

# St Charles Seclusion Project – Emily Tabb and Kingsley Akuffo

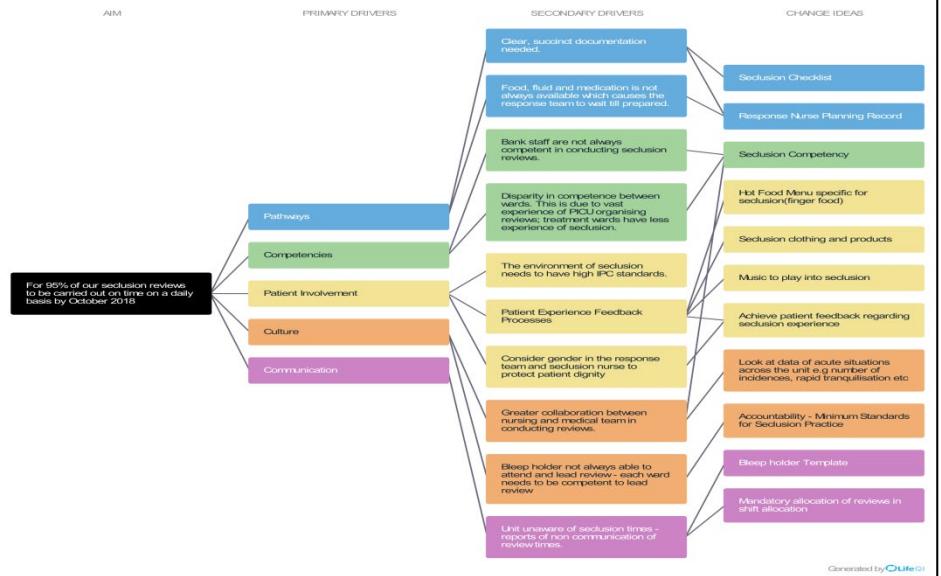
**AIM: For 95% of seclusion reviews at St Charles Mental Health Unit to be on time as per policy by October 2018**

## Project Background

The use of seclusion is a recognised restrictive intervention for management of significant risk of harm to others (MHA CoP 2015). It is utilised by the 6 inpatient wards at St Charles when all other interventions are exhausted as per MHA Code of Practice 2015. CNWL has a clear policy for the management of seclusion; outlining the timeframe for review, rationale for seclusion, Code of Practice and necessary skills and equipment for seclusion.

With this in mind, a QI Project Team of senior nurses at St Charles came together to ensure the implementation of this policy and prevent delays in conducting seclusion reviews to improve overall patient and staff experience. Historically, acuity of unit had disrupted seclusion practice and led to delays. The QI Project Team developed an aim of 95% of seclusion reviews to be on time as per policy by October 2018. An Inter-professional Driver Diagram Workshop was held. This supported the appreciation of several key drivers behind delays. These included: pathways, competencies, patient involvement, culture and communication. From this invaluable meeting a manifold of change Ideas were established to test as a QI Project Team, via PDSA cycles, to hopefully generate improvement and accomplish the project aim.

## Driver Diagram



## Measures

### Outcome measure:

- Daily proportion(%) of seclusion reviews on time as per policy

### Process measure:

- Total delay in minutes per a day

### Balancing measure:

- Response time to other incidents across St Charles

## PDSA cycle of change

Some of the changes implemented included:

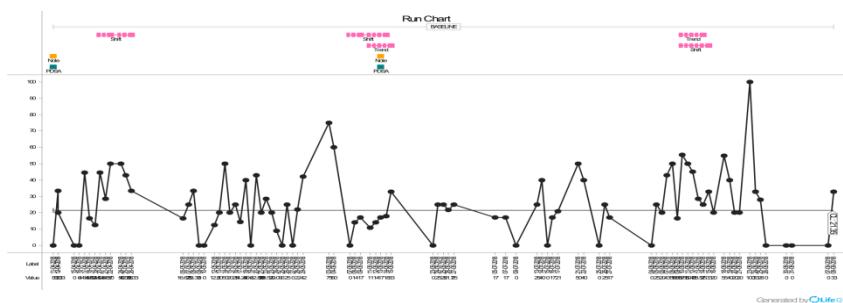
- 1) Pathways** – Seclusion checklist and Response Nurse Planning Record, Minimum Standards of Practice
- 2) Competencies** – Seclusion competency assessment and record
- 3) Patient Involvement** – Hot food menu specific to seclusion, cutlery and seclusion clothing
- 4) Culture** – Accountability
- 5) Communication** – Bleep holder template and mandatory allocation of review

The change ideas and PDSA cycles were shared and each Project Member adopted a change responsibility.

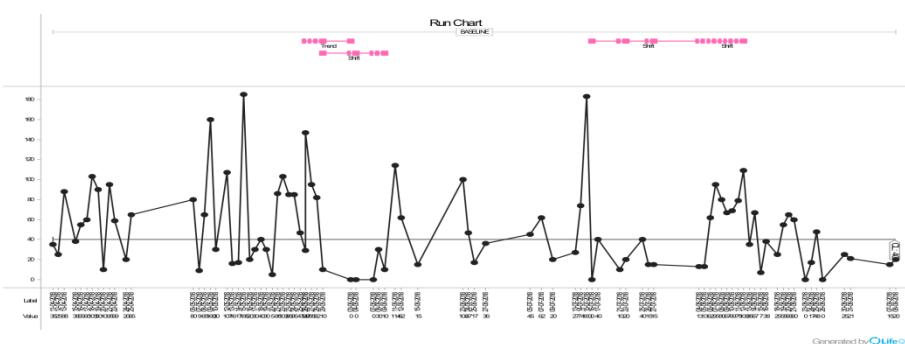
The Project Team focused on developing a seclusion pathway and staff competency.

## Outcomes

### Daily proportion (%) of seclusion reviews on time as per policy



### Total delay in minutes per day



## Conclusion and Next Steps

- This QI Project is set within a large multi-faceted system with a strong and well established culture
- This QI Project is developing standardised pathways of care and supporting the development of a competency framework in order to improve communication, co-ordination (of practice), coherency (in practice) to ultimately support the system of care to work in concert with regards to seclusion practice
- The next steps for this QI Project include the introduction and establishment of a seclusion competencies framework. It is hoped this competency framework will further support practitioners with the concept and embodiment of accountability and responsibility, consequently further support cultural change in this system