's really helped to have the executive team so on board with the programme. The integration of safety and quality as a trust business objective provided the platform to focus on improving the safety of our patients, knowing we would get support from the leadership team if we needed it.

'The Safer Patients Initiative has validated the fact that safety should be everybody's top priority'

The 15 of us who attended the first SPI learning set were hugely inspired and motivated but returned with a sense of 'how on earth are we actually going to achieve these aims?' One of the most challenging aspects when having embraced the project was how to sell it to our colleagues. It took some time to get them on board and on reflection maybe we should have planned our communications strategy differently from the outset.

The first test of change using the SPI change management methodology went really well on our pilot ward. This involves rapid testing cycles on a small scale, such as with one patient, one nurse, one ward, one shift and if it doesn't work then go back and revisit why, until you have a reliable process. This method was used for all of our tests of change, and once we had the process reliable, then we spread to other wards.



To engage staff we spent a lot of time out in the organisation, attending ward, department and consultant meetings and had regular releases in our internal press stating that this new initiative is going to make our patients safer, and nobody can argue with that.

I can't say that we've converted everybody yet, but some good advice from the Institute for Healthcare Improvement was to focus all of your attention on your safety champions and then eventually the dissenters will come on the journey with you. In hindsight, if we were to repeat this project we would probably start with champions in each division rather than just the division in which the pilot ward sat. This would have made the spread plan a lot smoother.

The project hasn't been all plain sailing, but the efforts of all the hard work do pay off when the results are published in a run chart format demonstrating improvements month on month. We now have an SPI performance board at the entrance of every ward. These display results of hand washing, cleaning and SPI run charts, making patient feedback visible to patients, staff and the public.

By the end of the two-year programme we had reduced MRSA infections by 67 per cent, which is absolutely phenomenal. That was down to work such as a huge drive on hand-washing and the mechanisms we've introduced for recording cannula care. C.diff infections have also gone down by approximately 60 per cent; it's been really encouraging. We've also seen a significant decrease in our crash call rates and an increase in our calls to the outreach team, so we're identifying critically ill patients in a timely manner. We've enhanced our outreach team from Monday to Friday 9-5 pm to twelve hours a day, seven days a week, so that's been a big win.

When the vision of working in a couplet was introduced we wondered how it could work but actually it's been excellent; it helped to keep our focus throughout the project as we didn't want to let our colleagues in Torbay down. It was good that we started on different tests of change as we learned from each other's mistakes.

'When the vision of working in a couplet was introduced we wondered how it could work but actually it's been excellent'



‘It’s really made it groundbreaking for me to be able to see the results at the end of the project and know that we’ve actually made our hospital a safer place for our patients’

Halfway through the project there was almost a bit of a dip, and we needed to re-energise; so a conference was organised between Torbay and ourselves to showcase to the rest of the south west region the work undertaken and it was a great success. Following the conference and the second learning set we felt empowered and motivated again, which was great.

The introduction of daily ward safety briefings has really helped staff focus on the patients who are most at risk on the ward during that day. I have a lot more assurance now that patients are safer within our organisation because patients who are potentially at risk are highlighted to the whole team during every shift. Plus the leadership walkrounds have really engaged the staff in the project.

It’s really made it groundbreaking for me to be able to see the results at the end of the project and know that we’ve actually made our hospital a safer place for our patients. The drive and the motivation from the Institute for Healthcare Improvement, the Health Foundation and the trust has been fantastic because everybody wants to get to the same end point which is to make the patients safer.

The Health Foundation is a charitable foundation working to improve the quality of healthcare across the UK and beyond. In partnership with others, we are helping to shape a future healthcare system that offers safe, effective and responsive care for all.

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