



Closing the Gap
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Project Manager



- We are an NHS health and care quality improvement organisation.
- We are a membership based organisation based in the North West of England

Closing The Gap

- The Advancing Quality Alliance (AQuA) and the lead partner organisation; The University of Central Lancashire (UCLAN) were invited by the Health Foundation (HF) to bid for a grant to support a programme that will aim to reduce the use of restraint.

Aims of CTG

- reduce the incidence of harm caused to patients and staff as the result of a 80% reduction in physical restraint by the end of the programme in June 2016.
- implement a robust approach to improving quality and patient safety

Participating teams

Wave 1 (6 months per wave)

- Cumbria Partnership Foundation Trust
- Lancashire Care Foundation Trust

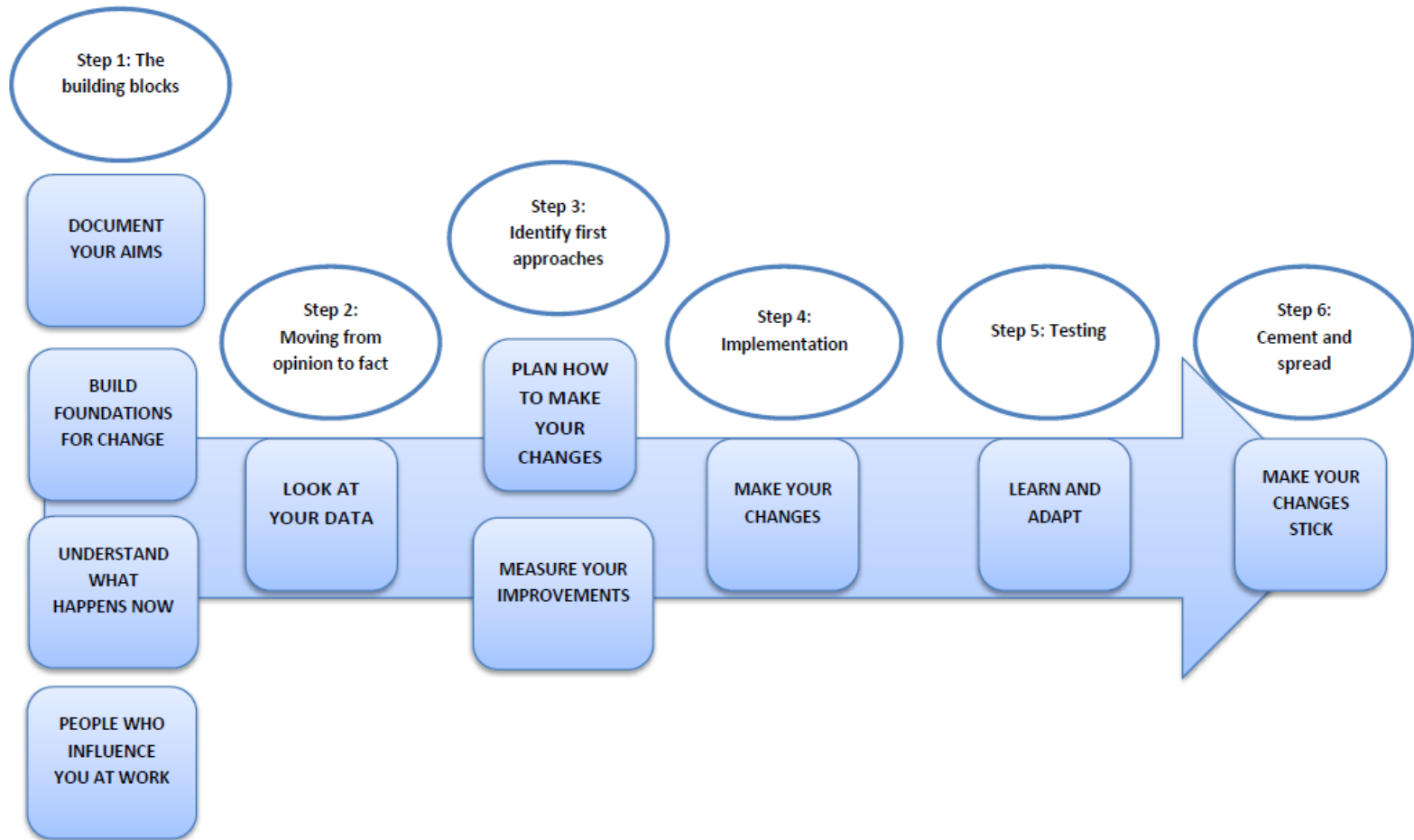
Wave 2

- Merseycare NHS Trust
- Five Boroughs Partnership Foundation Trust
- Cheshire and Wirral Partnership Foundation Trust

Wave 3

- Manchester Mental Health and Social Care Trust
- Pennine Care Foundation Trust

AQuA Six Step Toolkit



Measures

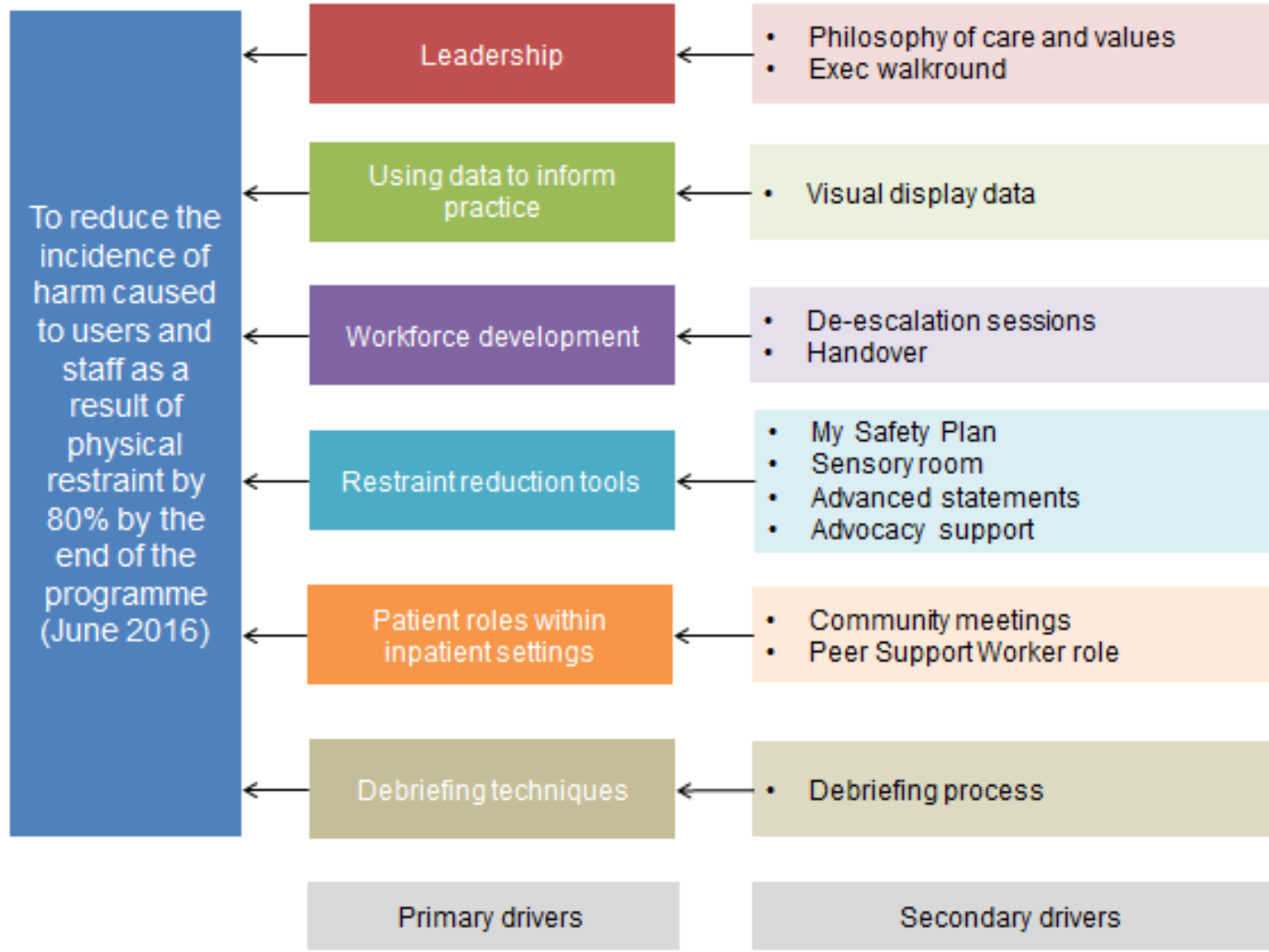
- Number of violent incidents per month
- Number of days between violent incidents
- Number of physical restraints per month
- Number of Days between physical restraints per month.

