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Harvest Ward
PICU

Our Journey into Reducing Restrictive Practice.

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Quality Improvement Aims

- To reduce use of restrictive practices (restraint, seclusion, RT) by 25% by March 2023.
- To sustain a measurable improvement in patient safety, experience of and satisfaction in care and treatment being received.
- Improve staff morale and retention.

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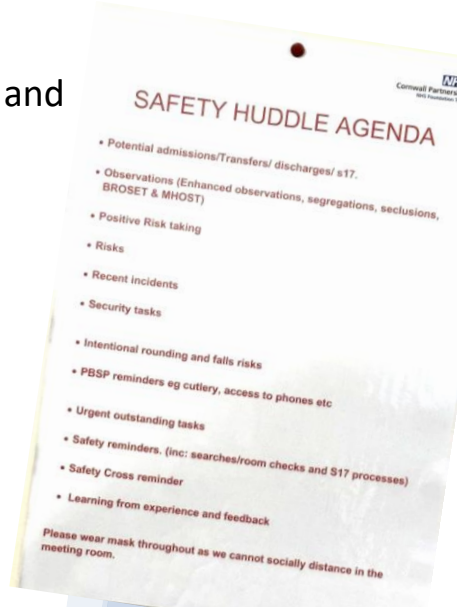
What we did – Change Ideas

Improving team communication, cohesion and empowerment

Change in culture – March 2021

Hot and Cold Debriefs – June 2021

- **Hot**: within 1 hour or so post-situations (planned intervention for IM, or incident): immediately after ok? What led up, what happened? Anything could do differently? What worked? What didn't? Led by anyone. Can link into Safety Huddle. Separate conversation with patient.
- **Cold**: as above, but within a week of incident. Led by qualified member of staff. Unpicking more detailed practice and bringing out deeper learning. Varied way of doing.



Safety Huddles: Whole team approach, shared decision-making – February 2022

- Embedded Safety Huddles once daily
- Discussions around requests from service users, decision-making together, all clear on actions
- Using a forum for **positive risk-taking.**

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What we did - Change Ideas Continued

Improving our processes

Positive risk-taking and personalised approach around S17 Leave – May 2021

- Changing from blanket template, to deliver more choice around what leave people want.

Embedding Positive Behaviour Support Planning (PBS) and MAV link trainer role – started November 2021

- Joint working PBS lead and MAV link trainer role – designing PBS plans.
- Traffic Light Plan with behaviors and strategies, integrating ABCs and based on PBS model: "instruction manual for a person": co-produced by MDT and patient.
- CFT training package: how we keep patients on baseline, our roles, physical skills. Drawing on our skills
- Rolling out training (basic level for all, enhanced for key leads on ward) and coaching support on the ward

Knowing our service users: "About me" booklet & process – November 2021

- "About Me": refined from previous version used in pilot to do in 2 stages: shorter version of key info to make it easier complete with people newly admitted and to help build trust. Then follow up with longer document if possible/appropriate.

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What we did - Change Ideas Continued

Improving our ward environment

Allocating 2 staff to ward (at all times) – March 2022

- Ensuring there are always staff on ward who can respond proactively.
- Reduced 'office dwelling' and 'door knocking'.
- Higher staff presence – To be more readily available and to have a positive impact on our patients feelings of safety.

Reducing Blanket Restrictions –

- Ongoing work to reduce blanket restrictions. Areas of focus so far: food & drink, Phones, bedtimes.
- Echo dot systems to replace clunky outdated radio's.

Involving patients

Weekly Community Meeting – March 2021 started, renewed/strengthened from August 2021

- Co-designed agenda with patients, ice-breaker
- Upcoming week – what want to do, shop runs, any extended leave people want to use
- Reflecting and sharing around incidents
- Environmental changes
- Documented in community meeting book

What impact did this have?

Feedback from staff, service users and/or carers

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- A female patient who had been on the ward on several occasions over the past 10 years stated ***"It's better on the ward now…I have been in lots of different hospitals over the years, this is one of the better places I have been in." "Staff listen to what I say, explain things better and help me when I am struggling ".***
- Male service user with history of abuse/trauma: fed back that the way we supported him meant he felt his experiences were validated. He said he felt respected in the way we listened to him and responded to his experiences.
- Staff have expressed that they feel much more empowered to support SUs to eat, drink as and when they want – This has followed a reduction of blanket rules in this area.
- A member of agency staff who has worked across the country stated during a feedback session "As an agency member of staff I have worked within a variety of different units across the country including PICU's. – In many of these units if a patient kicked at the office door, this could not happen again. Why? Because staff would either seclude, Physically restrain or medicate the patient. In CFT and Harvest Ward, if someone kicks the door staff will engage with the patient and offer de-escalation.
- "I like it on Harvest Ward, and I don't want to leave."

