Four Steps to Safety

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The Health Foundation
Inspiring Improvement

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Background

- Fundamental ethos of service user co-production
- MDT review team conducted an assessment of interventions that reduce incidence of violence within in-patient settings.
- Conducted design phase over 18 months, focussing on two acute male service.
- Working with clinical team and service user consultants – decided on final interventions to incorporate in project.
- Rolled out across 4 wards including forensic and CAMHS. Average of 55% reduction in violence across all services.
- Commenced formal pilot phase across further 4 wards. Pilot phase focussed on methods for disseminating the training programme, implementation and reliability.
- Applied for funding to the Health Foundation 'Scaling up for Improvement' to roll out the programme Trust wide. Partnered with Devon NHS PT to increase reliability. KCL carrying out the formal evaluation.
- Formalised Four Steps to Safety Programme.

Co-production

The value of service user consultants:

- Important at every stage
- Project design
- Training design and delivery
- Data Analysis
- Adding value to facilitation, making changes within services
- Evaluation

Four Steps

System for safer care - A toolkit which:

- Uses quality improvement methods to reduce violence, focussing on four key elements:

1. Proactive Care

Thinking and acting ahead of anticipated risk events, taking proactive and preventive approaches to risk management as opposed to reactive solutions to risk events.

2. Service User Engagement

Healthcare professionals to encourage active service user participation by collaboratively planning for care needs with the service user.

3. Teamwork

Multi-professional teams working together with the service user to attain the service user's recovery goals.

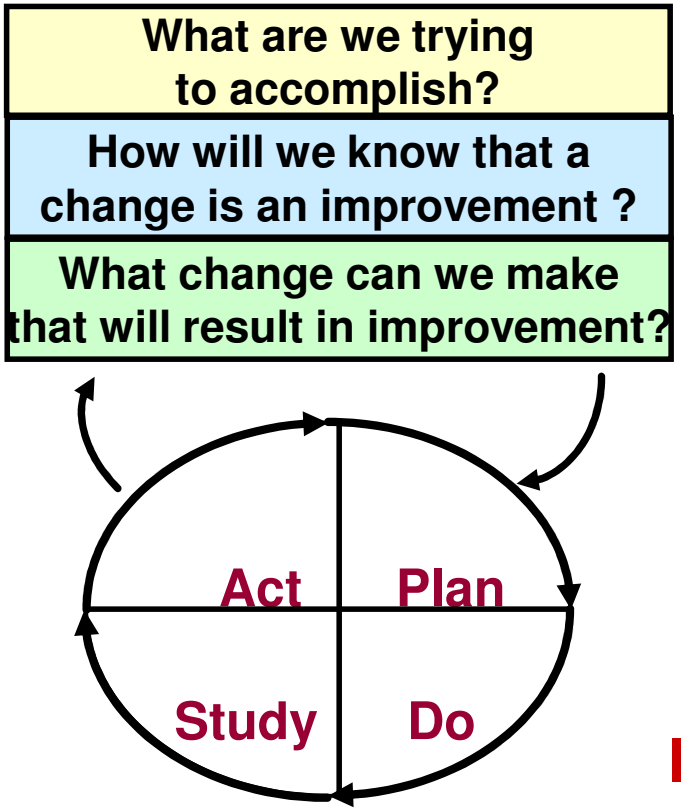
4. Environment

Exploring external and internal factors within the environment that may have an impact on violence and putting plans in place to remove or minimise these.

Project Plan

- 2 x WTE Quality Improvement Facilitators.
- 1 x WTE Service User Consultant (2x0.5).
- Delivery across 52 SLaM wards and 22 DPT wards.
- Wards allocated to cohorts, 4-6 wards per cohort in SLaM, new cohort commences every 2-3 months.
- Project to run over 2yrs.
- Formal training for team members at commencement of project.
- Design of interactive learning hub.