Balancing measures

- Monthly PRN medication
- Seclusion use and transfer to PICU

Implementation

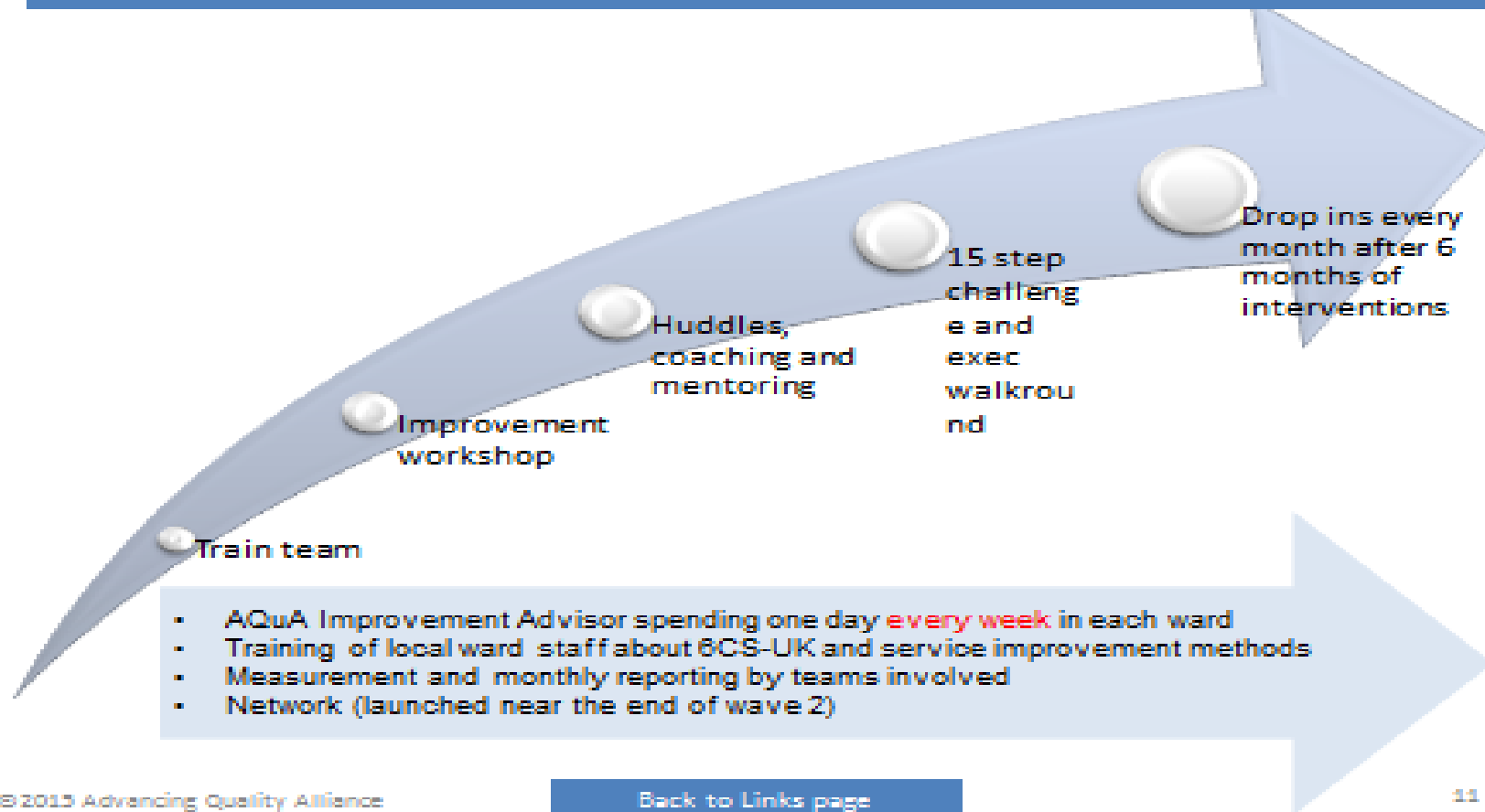
- Improvement workshop
- Team training on 6 Core strategies©/ReSTRAIN Yourself
- On site weekly visits for 6 months/every 5 weeks post wave.
- Ongoing PDSAs developed including coaching from Improvement Advisor on site.
- Measures and safety crosses.
- Sign up to the Restraint Reduction Network



