THE SAFEWARDS
RANDOMISED
CONTROLLED TRIAL

Reducing Conflict and Containment on psychiatric wards
CONFLICT AND CONTAINMENT

**Conflict**
- Aggression
- Rule breaking
- Substance/alcohol use
- Absconding/missing
- Medication refusal
- Self-harm/suicide

**Containment**
- PRN medication
- Coerced IM medication
- Special observation
- Seclusion
- Manual restraint
- Time out
THE SAFEWARDS MODEL

- Staff modifiers
- Patient modifiers
- Originating domains
- Flashpoints
- Conflict
- Containment
Aim:

– Devise a set of the most feasible interventions for inpatient nurses with potentially maximal impact on conflict and containment

– Subject those to the most methodologically rigorous experimental test possible

– Using the best (valid, reliable) outcome measures available
DEVELOPMENT OF INTERVENTIONS

Generated ideas
- July 2008- Feb 2011
- 298 ideas based on model, our programme of research and lit review

Refined list of interventions
- Team ratings
- Selected top 30

Consulted expert nurses and service users
- Two groups of expert nurses and ward managers
- Rate feasibility
- SUGAR

Selected final interventions
- Feedback questionnaires
- Focus groups
- Dropped 5 of the most practically difficult and disliked interventions

Pilot study (2012)
- 16 interventions
- Four wards in East London
- Conflict declined on experimental wards, containment no change

Full Trial Jan-June 2013
### Experimental intervention (Organisational)

1. Clear Mutual Expectations
2. Soft Words
3. Talk Down
4. Positive Words
5. Bad News Mitigation
6. Know Each Other
7. Mutual Help Meeting
8. Calm Down Methods
9. Reassurance
10. Discharge Messages

### Control intervention (Wellbeing)

1. Desk exercises
2. Pedometer competitions, healthy snacks
3. Diet feedback
4. Health and exercise magazines
5. Health promotion literature
6. Linkages to local sports and exercise facilities
Going to the Mutual Help Meeting: The Fellowship of the Ward

THANKS NEWS SUGGESTIONS OFFERS
TALK DOWN

TALK DOWN TIPS

CONTROL YOURSELF
- Don’t judge, criticize, show irritation, frustration, anger, or be retaliative. This is not personal and it is not about you.
- Don’t argue or say they are wrong or you are right.
- Speak calmly, slowly, softly.
- Show no reaction to abuse or insults directed at you, ignore them or partially agree then.
- Prepare responses in advance to typical insults.
- Let patient save face by giving last word as long as they are complying.

DEPART
- Separate yourself from others/tactful people or wait.
- If you must stay, ask to come aside.
- Leave patient to get down.
- Establish护栏佰�/break-up.
- Maintain distance.

CLARIFY
- Ask what’s happening, use open questions.
- Sort out confusion.
- Use patient’s terms.
- Orient patient to time, place, and person.
- Speak calmly, say why you are, remind of existing relationship, and offer your help.
- Wait a second and give a turn.
- Paraphrase and check what they have said.

RESOLVE
- Re-assessment patient does not consent to the intervention.
- Give reasons, explain rules, reasoning behind them, be honest, express falsibility (or even agree that it’s unfair).
- Give patient opportunity to control themselves.
- Make a personal appeal, remind them of previously agreed strategy.
- Deal with the compliant, apologetic, make a change.
- Outline consequences of different courses of action.
- Offer choices and options, leaving power with patient.
- Be flexible, negotiate, avoid power struggle, compromise.
- Ask if there is anything else you can do or say that will gain their cooperation, ending positively.

RESPECT & EMPATHY
- Don’t tell the patient what they should or should not do.
- Don’t discount, trivialize or undermine the patient’s consideration.
- No advice giving and no orders, no “it’s okay.”
- Don’t mock patients or treat them as a child.
- Don’t overly smile or this may be seen as complicity.
- Answer all requests for information, however they are phrased.
- Empathize with feelings, not aggressive behavior ("I understand you are angry but it is not ok to hit so and so...")
Our Mutual Expectations

1. We will always listen to one another.
2. Each patient will be orientated to the ward on arrival, and will receive a welcome pack to explain what to expect from their stay in hospital.
3. There will always be an opportunity for each patient to discuss their feelings and thoughts with staff one to one.
4. A maximum of one phone call per shift will be given to patients who may not have any other means of making outside calls. Staff can be flexible during times when a patient might need more support.
5. Neither the patients nor the staff will bring drugs or alcohol onto the ward. For both patients and staff this will make depression less likely, and have damaging effects on physical and mental health and may create dependency and addiction. Reluctantly, when this does happen it is the responsibility of the staff to ensure that it is stopped. People will be searched and the police will be involved when drugs are found.
6. Patients will be informed about their care plan.
7. Staff will respond to patient requests in a timely manner.
8. While on the ward, patients will have access to varied activities and a structured timetable.
9. Patients will be informed about the activities and therapies available to them, and how these can help with their recovery.
10. The nursing staff will provide patients with a form to document any side effects from medication, if requested.
11. The nursing staff will support patients to gain access to their personal file.
12. Patients will be informed in clear manner about medication, its side effects and the consequences of not taking it.
13. The nursing staff will refer all patients to necessary services, which will help in providing each patient with a better service and quality of care.
Our Mutual Expectations
“We are all human beings.”

