

What is Safewards?

Len Bowers

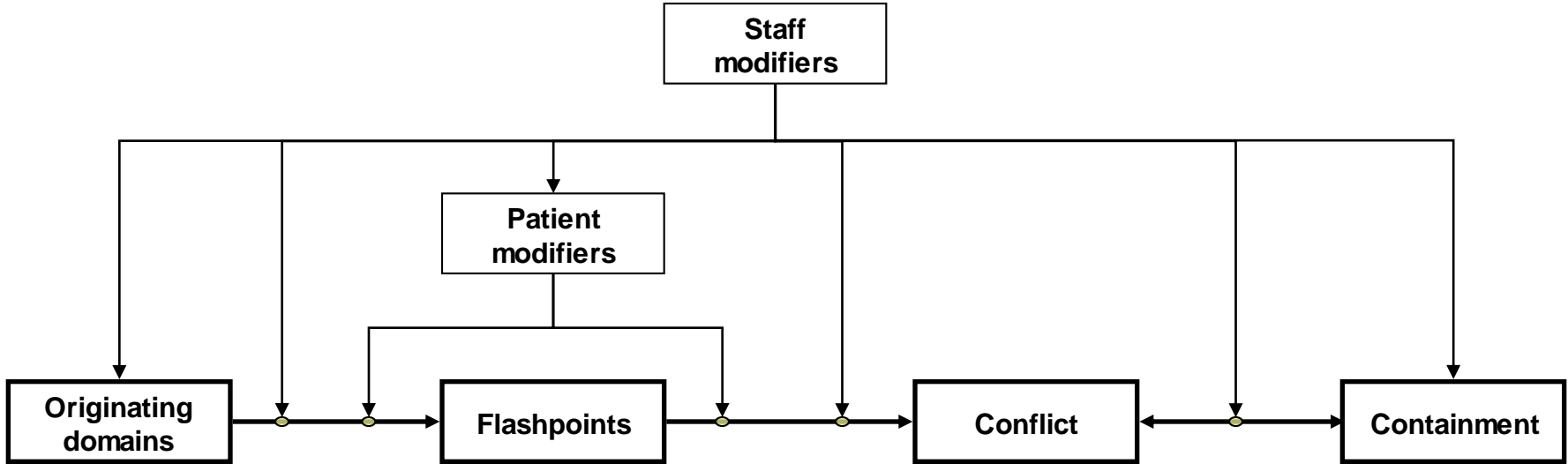
Professor of Psychiatric Nursing
and team

What is Safewards?

- A model explaining variation in conflict and containment
- An experimental trial of ten easy interventions based on the model
- An additional 30, 100 or a creative infinity of interventions