The Model for Improvement



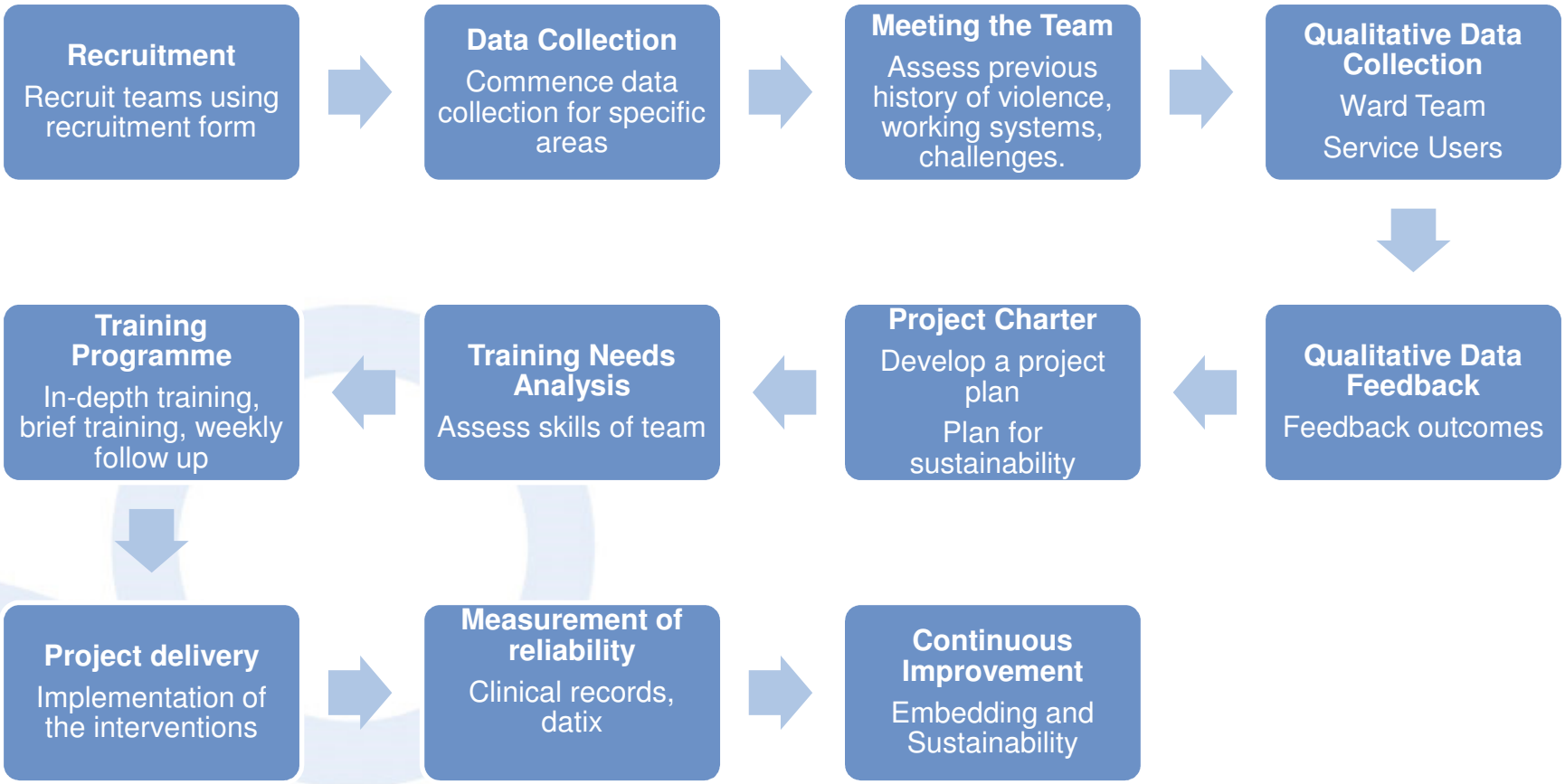
Aim

Measurement

Change

Cycle for Learning and Improvement

Process – Ward



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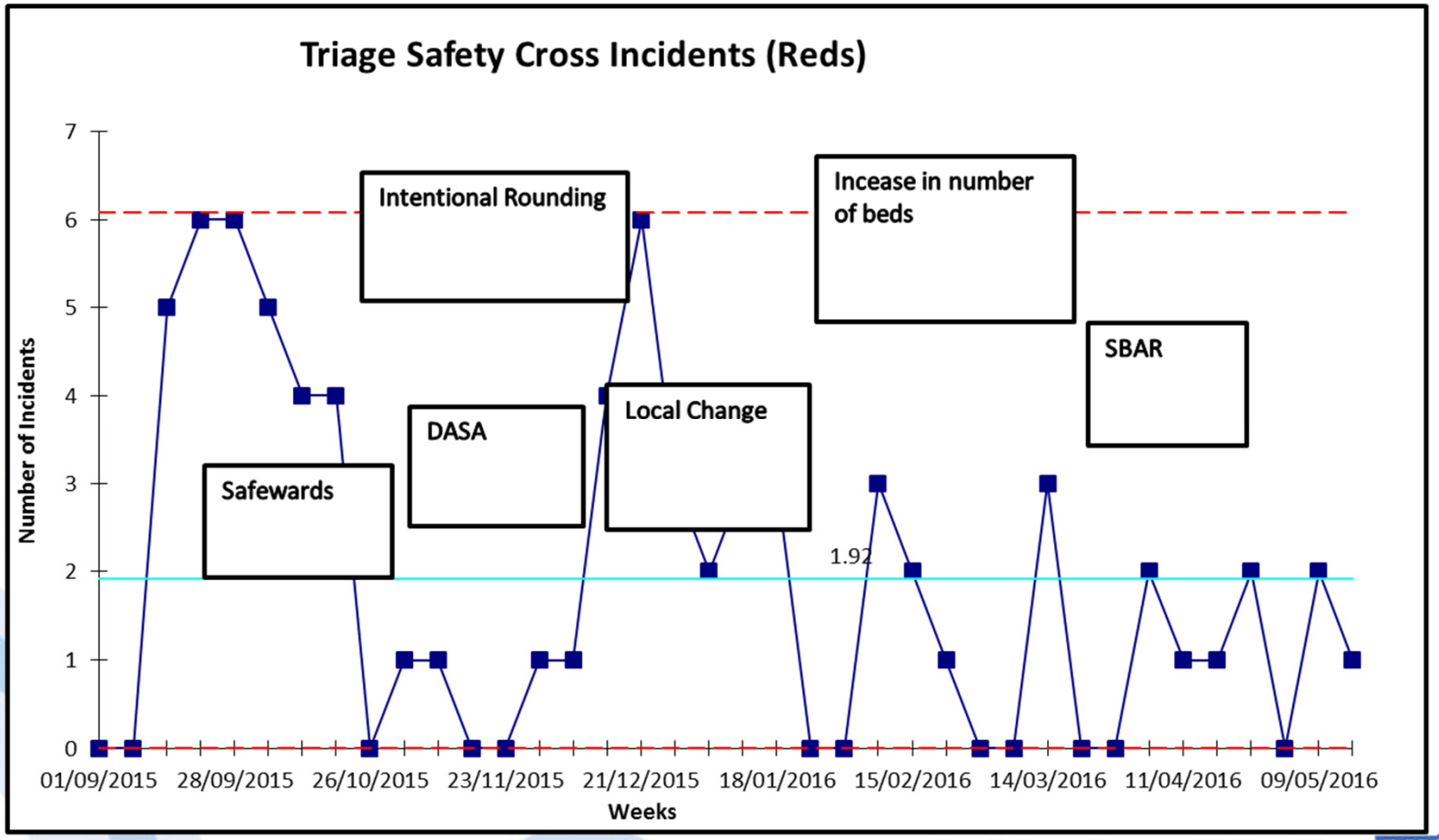
Changes – Toolkit

Four steps to safety	Toolkit - Evidenced Based Interventions
Proactive care:	**DASA** - tool used to predict risk **Risk management** - Plans formulated by clinicians in response to identified risks of the patient. **Zoning** - A system where a Red Amber Green rating is used to identify care need for the patient Specific interventions are delivered in relation to the zone.
Patient engagement:	**Compact** - The community code of conduct between patients and staff on the ward. Foster a therapeutic atmosphere enhancing the development of community wellbeing. **Intentional Rounding** - Involves health professionals regularly engaging with patients. Offers patients comfort, and ease their anxiety and make them feel safer.
Teamwork:	**Report Out -** Morning Meeting with the multi-professional team- discussion of patient care. **SBAR -** is structured method for communicating information which improves communication **Escalating Risk** - Set of standard identified steps to take when a patient is deteriorating
Environment:	**Safe Wards -** Intervention introduced by the team to make the ward environment safer **Mapping of violent incidents -** provides useful information about where incidents most commonly happen on the ward Staff are then better able to target interventions to reduce incidents.