1. The nursing staff will deal with patients’ requests in a timely and efficient way, reporting back to them on progress.
2. Staff are open and willing to hear suggestions from service users.
3. Everybody should try to look after themselves, keeping themselves clean and well dressed. Staff will assist anyone who is unable to do so.
4. Everybody should assist in keeping the ward clean and tidy.
5. Staff will always make an effort to try to accommodate for leave requests.
6. We will all respect each others’ property.
7. Staff will keep service users informed of ward activities and any changes in the daily programme.
8. Service users are asked to please be aware that their actions while off the ward (during leave) may have an impact on their treatment plan – especially with regards to the use of drugs and alcohol.
9. We will all respect one another’s differences. Racism and offensive remarks of any kind aimed at a person’s religion, race, ethnicity, age, appearance or beliefs are unacceptable.
10. Violence of any kind including threatening others, swearing or aggressive language, hitting or throwing things will not be tolerated. If you are feeling angry, politely ask to be left alone or walk away from the situation. But do try to provide an explanation when you feel calmer.
11. Please be aware of the noise levels on the ward which may disturb others. Refrain from playing loud music at night, and if you are using your mobile phone, politely leave the communal areas so as not to disturb others.
12. Offer support to each other but be aware that some people may want to be left alone, in which case please do not be offended or get annoyed.
Be flexible. Talk about any task you want a patient to do. Explore the patient's point of view, so that they can feel heard and valued, and so that the timing or precise content of the task can be adjusted to suit their wishes. Understand the blocking factors and find workarounds and compromises.
KNOW EACH OTHER

NAME

Job title: Ward manager on wonderful Conolly ward

Like/dislike: Being inside when it’s cold and rainy. Taking
out the bins!

Dislikes: Spernts, laziness, *see me!* people

Hobbies/interests: Dancing and singing (not everyone may appreciate what they hear!
♫), running, learning to swim/sewing

Previous/current occupations: Nurse (in child and adolescent unit)

Favourite Film: Matilda, The Green Mile, Coming to America,
Eat & Pray, He (great Asian film) Twilight.

Favourite TV Programmes: Grey’s anatomy, Ugly Betty, House and Away, Glee, CSI-HV

Favourite Books: Just Say No by Ingrid Tyree, The Bible

Favourite Musicians: True Colours/All I Need Is You; Hillsong; Holiday; Madonna; Love songs; Gospel music; African music; Country music

Favourite quotes: “Hakuna Matata”, “BE THE CHANGE YOU WANT TO SEE”

Beliefs: Faith, Hope and Love but the greatest is ❤

Anything else you want to say about yourself???
I believe the best and most beautiful things in this world cannot be seen, nor touched but are felt in the heart.
CALM DOWN METHODS
WELLBEING INTERVENTION (CONTROL)
STUDY DESIGN

• Single blind Cluster Randomised Controlled Trial
• 15 hospitals, 31 wards. Randomly selected
• 8 weeks baseline data collection, 8 weeks implementation, 8 weeks outcome data collection
• Wards and researchers only informed of allocation 2 weeks before implementation started
• Wards and their staff blind as to which was the experimental and which the control intervention
• Primary outcomes: conflict and containment via PCC
• Secondary outcomes: WAS, APDQ, SHAS, SF-36, LoS, economic
• Process and reaction to change: observational reports from researchers
IMPLEMENTATION

• Staff handbook

• 1:1 training session on ward

• Intervention champions

• Two phases

• 2-3 visits by research staff per week,

• Mugs, pens, mouse mats, coasters. Weekly deliveries of tea, coffee, biscuits
MAIN OUTCOMES

CONFLICT
14.6% decrease
CI 5.4 – 23.5%
p = 0.004

CONTAINMENT
23.6% decrease
CI 5.8 – 35.2%
p = 0.001
RESPONSE TO INTERVENTIONS

Adoption

Ambivalence

Nursing response

Resistance

Abandonment
1. **Researcher checklist (outcome period):**
   - Experimental: mean 38%, range 27-54%, n=271
   - Control: mean 90%, range 69-99%, n=209

2. **Staff end of study questionnaire:**
   - Experimental: mean 89%, range 62-100%, n=79
   - Control: mean 73%, range 39-100%, n=74
NEXT STEPS

• We recommend that inpatient nurses implement these interventions
• A full Safewards Model description is available (Journal of Psychiatric and Mental Health Nursing)
• We will mount a large scale dissemination exercise
• We will be seeking collaborations everywhere, as the application of this model is in everyone’s hands
• Research continues, any model is always only an interim step to some better place

www.kcl.ac.uk/mentalhealthnursing
len.bowers@kcl.ac.uk
Safewards YouTube Channel

https://www.youtube.com/channel/UCwV7WwU6zFmKz6Wv8x1qj9A

https://www.facebook.com/groups/safewards/

https://twitter.com/Safewards

EMAIL LIST: Geoff.brennan@kcl.ac.uk