Implementation

The 6CS-UK Strategies

Programme approach for each wave



Challenges

- Staffing levels/balance of experienced and newly qualified staff.
- Blanket and unwritten rules (knee jerk reactions)
- Inflexible observation policies that don't give registered nurses discretion.
- Over cautious prescribing
- Priority is reviews/meds/security/obs – quality patient contact lower down the list.
- Peer support Worker role in adult inpatients .
- Team feeling they have no influence.
- Lack of feedback from data analysis
- Disconnect from Board to ward.
- Activity co-ordinator role.
- Sector based Consultant model

learning

1. **Leadership** – Exec walkrounds/15 step challenge – positive response
2. **Data** - Safety Crosses/run chart – good visual data for team.
3. **Workforce development** – Clearer communication in handover/positive response to de-escalation sessions on ward/least restrictive planning sessions
4. **Prevention tools** – sensory room development/My safety plan very positive response from staff and patients.
5. **User/carer** – Peer support worker introduction/mood board and community mtgs- more collaborative.
6. **Debrief** – protocol developed/formalised and better identification of root cause.

My Safety Plan

Restraint reduction tools

Safety Plan

What is a safety plan?

A safety plan is an individualised plan developed proactively by a patient and staff before a crisis occurs. It is a:

- therapeutic process
- task that is trauma sensitive
- partnership of safety planning
- patient-owned plan written in easy to understand language
- strategy

Why are they used?

They are used to help:

- the patient during the earliest stages of escalation before a crisis erupts
- the patient identify coping strategies before they are needed
- staff plan ahead and know what to do with each person if a problem arises
- staff use interventions that reduce risk and trauma to individuals

What are the safety plan components?

