Safewards Emergency Department Interventions

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Overview of the Safewards Model

Safewards is a model of practice improvement developed to promote a therapeutic response to minimise conflict and containment, thereby optimising the safety of both staff and consumers [1, 2]. The Safewards model was originally developed in the United Kingdom (UK), and subsequently evaluated in a large cluster randomised controlled trial across 31 acute psychiatric wards [3]. Results from the trial indicated that the model had a positive impact on the quality of healthcare delivery, and led to reducing episodes of conflict and containment in acute mental health inpatient units. Similar results have also been reported in Australia [4], Denmark [5], and Germany [6].

Central to the Safewards model is a comprehensive set of prevention and intervention strategies delivered by staff, to prevent and manage conflict events (descriptions of these interventions are available online: www.safewards.net).

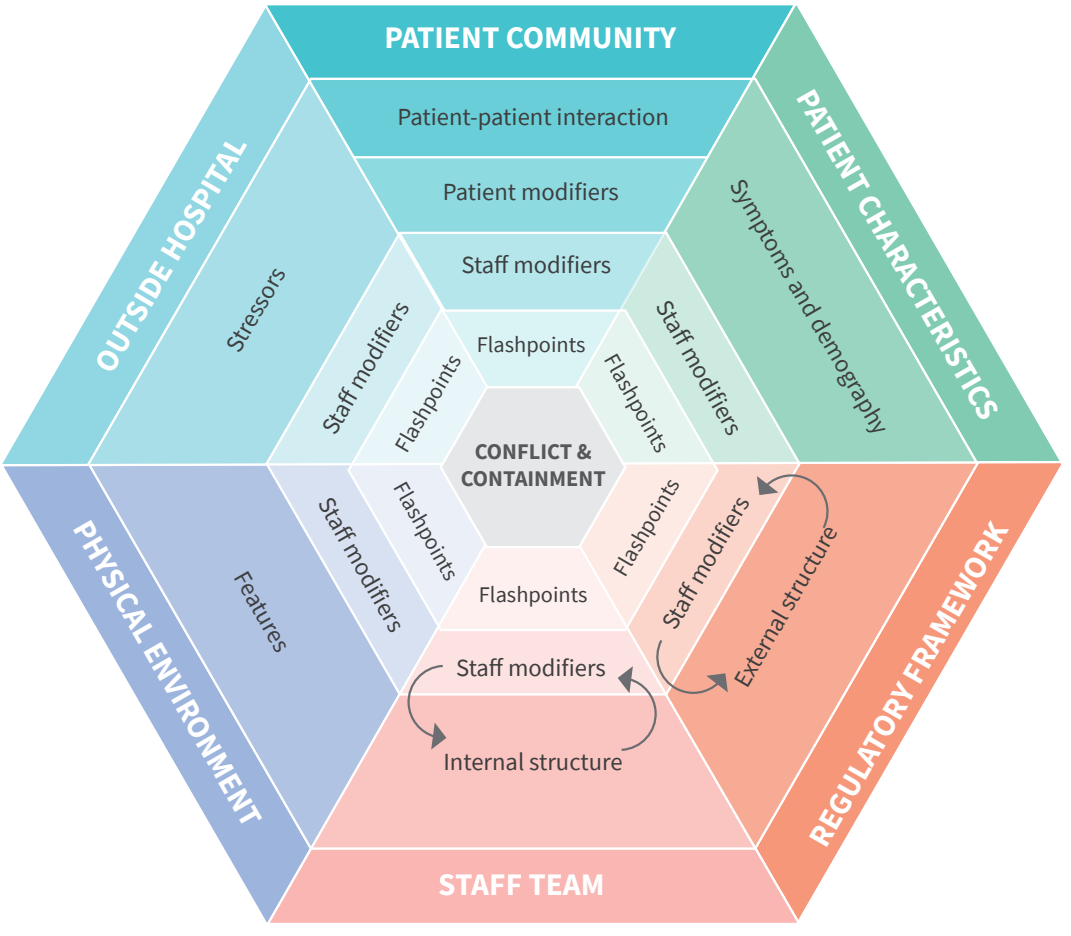

Diagram 1 Safewards Originating Domains. This information was provided by The Department of Health, Victoria and was adapted from material developed by Professor Len Bowers, UK

Informed by the significant outcomes reported in mental health settings, the Safewards model was adapted for use in Emergency Departments (ED) (Gerdtz et al., 2021). In this pilot project, Safewards interventions were applied in the care of all ED patients, regardless of clinical presentations and diagnosis.

