In the name of safety: Identifying and letting go of low-value safety practices

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**Background:**
- Tendency to add more initiatives, protocols, processes aiming to improve safety
- Up to 30% of all healthcare spending is wasted
- Drive to shift resources to higher value care
- Previous focus on de-implementation of clinical practices and health technologies
- Need to consider non-clinical practices for de-implementation
- No common terminology or guidance for systematic approach to de-implementation
- Stopping accepted practice is unfamiliar & difficult
- “Mindful forgetting” is required but little understood

**Method:** Crowdsourcing via social media using an online survey: It’s a waste of time doing ‘x’ because it doesn’t make care safer. Please tell us what ‘x’ is below. You can list more than one answer.

**Survey results**

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Total responses</td>
<td>287</td>
</tr>
<tr>
<td>Total ideas within responses</td>
<td>318</td>
</tr>
<tr>
<td>Excluded responses (clinical idea or no response)</td>
<td>22</td>
</tr>
<tr>
<td>Eligible ideas</td>
<td></td>
</tr>
<tr>
<td>By theme:</td>
<td></td>
</tr>
<tr>
<td>1. Care environment</td>
<td>10</td>
</tr>
<tr>
<td>2. Communication &amp; co-ordination</td>
<td>45</td>
</tr>
<tr>
<td>3. Duplication (including double checking)</td>
<td>60 (24)</td>
</tr>
<tr>
<td>4. Policy (including incident investigation)</td>
<td>122 (21)</td>
</tr>
<tr>
<td>5. Training</td>
<td>16</td>
</tr>
<tr>
<td>6. Paperwork &amp; over-documentation</td>
<td>43</td>
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</tbody>
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**Example responses:**
- “Double-checking all medications”
- “Papework nobody reads”
- “Duplicating documentation/patient information”
- “Datexes – not acted upon/no feedback for staff”
- “Investigating all incidents/same type rather than action to improve”
- “Blanket policies-irrelevant for service user group”
- “Falls alerts/falls bundle for all over 65s”
- “Too many unnecessary meetings”
- “Routinely dispensing into MDS/drug dosettes”

**Next steps:**

**Phase 1:** Complete data collection & analysis

**Phase 2:** Determine target practices for removal based on: survey responses, evidence review, health economic evaluation, contextual drivers and readiness for change.

**References:**