Safewards model simple form



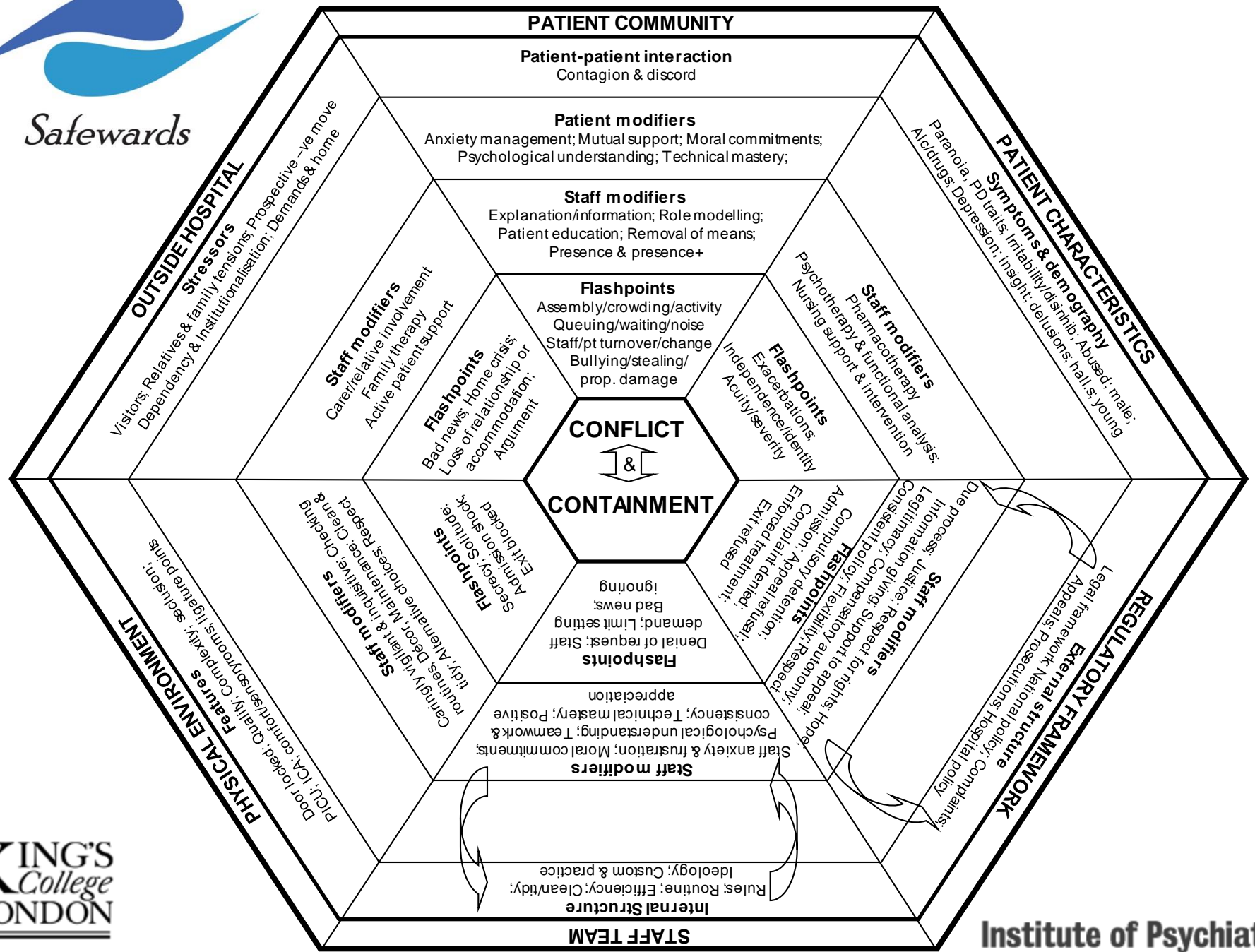


Safewards

KING'S College LONDON

University of London

Institute of Psychiatry at the Maudsley





Safewards

The Safewards Trial

- design -

- Included: Generic acute wards, PICUs, Triage, Assessment, Treatment.
- 2 randomly chosen wards at each of 15 randomly chosen hospitals in SE England (42 eligible hospitals in consenting Trusts within 100 km central London)
- At each hospital, wards randomly allocated to experimental or control conditions
- All randomisation and analysis independent
- Single blind Cluster Randomised Controlled Trial. Wards and their staff blind as to which was the experimental and which the control intervention until after the study
- 8 weeks baseline data collection, 8 weeks implementation, 8 weeks outcome data collection
- Primary outcomes: conflict and containment via PCC

The 10 Safewards Interventions

Clear Mutual Expectations

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 disrespectful behaviour more likely, may 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. Patients will be informed about their care plan.
8. Staff will respond to patient requests in a timely manner.
9. Whilst on the ward, patients will have access to varied activities and a structured timetable
10. Patients will be informed about the activities and therapies available to them, and how these can help with their recovery.
11. The nursing staff will provide patients with a form to support patients to gain access to services.
12. The nursing staff will support patients to gain access to services in a clear manner about their care plan.
13. Patients will be informed in clear manner about their care plan.
14. The nursing staff will refer all patients to necessary services and quality of care.

