Improving the provision and quality of safety netting instructions for patients seen in same-day emergency care (SDEC)

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Introduction

Patients need know what to do should they deteriorate at home following assessment in same-day emergency care (SDEC). The Society for Acute Medicine / Royal College of Physicians of Edinburgh quality standards for SDEC specify that safety netting instructions should be both clear and written down for the patient. Furthermore, ensuring that this safety net is patient centric optimises effectiveness, and aligns with a key ethos of the NHS. Our objective was to improve the provision of written safety netting instructions to at least 85% of patients in any given 7-day period, in the John Radcliffe SDEC unit, named locally the ambulatory assessment unit (AAU).

Methods

Safety netting instructions were defined as 'instructions for what a patient should do if they were to deteriorate at home, and whom they should contact should they have any concerns'. Inclusion of written safety netting instructions in the discharge summary was recorded. All data were collected over a 7-day period, and mean average results were inputted into a run chart. Baseline data were collected in September 2021, and repeated on a monthly basis until December 2021. Two patient and public surveys, and a staff survey, were carried out.

Results

The baseline data showed that 33% of AAU discharge summaries included written safety netting instructions (Fig 1). This improved to 60% in October 2021 following introduction of a dedicated safety netting section in the proforma. In December 2021, following further reminders and education of staff, this reached 85%. In addition, a patient and public survey was carried out on 4 November 2021 with 18 patient and 18 public respondents, finding a preference for written instructions and for advice specific to their condition rather than generic. A further survey carried out on 23 December 2021 had eight respondents and found that all had received, and were confident with, the safety netting

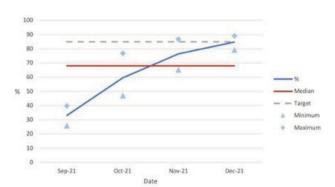


Fig 1. Mean percentage of ambulatory assessment unit discharge summaries over a 7-day period that included written safety netting instructions (target = 85%).

advice provided. In the staff survey, the main barrier identified in delivering safety netting instructions was time pressure.

Discussion

A simple intervention of including a prompt in the discharge summary pro forma significantly improved the provision of safety netting instructions. This would be feasible to replicate in similar units, and the convenience of the prompt in the proforma may allay the time pressures in a busy clinical setting. Furthermore, written and tailored instructions were preferred by surveyed patients.

References

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