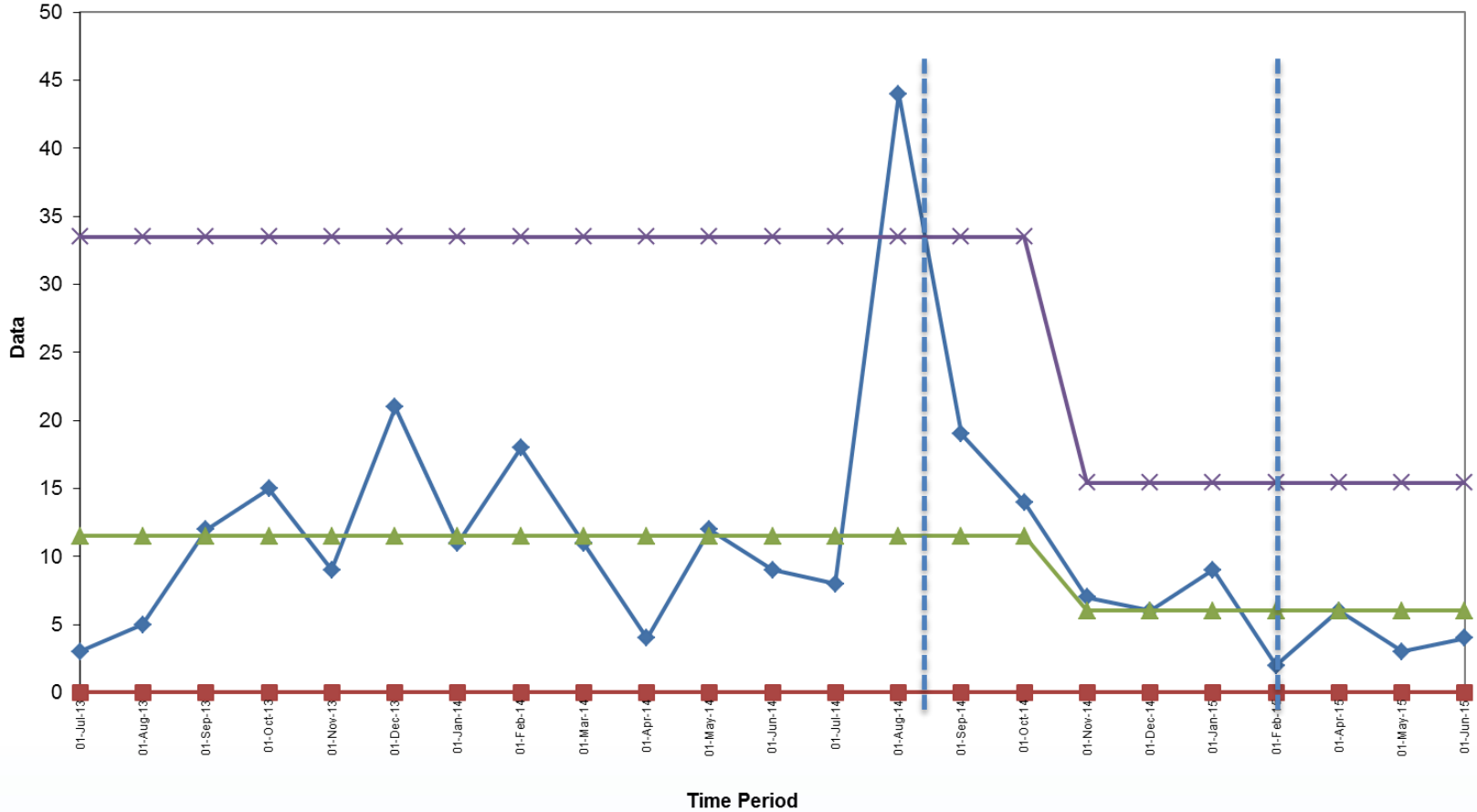
Essential components of a safety plan are:

- triggers
- early warning signs
- calming strategies

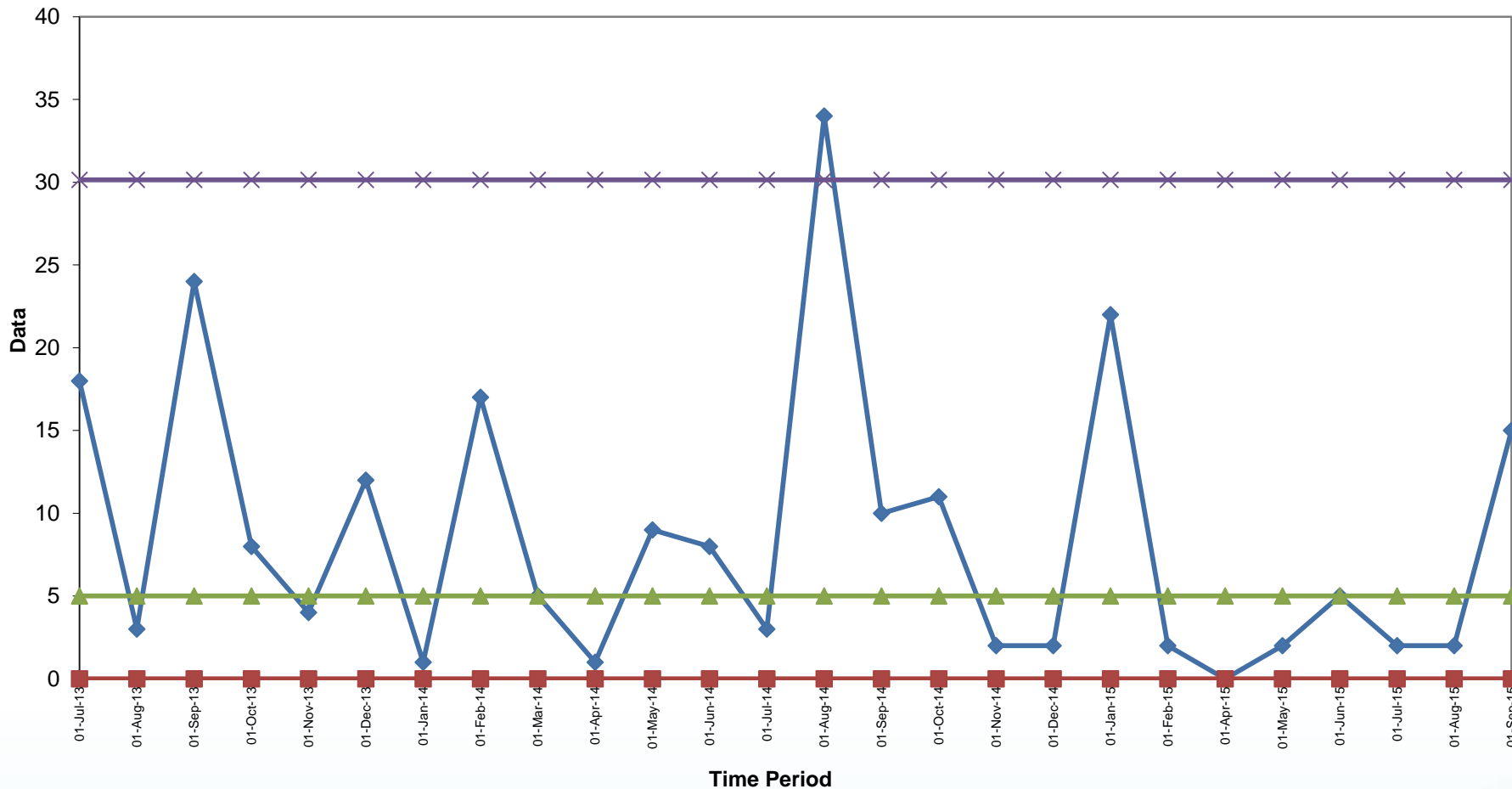


Wave 1 ward

Restraint between 2013-15



Violent Incidents between 2013-15



Balancing measures

- PRN medication and use of seclusion/transfer to PICU- numbers very low and stable.
- PRN below 10
- PICU/seclusion below 2

Quotes

“My heart was in my mouth having to pull back from intervening with a challenging patient but it changed our relationship for the better and reduced the times we would normally use restraint”

Staff Nurse

“ I love the my safety plan as it has helped me to understand what agitates me and what works for me to avoid getting aggressive on the ward. I can use it at home as well.”

Patient

REsTRAIN YOURSELF Toolkit

Leadership toward organisational change

Use of data to inform practice

Workforce development

Restraint reduction tools

Patient roles within inpatient settings

Debriefing techniques

Toolkit/Spread

- Baseline assessment
- Educational slides/case studies/top tips
- Main tool for spread
- Work with trainers/identified leads on wards to implement ReSTRAIN Yourself.

Access to Resources

- AQuA Team
 - Paul Greenwood (paul.greenwood@srft.nhs.uk)
 - Julie Cullen (julie.cullen@srft.nhs.uk)
 - Bernie O’Hare (bernie.o’hare@srft.nhs.uk)
- AQuA members Web Portal www.aquanw.nhs.uk
- Core AQuA Offer – Academy programmes