

Reducing Failure to Return from Leave or Agreed Time Away from 7 Adult Mental Health Acute Wards

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Drivers for Change I

- The consequences of absconding can be catastrophic: between 1997 and 2011, 24% of all inpatient suicides in England occurred following absconding from the ward (leaving without permission)
- Two local serious incidents
- Relationships with Police

Drivers for change II

- **Patients who are absent from hospital may also**
 - self-harm
 - suffer physical harm
 - care and treatment is often disrupted
 - ward teams become anxious, time is used completing searches and following procedures
 - Police time and resource is taken
 - the relationship with families and carers can deteriorate

(Stewart & Bowers, 2010; Bowers, 2013)

Diagnostics

Data

- Incidence of absconding low. Failure to return demanded attention
- Pilot Ward Baseline Data showed mean 30% patients returning on time over 6 week period
- Managed leave periods 150-220 times per week

Care Systems

Legal framework (MHA 1983)

- S17 leave arrangements lacked collaboration with patients
- Misunderstanding of potential risks associated with informal Patients

Diagnosics

Care Process

- High variability in adherence to legal framework & local policy (process mapping)
- Both patients and nurses were vulnerable
- Patients became stigmatised for poor adherence to an incomprehensible system
- Security vs care culture emerged through the mapping process

Aim Ward A (pilot ward)

To reduce failure to return to the ward by detained and informal patients by 50% by 31st May 2015

Agree Measure Definition

“Any inpatient, detained or informal, who fails to return to the ward later than 10 minutes over the leave period that was agreed and documented by ward staff, and who has not made contact with the ward to agree a later return time”

Tasks of change

- Engage teams (Pilot, then refine and adopt)
- Train in IHI methodology and measurement for improvement (inc Baseline software). Weekly data collection and review
- Engage patients with each test through community meetings
- Work with CQC to explore current perceptions of informal status
 - Agree 'ward expectations'
 - 'approve' design of information leaflet
- Engage with Communications Team to standardise information posters across wards
- Local policy reviewed to standardise 10 minute searching period within care process –governance process

Leaflets

- **Leaflet for detained and informal patient**
- **Set out ward expectations for informal patients**
 - Medication times
 - Meetings with Named Nurse
 - Participation in agreed therapeutic activities
 - Ward reviews with MDT
 - Mealtimes
 - 9pm-9am
- **Set out the steps that will be taken should the patient fail to return or fail to contact.**

Informal patients and time away from hospital



Informal patients and time away from hospital

Going on leave

While you are an inpatient, we have a duty of care to support you in maintaining your safety at all times. We want your leave to go well, and for you to return safely. We will provide you with a card with the ward address and telephone numbers before you go on leave so that you can easily contact us in the event of a problem. We ask that when you take time away from the ward, you let us know of your plans and when you intend to return.