The Gardner Chart

1. Gardner ward is a friendly ward to stay for staff and patients. Kindness and respect is important to give, and receive.
2. No racism, judgemental attitudes, or narrow mindedness on the ward.
3. We will always be polite and show respect to each other, regardless of sex, age, gender, sexual orientation and patients and staff.
4. Everyone will have the freedom to express feelings, and frustrations in a non confrontational manner
5. We will be treated as we would expect like to be treated
6. We welcome constructive feedback from staff and service users, so we can learn and deliver.
7. Everyone on the ward will agree when we will complete a task (for example going on leave), will set a time and stick to it.
8. Both staff and patients will be treated as equals
9. We will tidy up after ourselves
10. We will not be abusive, verbally or physically to each other (for example going on leave), will set a time and stick to it.
11. We will work together to create a clean and safe environment for everyone
12. Personal insults
13. Everyone will be treated with dignity
14. Time will be protected time, whereby groups should not be interrupted. If a patient has an appointment in groups with the therapists beforehand.
15. Staff attending a group will ask the therapist beforehand, will respect the group, and will be on time and there for the end of the group.
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Soft Words

SAYING NO
 Sympathise
 Attend & Listen
 Yes is best!
 Identify with patient
 Never forget a promise
 Give good reasons
 Not always right
 Options

Soft Words

Be unfailingly, carefully polite and respectful – e.g. please, thank you. Any lack of respect, real or unwittingly implied at these moments can turn a flashpoint into a crisis.

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.

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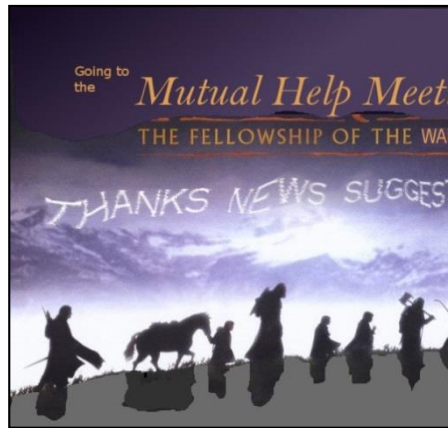
When necessary, avoid, defer or postpone tasks that patients need to do. Choose the right time to ask, times when they are not especially agitated, irritable, tired or upset.



