

Reducing Restrictive Practice QI Collaborative

Kestrel Ward - Female Forensic Enhanced Low Secure Unit

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Change idea:

To allocate an evening activity worker (using existing staff numbers) to increase the availability of activities between the hours of 17.00 - 20.00.

Predictions

Increasing activities between 17.00 – 20.00 hours should:

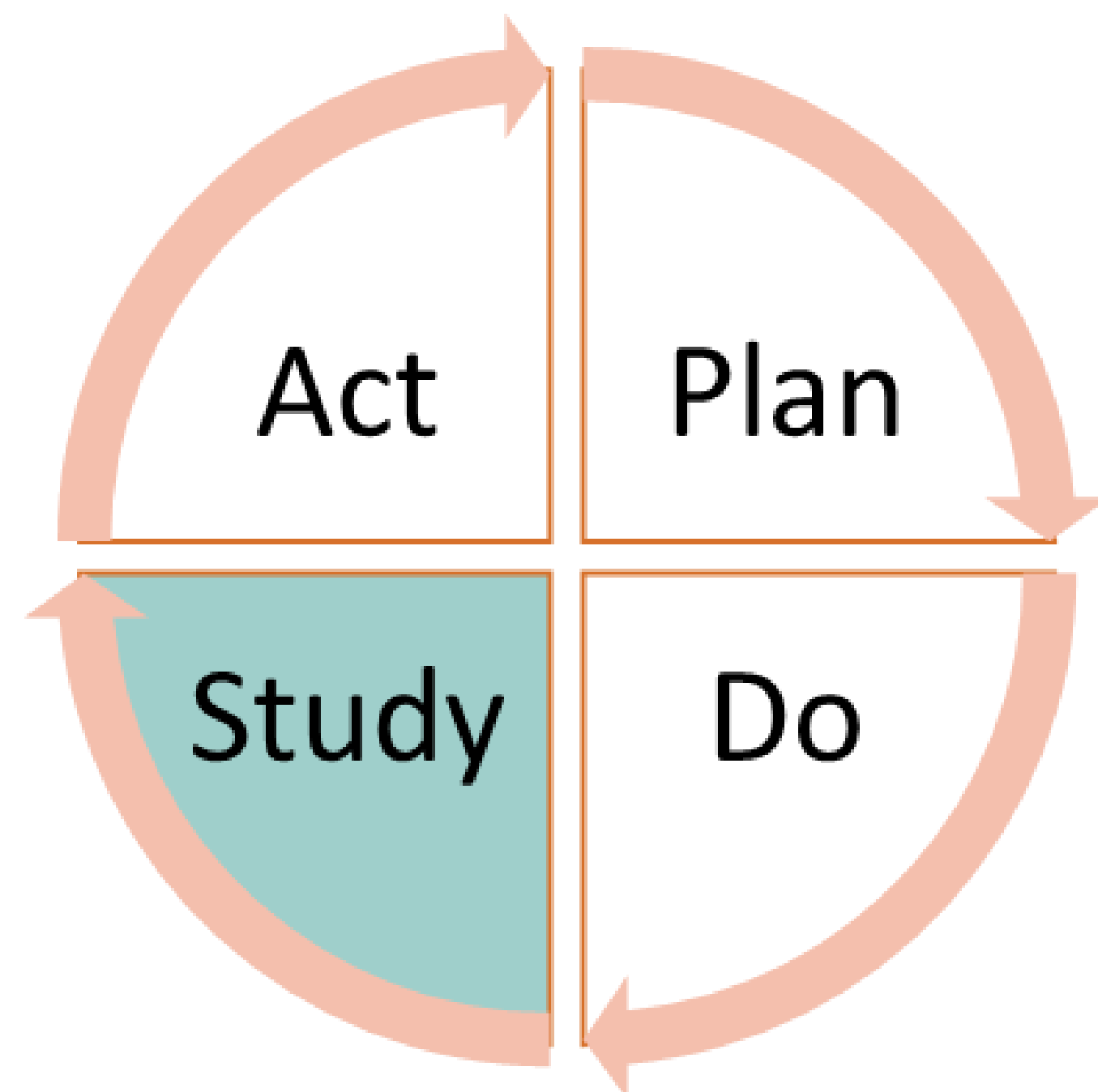
- Alleviate boredom and frustration
- Improve engagement and patient experience
- Improve staff involvement and motivation
- May observe possible staff resistance to taking on the activity worker role.

Plan

- Introduce the idea to the clinical team during staff meeting
- Speak to patients and staff group regarding ideas for activities
- Research team to gather data regarding frequency of incidents (restraint and seclusion) per hour from Ulysses (incident reporting system)
- Research team developed a subjective scale to measure the ward atmosphere, for a baseline 2 week period
- Use the Essen scale to test the climate of the ward – with both staff and patients, before and after intervention
- Evening activity worker to begin 2 weeks after ward atmosphere measure begins.

Do

- Data was collected regarding frequency of incidents per hour
- Ward atmosphere scale has been developed and tested by 5 staff to assess reliability of the scale. Currently being administered for 2 weeks to obtain baseline data.
- Next stage is to commence the allocation of an evening activity worker
- Collect and compare the data before, during and after the intervention.



Study

- We are not at this stage yet, however, we plan on comparing the data from before the change compared to after the change.
- Data regarding frequency of incidents per hour has showed that peak times for incidents were around 11am, 5pm and 10pm.

Act

- We expect that the data regarding peak times in incident frequency will inform the next round of testing, and help develop further change ideas.
- We have yet to establish further actions.

All teach, all learn

- The first stage of gathering data regarding incident frequency per hour has led to greater awareness and an ability to reflect on potential causes during peak times. This will inform further stages of this PDSA cycle, and more change ideas.
- We have partly achieved and are still working towards achieving a better understanding of the way the ward feels for patients and staff, and how ward routines affect incidents and perceived safety on the ward.
- **Question:** What changes or improvements have others who have tested similar ideas seen?