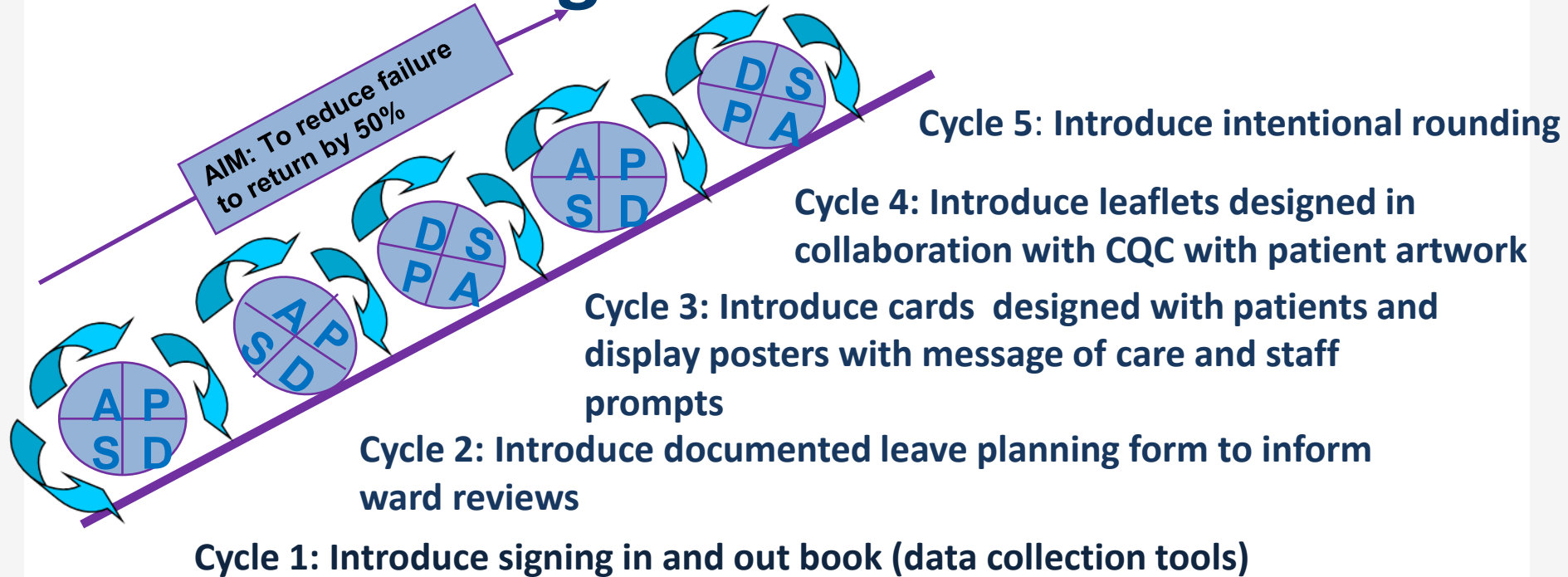


It is important that if you are delayed in returning for any reason, you contact the ward immediately so that we can discuss how you plan to return safely.

If we do not hear from you, staff will try to contact you, your family, or your friends. If we become very concerned for your safety, we may contact the police.

If at any time you feel unable to agree to these expectations, please discuss this with us; we will consider other options of continuing care and treatment to support your recovery.

