We’re in this together: Patient safety as a foundation for staff safety

Occupational Violence - Health Services Staff Forum

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How does Safewards relate to occupational violence?
Improving safety for both patients and staff…

Understanding the relationship between:

- Occupational violence
- Restrictive practice

Conflict → Containment
What can happen in controlling cultures

Cultures of control

Restrictive interventions

Fight response

Patient fear

Fight response

Staff fear

Occupational violence

Violence

Trauma

Illness / Injury
What can happen in therapeutic cultures

Cultures of care

- Therapeutic interventions
- Trust & hope
- Patient safety
- Staff safety
- Connection & understanding

Recovery Safety Learning
What is Safewards?
The Safewards basics

• Model of practice for mental health settings
• Focus on reducing conflict (violence & risk of harm) and containment (restrictive practices)
• Solid evidence base (UK and Victoria)
• Model and ten interventions
• Implementation:
  2014-15 Pilot and evaluation
  2017-18 Implement in mental health inpatient units
  2019-20 Implement in EDs and general units
Ten Interventions

1. Know each other
2. Clear mutual expectations
3. Discharge messages
4. Positive words
5. Soft words
6. Reassurance
7. Mutual help meeting
8. Bad news mitigation
9. Talk down methods
10. Calm down methods
Simple Safewards Model

- **Staff modifiers**
  - **Patient modifiers**
    - **Flashpoints**
      - **Originating domains**
      - **Conflict**
      - **Containment**
The interventions

Know Each Other
Patients and staff share some limited personal information with each other.

- Builds rapport, respect & common humanity

Clear Mutual Expectations
Patients & staff work out mutually agreed aspirations that apply to both groups equally.

- Counter some power imbalances

Positive Words
Staff say something positive in handover re each patient, & use psychological explanations for challenging actions.

- Increases positive appreciation and helpful information about working with patients.
The interventions

**Discharge Messages**
Patients leave messages of hope for other patients.
- *Strengthens patient community & hope*

**Mutual Help Meeting**
Patients offer and receive mutual help and support.
- *Strengthens patient community, coping*
The interventions

Reassurance
Staff debrief every patient after every conflict on the unit.
▸ Increases patients’ sense of safety, reduces conflict

Bad News Mitigation
Staff understand, plan for & mitigate the effects of bad news received by patients
▸ Reduces likelihood of conflict

Soft Words
Staff rethink limits on patients: reduce limits and/or increase options and respect in limit setting
▸ Promotes respect, choice & dignity
**Calm Down Methods**
Staff use patient’s own strengths & coping strategies, or explore new ones, before using PRN medication.
► *Strengthen patient coping, skills, resources*

**Talk Down**
Staff use consistent de-escalation process emphasising self-control, respect & empathy, with a focus on clarifying issues and finding resolution together.
► *Respect, mutually positive outcomes*
Some practical ideas
Simple Safewards Model

- Staff modifiers
  - Patient modifiers
    - Originating domains
      - Positive words
    - Flashpoints
      - Soft words
    - Conflict
      - Talk down
  - Containment
Positive Words Tips

Seeing people in a positive light changes our own behaviour.

Understanding why people do things helps us to be more helpful.

Why did you choose to work in health?
Setting limits is a common flashpoint:

- Saying no to something people want.
- Asking people to do something they don’t want to do.
- Asking people to stop doing something they want to do.

How do you react when others set limits on you?
Talk Down Tips

How we approach people impacts the outcome.

- A process can make a difference
Safewards is highly effective in reducing conflict and containment

The Safewards model and associated interventions have been highly effective in reducing conflict and containment, and increasing a sense of safety and mutual support for staff and patients.

The office of the Chief Mental Health Nurse (CMHN), led by Anna Love, has established a Safewards team to assist public mental health units across Victoria to implement Safewards. The model was originally developed in the UK by Bowers and colleagues.

The Safewards story

The purpose of implementing Safewards is to create safer mental health services for staff and patients and to reduce the use of restrictive interventions, including seclusion and restraint.

Safewards evaluation and locations

The evaluation of the Trial was conducted by researchers at the Centre for Psychiatric Nursing, the University of Melbourne. Safewards has a highly favourable impact in terms of staffing and consumer perceptions of increased safety and positive incident environments.

Safewards Consumer Advisory Group

The Safewards Consumer Advisory Group (CAG) was formed and meets every quarter throughout the course of Safewards implementation, chaired by the Safewards sector for consumer advocacy.

Safewards Collaborative

The Safewards Collaborative enables participating services to learn from peers and subject matter experts to support improvement services.

Safewards Community of Practice

The Community of Practice provides a supportive environment to discuss ideas and challenges related to implementing Safewards.

Safewards Faculty

The Safewards Faculty consists of individuals to supporting and monitoring the effectiveness of the Collaborative.

Safewards videos

These videos describe the model and interventions and demonstrate how the interventions look in practice.

Safewards training resources

Resources include the Safewards Handbook, a series of workshop resources and train-the-trainer resources.

Safewards news and forums

News and information on Safewards issues from across Victoria.