What impact have we had so far?

50% reduction in restraints, from 2 per fortnight to 1 per fortnight

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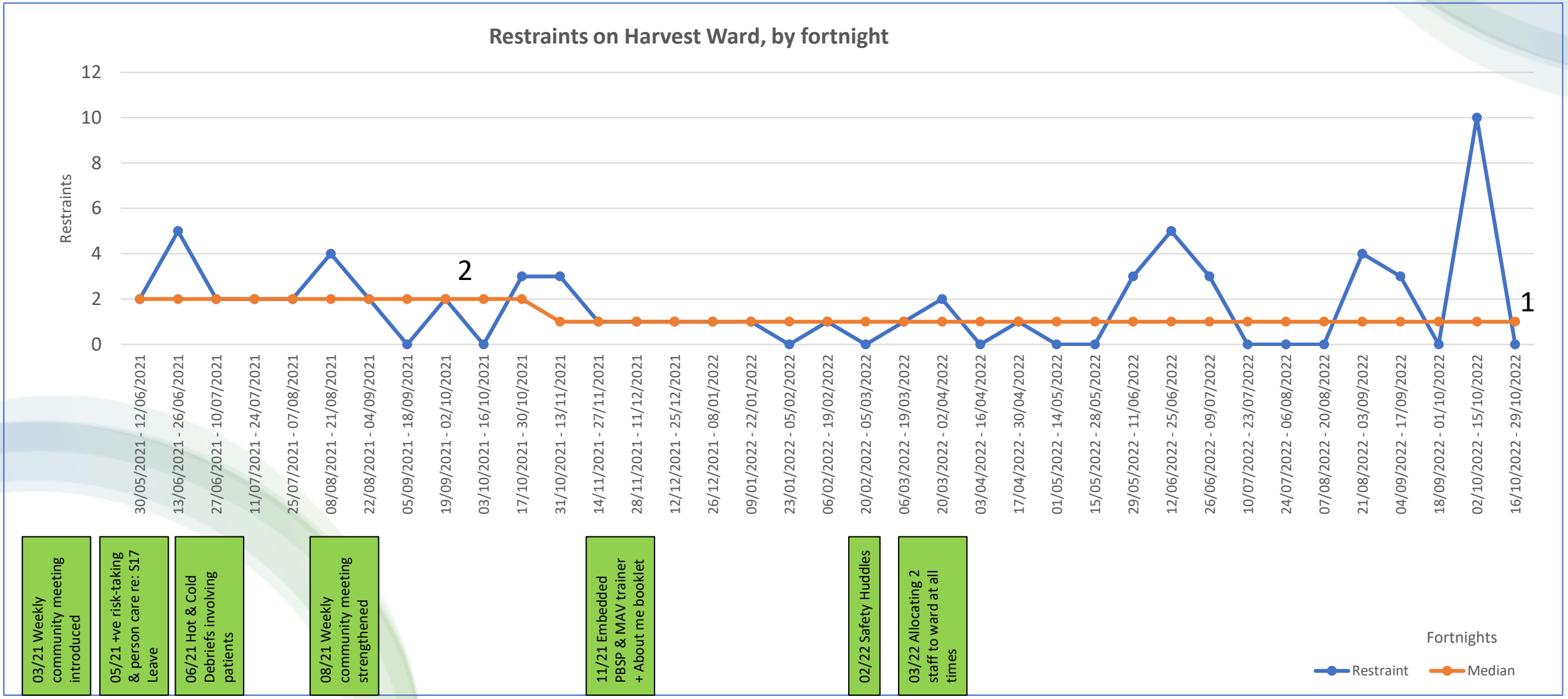

Days between seclusions changed from once every 2 days, to once every 4.5 days to once every 15.5 days. Difficult period in June 2022 – deteriorated to once every 1.5 days. Pattern since early July looking very positive