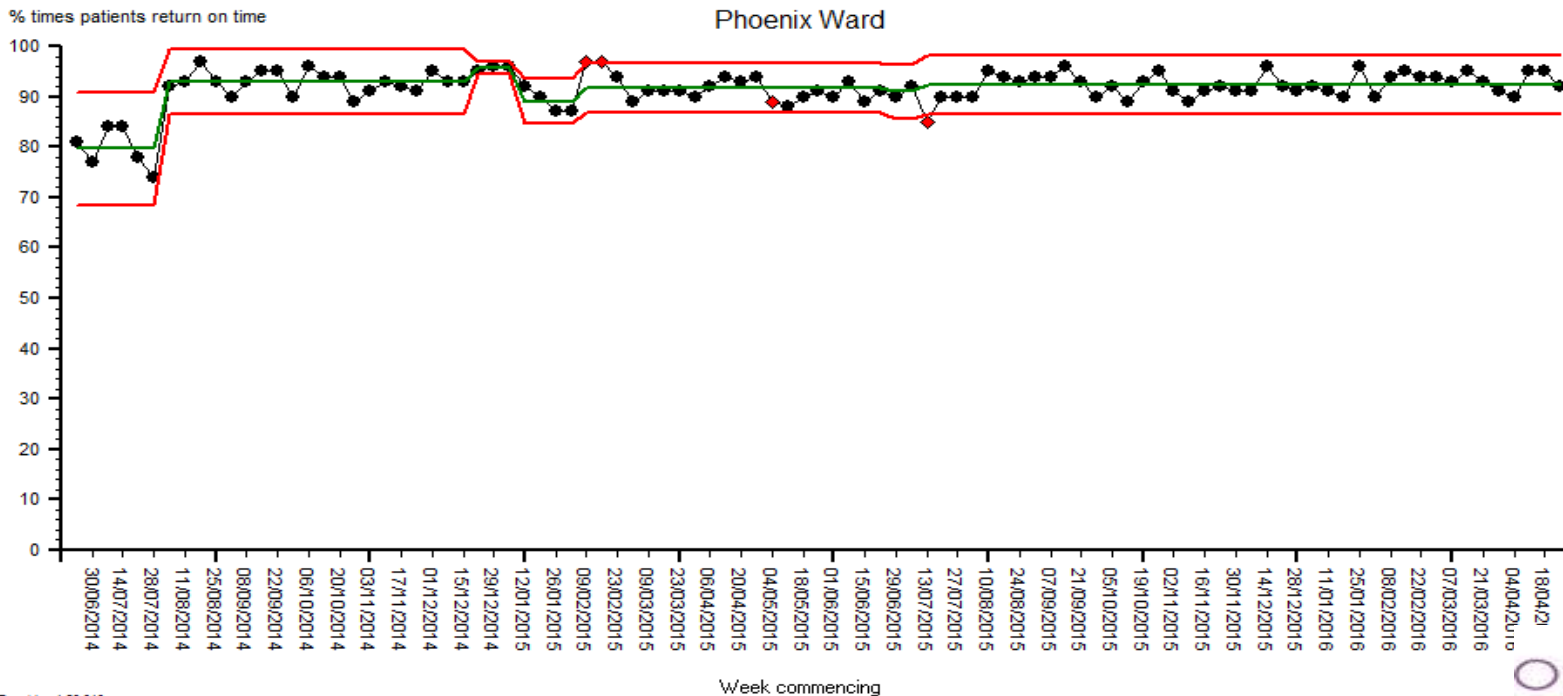
Tests of Change: PDSAs



Results:

Enhanced reliability and safety in the
care process

Ward A Year 2

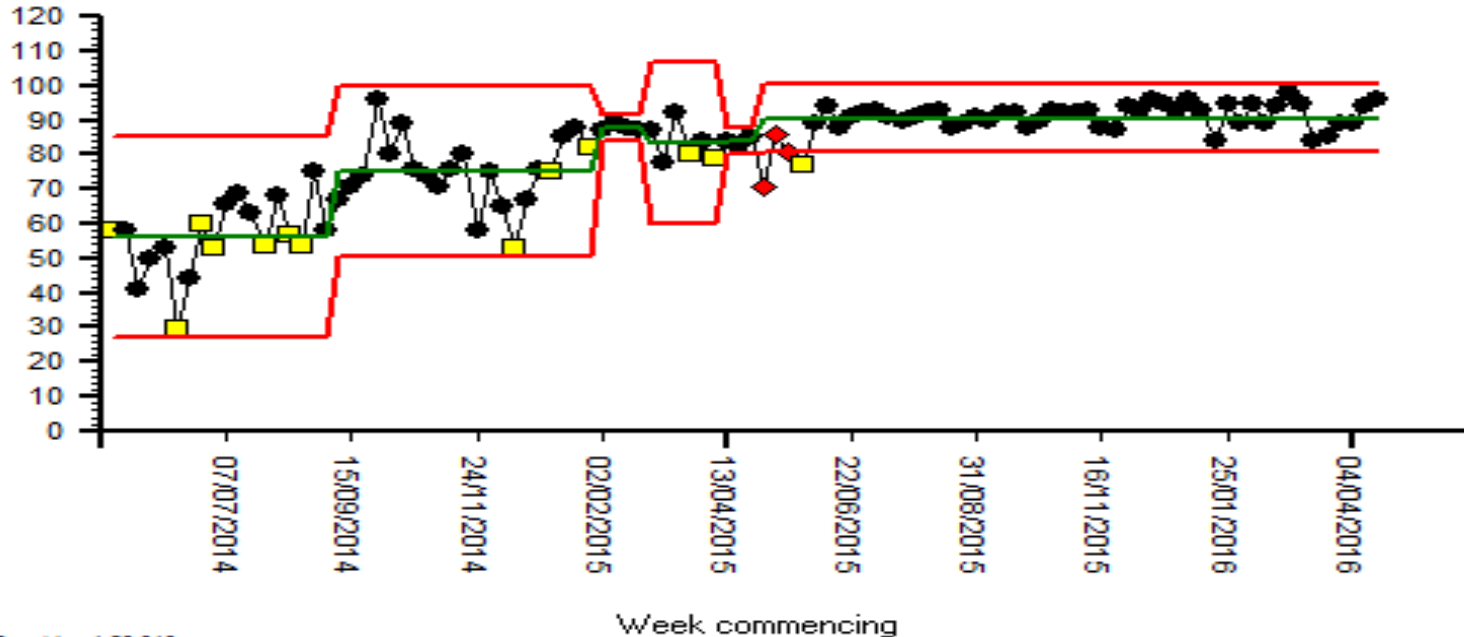


BaseLine 1.20.010

Ward B (Acute year 1)