Reassurance



Mutual Help Meeting

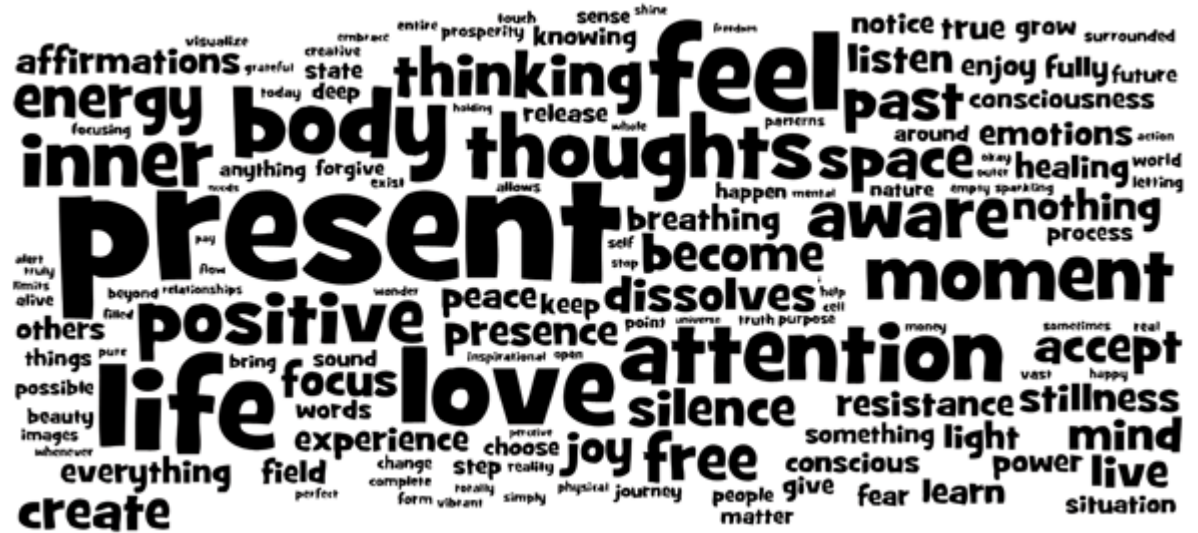


Bad News Mitigation



Positive Words

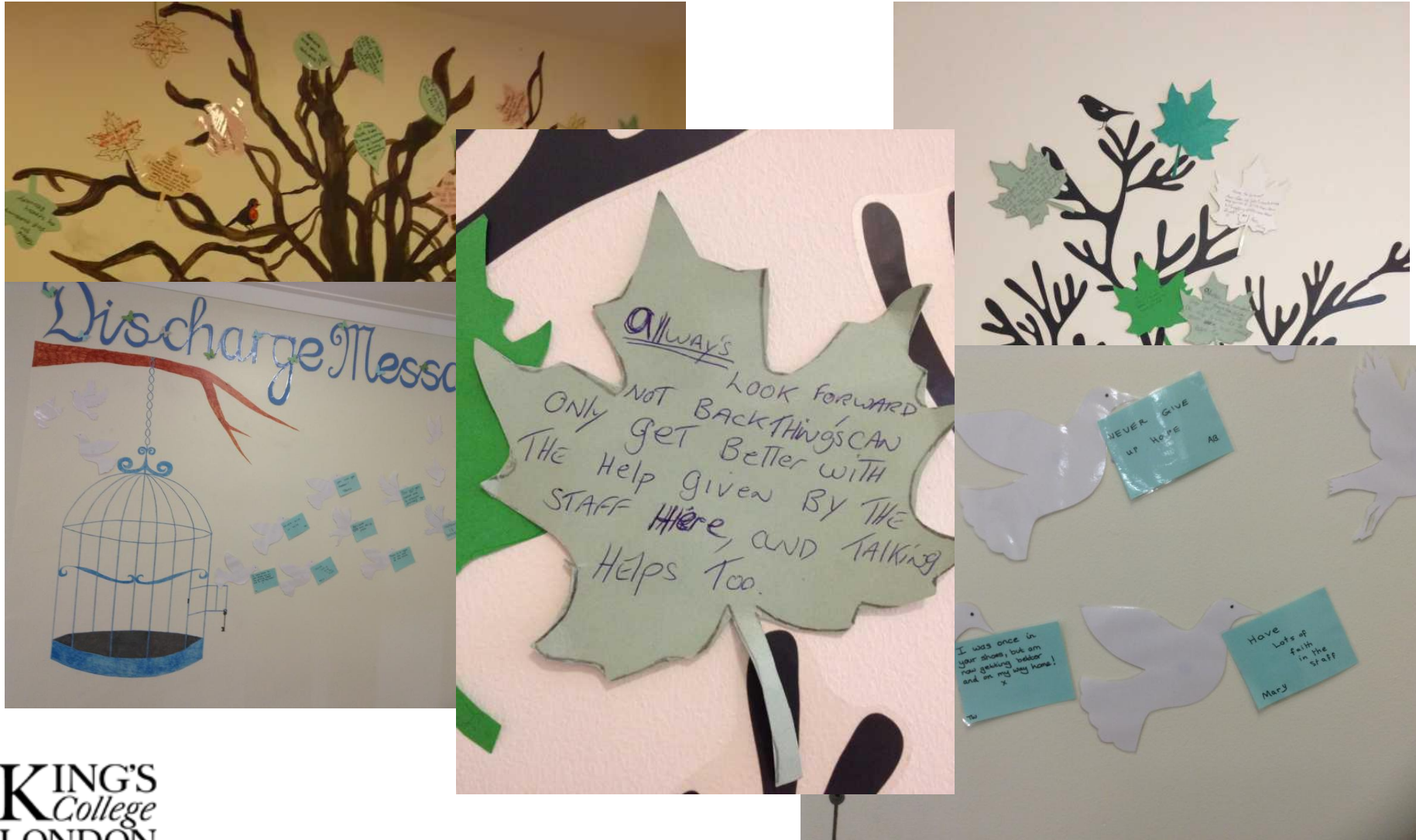
Absolutely	Exciting	Motivated
Amazing	Extraordinary	Outrageous
Awesome	Exuberance	Outstanding
Beautiful	Fabulous	Perfect
Capital	Fantastic	Phenomena
Dynamite	Great	Positive
Energized	Happy	Powerful
Empowered	Incredible	Riveting
Excellent	Inspired	Sensational
Exceptional	Magnificent	Sizzling