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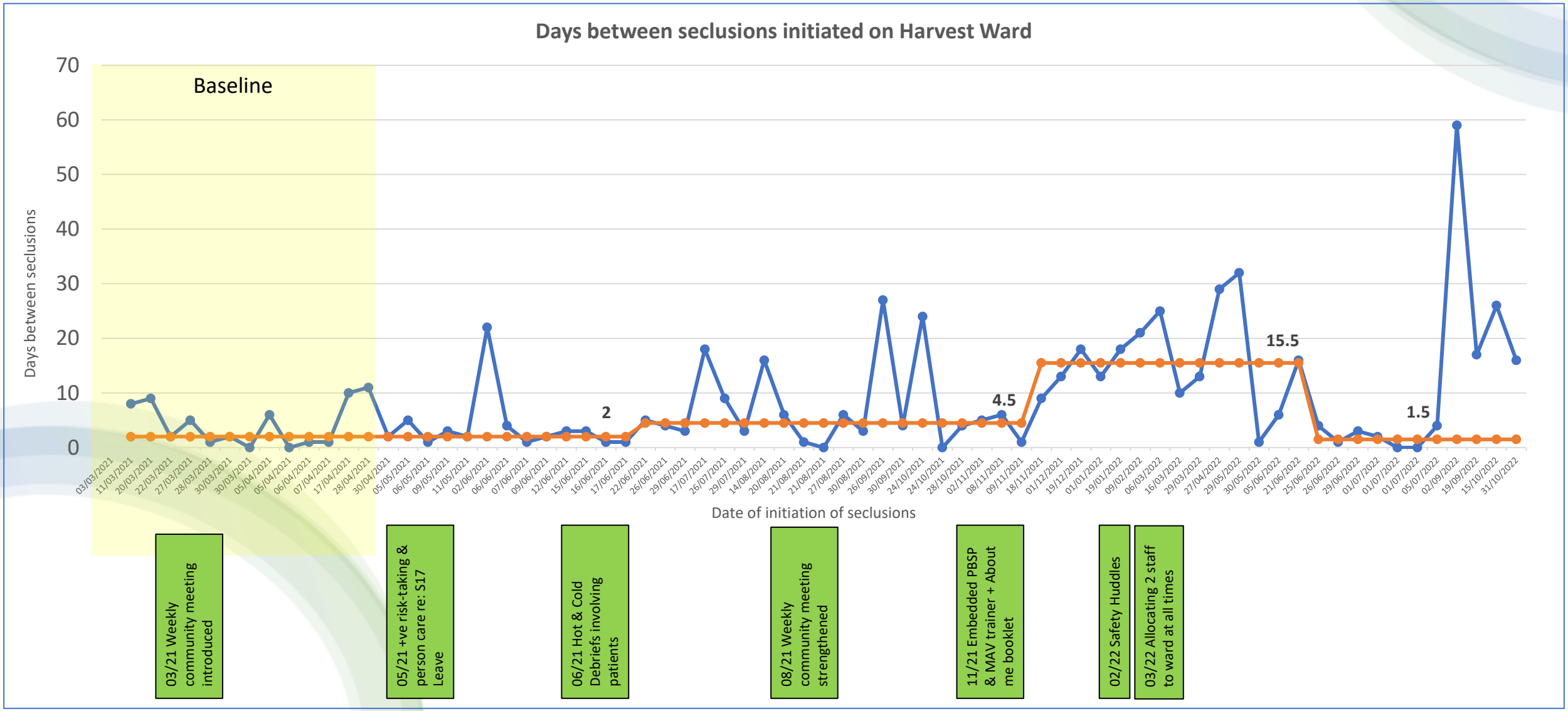

