

Poster Presentation submission for napicu conference September 2015

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In collaboration with the Emerald Ward ICU team who are members of napicu

Title

Balancing safety for all with least restrictive practice: an audit and review of practice on Emerald ward.

Introduction and background

The National High Secure Healthcare Service for Women offers care to a group of 50 women who on admission are deemed to be of grave and immediate risk to others. This is often accompanied by their use of self-injury as a way of dealing with their distress. Emerald ward is a 12 bedded ward for patients who may suffer from mental illness, a Learning disability, and/or a personality disorder. One 6 bedded side of the ward offers care for those women who have a learning disability, have complex needs or are vulnerable. The other side of the ward provides intensive care for women from across the service. It was chosen as the challenges faced to ensure the safety of all on a daily basis are multifaceted and require responsive approaches. Due to the challenging nature of the patients presentations restrictive interventions are utilised in order to prevent harm to self or others, The Emerald team considered the need to take a proactive role in reviewing practice in line with current guidance from the Department of Health (2014) 'Positive and Proactive Care: Reducing the Need for Restrictive Practice. They chose to review current practice against the guidance to identify good practice; decision making and review processes; care planning and to recommend areas for change

Aims and Objectives

The aim of the audit/ review is to establish a base line of decision making processes linked to delivery and review of restrictive practise on emerald ward To help and encourage staff to re-think and dynamically reframe their approach to situations with consideration given to less restrictive options/new ways of responding. A decision making tree Tool is being developed as a result of the work.

- Identify current systems for reviewing patient risk & care plan in relation to restrictive practices
- Recording rationales and the process of decision making and level of restrictions
- Reflexivity and review
- Identify staff and patients views on current practice
- Recognise good practice.

Method

The approach will enable the focus to be to ascertain 'where we are at now' in relation to the nature, frequency and type of restrictions that are currently utilise. The 3 levels of primary secondary and tertiary preventative strategies identified in 'Positive and Proactive Care: Reducing the Need for Restrictive Practice(DOH 2014) were used to frame the content of audit.

The Audit/review has 4 key phases

Phases. Development of the tools and establishing the process of audit and consultation (questionnaires, focus group protocol retrospective note audit, individual patient time lines; segregation and seclusion) ; data gathering; vital validation feedback loop to patients and staff; development in collaboration of decision making tool and process , development of training and traffic light care planning system.

Anticipated Benefits and Findings so far

Both patients and staff are in the process of enhancing their capacity to re-think their approach to situations with consideration given to less restrictive options/new ways of responding in the following ways

- Heighten awareness of positive & proactive practice across staff & patient teams.
- Patient understanding and recognition of reasons for restrictions
- Positive impact on decision making and review of least restrictive options in day to day practice.
- Enhance care planning and identification of dynamic risk
- Reflexivity to individual need and using personal distress signatures to inform care
- Enhanced clarity around current systems for reviewing patient risk & care plan in relation to restrictive practices to ensure restrictive practices are justified, proportionate, effective in minimising risk and have clear time limits.
- Entries on Rio give clear and sign posted rationale for any restrictions in place
- Have clear systems in place which highlight the level and length of use of restriction on an individual and ward bases.
- Recognised good practice.