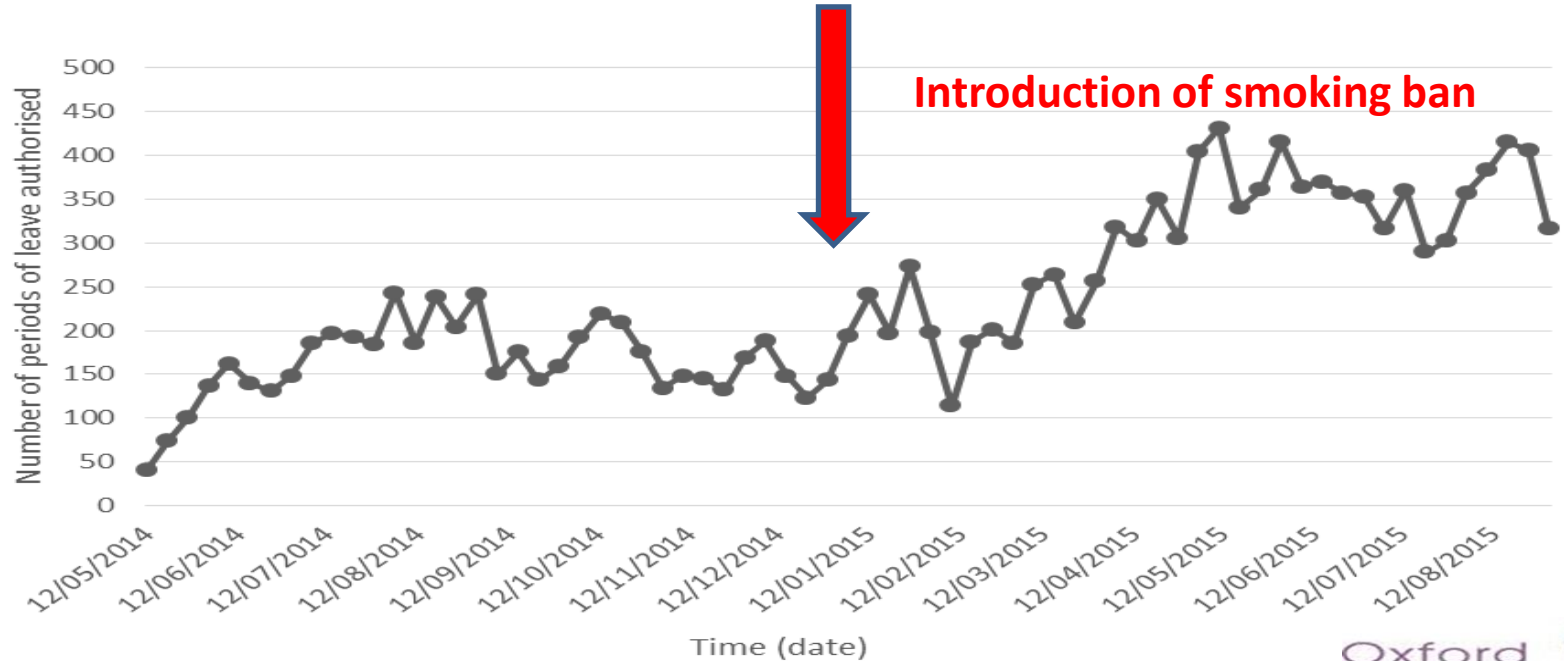
% times patients return on time

Allen Ward

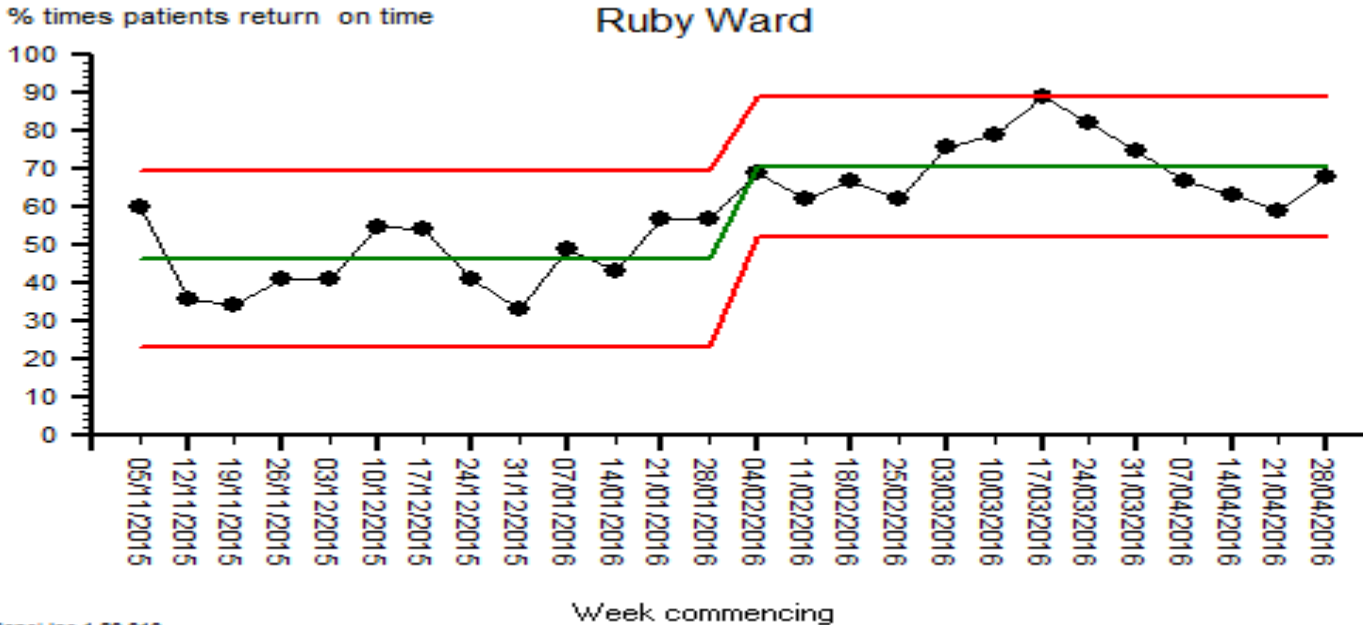


BaseLine 1.20.010

No of leave episodes on Ward B

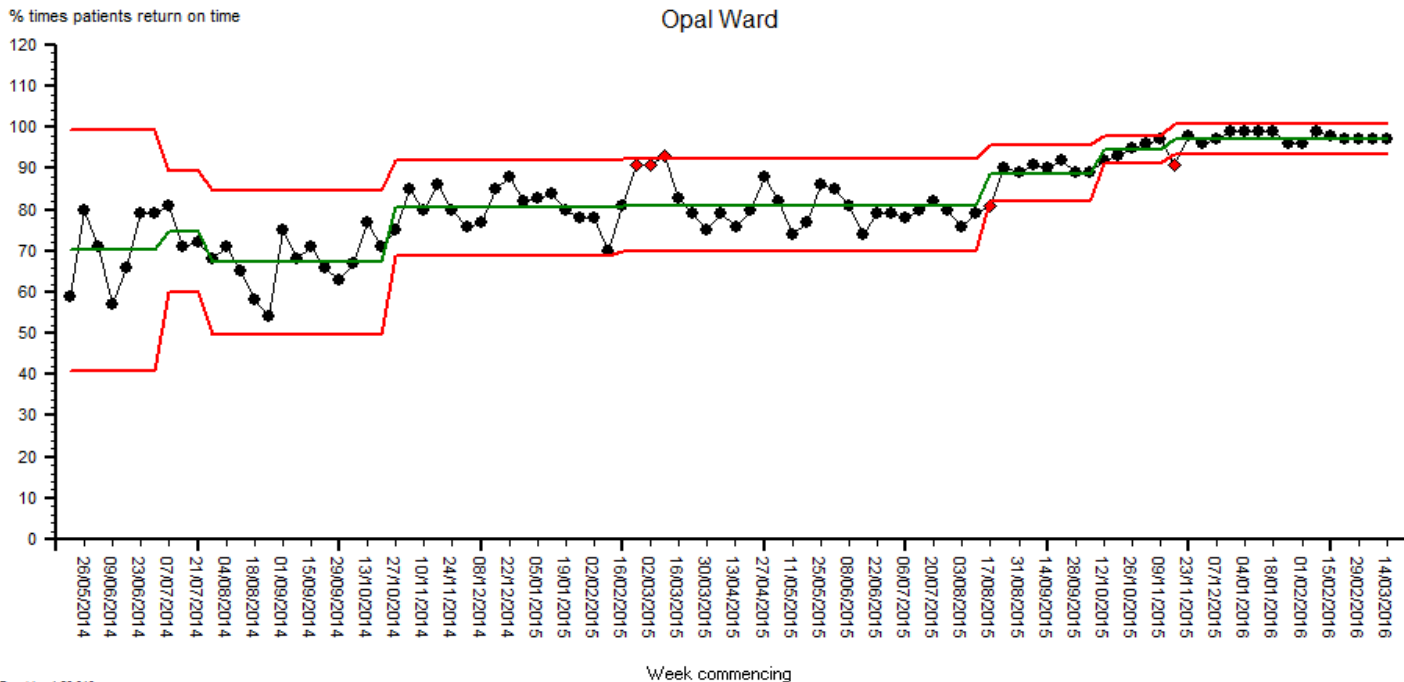


Acute Ward C



BaseLine 1.20.010

Recovery Ward data



BaseLine 1.20.010

Therapeutic benefits for patients

- Patients attitudes to leave have changed from seeing it as restrictive to being part of their engagement in care
- Staff spend time with patients discussing the aims and progress of their leave
- Previously allocated in 30 min slots – now individualised to each patient

Benefits of the new care process to staff

- **Staff; especially Healthcare Assistants, are taking an active interest in S17 leave.**
- **Increase in patient advocacy.**
- **Improved feedback about the progress of patients on leave to the medical team.**
- **Staff are developing skills in patient safety and care planning reflects this.**
- **We have seen a increase in staff-patient conversations about leave.**
- **Fears about the reliability of the interventions deteriorating once the smoking ban was introduced have been unfounded.**

Adoption – Oxford AHSN Programme

Oxford Health NHSFT

- 6 Adult Acute Wards
- 1 Rehabilitation Ward

Berkshire Healthcare NHSFT

- 1 Adult Acute Ward in Reading (refine)

Central and North West London NHSFT

- 2 Adult Acute Wards in Milton Keynes (refine)

Questions?