Calm Down Methods



Discharge Messages



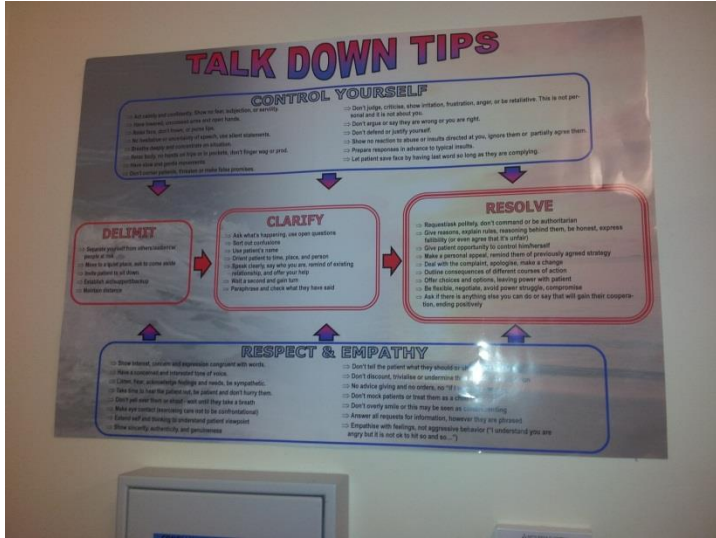
Always LOOK FORWARD
ONLY NOT GET BACK THINGS CAN
BE BETTER WITH
THE HELP GIVEN BY THE
STAFF HERE, AND TALKING
HELPS TOO.

NEVER GIVE UP HOPE AG

I was once in your shoes, but am now getting better and on my way home!

Have Lots of Faith in the Staff
Mary

Talk Down



Know Each Other



Implications of the Safewards Model

- Causality is complex with multiple, overlapping and interacting factors involved
- No single miracle answer to the problems of conflict and containment
- Some causal factors are outside the control of ward staff, some are outside the control of anybody
- There will be no complete answer to the problems of conflict and containment
- Strengths: identifies patient modifiers; ideas engine
- Weaknesses: over-inclusive; biased to own research

