

SLAM Wards

Faiza Aurangzaib &

Amina Jaber

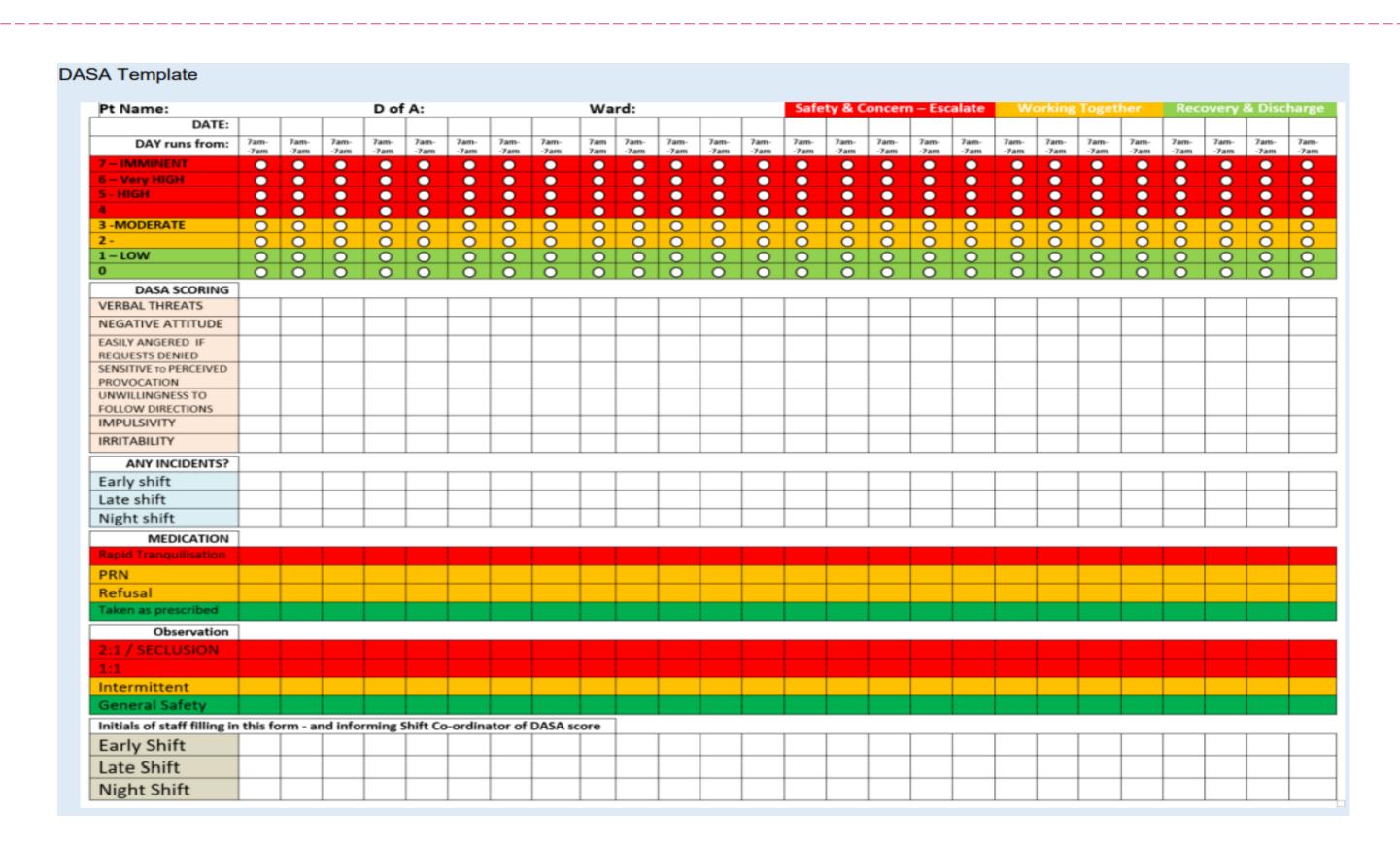
South London and Maudsley
NHS Foundation Trust





Reducing Restrictive Practice

DASA – The Dynamic Appraisal of Situational Aggression



Change ideas we have tested include: 5 evidence-based patient safety interventions

- ✓ DASA
- ✓ Safety Huddles
- ✓ Safety pods and Deltoid IM
- ✓ Short lead mobile phone charger
- ✓ Safewards

Changes we have seen on the ward

Over the years, we have implemented a variety of interventions aiming to reducing violence and restrictive practices. We conducted a deep dive into understanding our safety system in terms of the processes, how incidents are reported, how information gets shared and what is done with that information.

Off the back of many challenges we identified, we decided to create a safety improvement programme dedicated to reducing violence and restrictive practice. The Dynamic Appraisal of Situational Aggression (DASA) is a tool developed by Ogloff & Daffern (2006) to assess the likelihood that a patient or client will become aggressive within a psychiatric inpatient environment. The DASA is based on the Norwegian Brøset-Violence-Checklist (BVC).

The Dynamic Appraisal of Situational Aggression: Inpatient Version (DASA-IV) allows for risk of aggression to be assessed on a day-to-day basis. It is efficient and should take less than five minutes to complete.

DASA is a seven-item observer-rated actuarial risk assessment instrument that is used to assess the likelihood of imminent aggression (within the next 24 hours) in mental health inpatient.

Each patient's contact nurse completes the DASA-IV for their patients at one time each day and may contribute this knowledge to handovers or include the person's risk status for the next 24 hours in their ePJS record.

Other successful interventions are the use of safety pods and IM medication administration in deltoid muscle. Safety pods are essentially big bean bags and is a much safer way to restraint when it is required as a last resort. IM Deltoid training is to encourage the administration of injections in deltoid muscle as opposed to the gluteal. All staff have been trained in the use of safety pod and deltoid IM injection techniques. As a result, we have seen a significant reduction in use of prone restraint.

What our patients, staff and carers say

'I feel we are quite privileged in SLaM, whereby we have a consulting team called SLaM partners and their remit of work is really dedicated to supporting teams to improve whatever conflicts or difficulties that they are experiencing.'

Looking to the future

In creating the improvement safety structure, we have:

- Worked on a local level with each directorate to come together monthly at their reducing restrictive practice forums to discuss incidents that have occurred that month, what went wrong, what went well, what could be improved. The assurances and challenges are then fed back into the Trust Reducing Restrictive Practice committee quarterly.
- The quarterly Reducing Restrictive Practice committee are used to look through directorate level restrictive practice Data, seek assurances and hear about challenges and action plans. The committee is also used to share learning and for further improvements.

Such forums have proven to work quite well in terms of engagement, not just with staff, but with service users and carers who provide their valuable expertise. Moving forward we are looking at ways to fully embed our 5 evidence based patient safety interventions.