Measurement

Outcome Measures	Process Measures	Balancing Measures
Violent and Aggressive Incidents Safety Cross data Industrial Injuries	% evidenced completion of interventions 5 sets of clinical records for each intervention, per week, per ward	Reporting rates Use of seclusion Use of restraint

Example – Data



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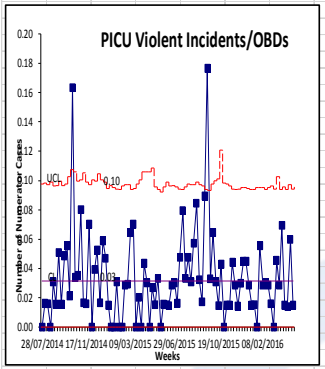
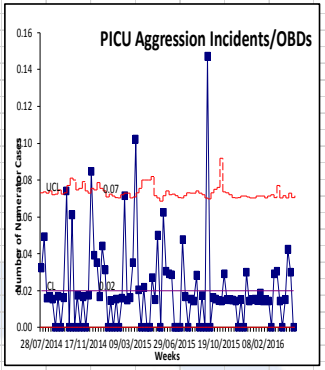
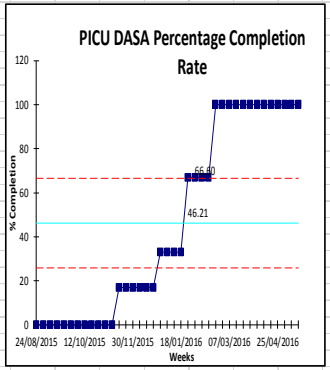
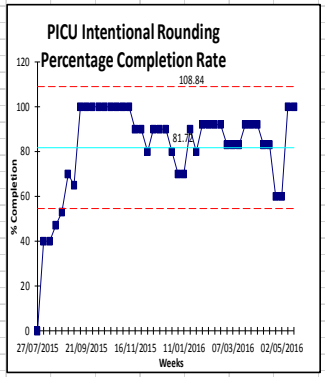
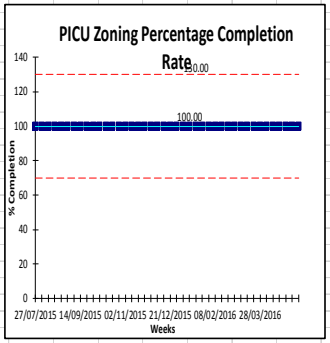
Using data at ward level

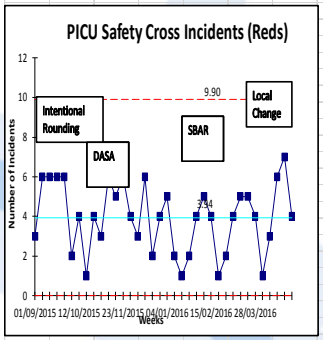


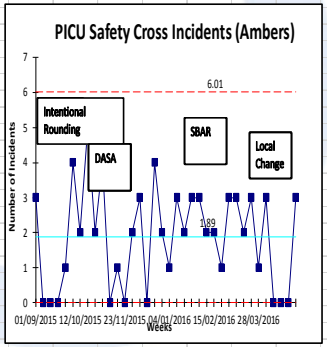


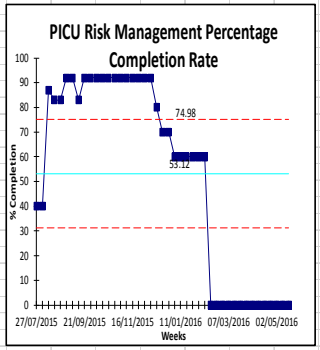


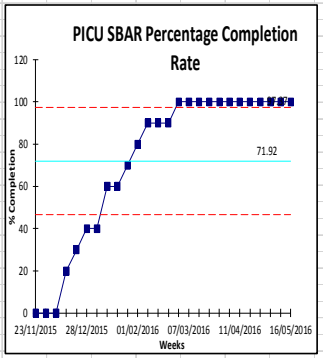












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Key Lessons

- Leadership – key to implementation
- Multi-professional team working
- Reliability of interventions
- Engagement
- Training flexibility
- Sustainability – Governance structures and processes
- Staffing – challenge when there are deficits in leadership

Next Steps and Results

- Collaborative events
- Website design
- Assessing outcomes

Results so far:
Cohorts one and two implemented 4-5 interventions at over 85% reliability. Reductions in violence are evident but not yet sustained.

Thank You!

Questions?

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