Main outcomes

CONFLICT

14.6% decrease

CI 5.4 – 23.5%

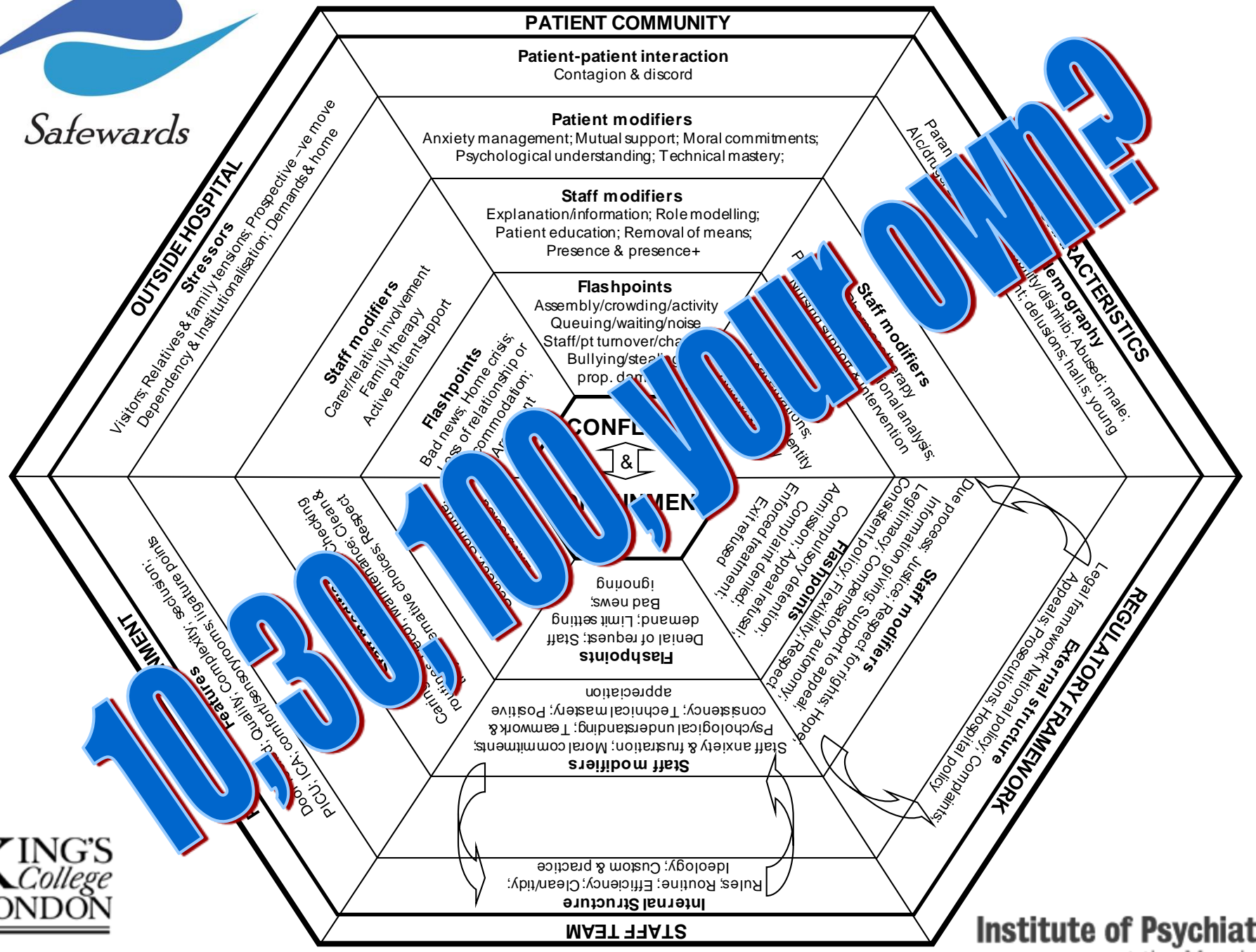
$p = 0.004$

CONTAINMENT

23.6% decrease

CI 5.8 – 35.2%

$p = 0.001$



Why do it?: Strong fit with nursing identity

It's nice to see people buzzing from this and so motivated

It's really good to see so many people so enthusiastic and motivated. It's really got our team talking.

It's not rocket science and it makes so much sense. It's simple.

There's been a real buzz on the ward, I think people really get it.

This could potentially flip everything on its head and make things much better

It's common sense and it makes you think about what you do and how that helps

This is our chance as a team to think about what we do and start to try new approaches together

Very interesting. It's basic stuff that is actually useful and raises questions for us about actions and interventions

I feel a little bit excited by the evidence which shows it works. I hope members of my team recognise this

Patients 'get it' and love it

“This meeting has been empowering as has enabled people to use skills and qualities which may sometimes get lost as a result of admission to hospital. It has enabled us to take a lead in supporting each other; hospital sometimes lends itself to processes which are done to or for us so this meeting brings more balance. The helping each other meeting has helped to reduce some of the fear which is felt upon admission and has led to people feeling more embraced within the ward community straight away and gives time to verbalise and talk about admission from a peer perspective. Through the meeting we are sharing understanding and support from people who may share similar experiences and perspectives of being patients within the ward. Helping each other is something which everyone does and is a natural part of ward life; through giving this a formal forum we have opened it up to all of the ward community.” Mark, Avocet Ward

Formal economic analysis

- Staff time (alone) saved via Safewards: £88,384 pa (95% CI £88,096 - 88,725) at 2013 prices = €110,261
- £63,915 conflict reduction, £24,470 due to less use of containment
- Cost of implementing Safewards £4,951 per year = € 6,176

Safewards sources

- Dedicated website: www.safewards.net
- Twitter feed
- LinkedIn group
- Facebook Group
- Youtube Channel

All free.
Audit not mandatory.
Permission not required.
Take and use!

Longer term Safewards outlook

- Implement the ten. Refresh the ten
- Add and/or substitute additional interventions periodically
- Wards to be permanently and continuously engaged with Safewards, one way or another
- Revolutionary change to 5+1 PMVA training:
 - Streaming
 - Personal development plans
 - Close linkage between training and supervision
 - Emotional management training/therapy
- Nurse Education: similar direction via much closer, targeted and effective education, clinical experience and supervision. New education methods and new technologies shaped to deliver more advanced nursing.
- Research: much more on the clinical skills of nurses and into communication beyond the basic



Safewards

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