

Hospital at Home

Standard Operating Procedure

Safety Brief

- Morning safety brief occurs at 8.30am within each hospital at home hub and includes all staff.
- The daily co-ordinator should lead the safety brief and communicate with co-ordinator from other hubs.
- Identify current active caseload of patients including any new referrals to the team
- All new referrals to the team are identified and allocated to most appropriate member of staff for review
- Caseload is reviewed to identify any complex patients and ensure plans in place. These patients should be documented within the safety brief and the reasons they are complex.
- Caseload reviewed for any patients attending for investigations and highlighted for review of results.
- Patients should be identified who are shared care with community nursing/ rehab services and ensure MIDAS updated for each patient.
- Highlight any patients at risk of falls or pressure areas and ensure plans in place for each individual patient.
- Identify any staffing shortfalls due to sickness. If reduced staffing numbers liaise with other hubs re support available.
- Identify patients who require therapy input or CPN review.
- Identify caseload for APR staff
- Following caseload discussion with the team identify the safety capacity for new referrals to the team for that day.
- The theme of the month is discussed and any actions required put in place.
- Safety brief documentation is shared across the teams and relevant senior management within each acute hospital for inclusion within acute hospital safety briefs.

- **Safety brief documentation should be reviewed again at 1pm and discussion with 3 hubs co-ordinators to ensure adequate support remains in place for staff and patient safety.**