Time in seclusion

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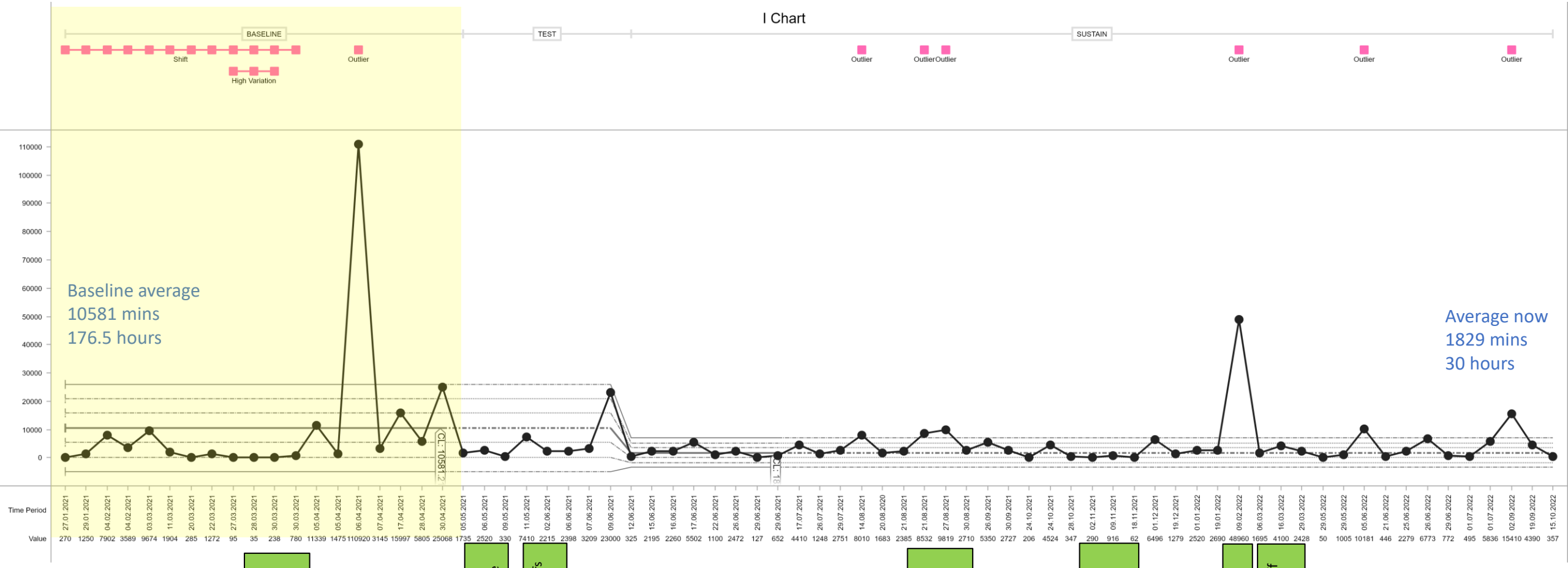
Time in seclusion reduced from an average of 176.5 hours at baseline to 30 hours following testing



03/21 Weekly community meeting introduced

05/21 +ve risk-taking & person care re: S17 Leave

06/21 Hot & Cold Debriefs involving patients

08/21 Weekly community meeting strengthened

11/21 Embedded PBSP & MAV trainer + About me booklet

02/22 Safety Huddles

03/22 Allocating 2 staff to ward at all times

Current Driver Diagram Theory of Change

AIM

To reduce use of restrictive practices (restraint, seclusion, RT) by 25% by March 2023

Reducing frustration and aggression

Improve environment

- Allocating 2 staff to ward at all times
- Reducing blanket rules

Improve team communication, cohesion & empowerment

- Hot & Cold Debriefs
- Positive risk-taking and personalised care re: S17 Leave
- Safety Huddles

Improving our processes

- Knowing the person: "About me" booklet
- Embedded PBSP

Develop inclusive & learning culture

Involving patients

- Hot & Cold Debriefs involving patients
- Weekly community meeting

Staff capability-building

- Safety Huddles
- MAV link trainer role

Change Ideas – possible areas to work on

- Addressing cues for dissent/disengagement/violence
- Ensuring privacy and dignity
- Trauma-informed: gender to gender staff
- Removing further blanket restrictions – person- centred care plans
- Team feel 'In the know' and clear about approaches involved and not on the side lines
- Improve handover formats to ensure all relevant info is passed to everyone in team
- PBS Board: Clear board in office: patient risks, likes, dislikes, care plans, strategies
- Looking at steps to prevent escalation - PBS
- Develop our de-escalation resources
- Promoting positive risk decisions through discussions between teams & sharing skill-sets (considering therapeutic benefit)
- Framework around admission: About Me book, - crisis response, PBS Care Plan - everyone, About me book – days or 1 week later
- Present a range of options to patients re: how we might develop relationship with and feedback from patients (e.g. regular meetings, community meetings, safewards)
- Patient feedback boxes
- Challenging behaviour: what is it? Where has it come from? Why is it important? Can it be prevented
- Developing staff understanding and cohesion
- Promoting each others' skills, experiences, knowledge
- Reflecting on incidents, seclusions and positive methods of stepping down out of seclusion
- Professional development: encouraging staff to enhance skills/develop into new roles
- Framework to help people understand why people behave in ways we find difficult and how…?

What have been our challenges and learning?

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- Confusion around taking a “least restrictive approach” while still maintaining appropriate boundaries.
- Staff adapting to changes and a new way of working/ approaches.
- Encourage involvement and “leads” in staff’s areas of interest.

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What's next for Harvest Ward?

REVISION TO STAGE 2 OF ABOUT ME DOCUMENT TO ADDRESS REFERENCE TO PSYCHOTICISM.

REVIEWING A MORE EFFECTIVE "HANDOVER" PROCESS.

VOTING ON THE NEXT "CHANGE IDEAS" WITHIN THE TEAM

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Any Questions

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