Conflict between staff and patients in EDs may arise from factors inherent within the environment (such as noise and lack of space), situational factors (such as ED processes and communication interactions between people), and personal or internal factors (such as cognitive impairment, intoxication or past trauma history). Containment measures used in the ED setting include the use of restrictive interventions such as the use of security responses, physical, mechanical, and chemical restraint. Our evaluation demonstrated that Safewards was applicable to the ED setting and staff reported positive experiences using the interventions. Additionally, we found evidence that the Safewards ED interventions reduced some coercive practices [7].

Safewards Interventions

The starting point for adapting the Safewards model in EDs were ten therapeutic interventions implemented in the mental health setting. To adapt for implementation in the ED setting, expert advice was sought through an advisory group (including ED nurses, ED directors, union, consumer, carer, evaluation expert, Safewards educator and Safewards project manager). As a result, ten modified Safewards interventions were adapted for piloting in the ED setting. It was anticipated from the outset that staff may not necessarily use all ten interventions due to time pressured nature of the ED. Table 1 shows the interventions used in mental health and adapted names for EDs.

MENTAL HEALTH	EMERGENCY DEPARTMENTS
Clear Mutual Expectations	Human Rights Charter
Soft Words	Respectful Limits (Soft Words)
Talk Down	Talk Through
Positive Words	Positive Words
Bad News Mitigation	Delivering Bad News
Know Each Other	Know Each Other
Calm Down Methods	Calming Methods
Reassurance	Reassurance
Discharge Messages	Perception and Awareness
Mutual Help Meeting	Senior Safety Round

Change Champions

Change Champions were considered critical to the success of implementation and sustainability of the Safewards Model. During the evaluation process, staff advised it was crucial for sustainability to train and appoint a multi-disciplinary group of champions (i.e., nursing, medical, security, administrative). Having a group of champions provides mutual support and collaboration with external sites, and enables structured opportunities for training new staff. Table 2 provides a description, rationale and example of how these interventions were used in practice.

INTERVENTION	DESCRIPTION	RATIONALE	EXAMPLE
Know Each Other	Patients and staff share some personal information (e.g. hobbies, pet names) with each other. Staff information can be displayed on a board in the common area, and patient information can be displayed by the bedside.	• Build rapport • Establish connection and sense of common humanity	Know each other board displaying staff information is used to establish shared interests, hobbies, or casual conversation topics.
Positive Words	Staff say something positive in handover about each patient. Staff use psychological explanations to describe challenging actions.	• Increase positive appreciation • Provide helpful information for colleagues to work with patients	Staff in the ED created a list of words they used to describe people and noted that these words have negative connotations, so they produced a list of alternative words, and encouraged staff to adopt it in their clinical practice.
Senior Safety Round	Senior nurse checks in with patients and promotes the three S's: **Do you feel satisfied?** **Do you feel Safe?** **Strive- what else can we do for you?**	• Strengthen assessment of wellbeing	All staff (medical, exec, nursing) nominated to do a safety round. This was not to audit staff but to escalate any clinical scenarios and provide support to staff and patients. During this process, any issues could lead to conflict were identified and escalated for resolution.
Perception and Awareness	Staff increase their awareness of the patient experience and perception of events.	• Minimise potental aggression incidents • Capitalise on patient self-coping and protection strategies	This intervention encouraged staff to see the patient's perspective. It was implemented using a poster and this can be added to prevention of clinical aggression training.

INTERVENTION	DESCRIPTION	RATIONALE	EXAMPLE
Reassurance	Staff touch base with every patient after every conflict on the unit and debrief as required, with the aim to reduce the effects of distress arising from other conflicts.	• Reduce impact of a common flashpoint • Increase patient's sense of safety and security	If there was a critical incident i.e., an emergency response, noise of a distressed person or code blue, staff would check in patients nearby and provide reassurance.
Delivering Bad News	Staff understand, proactively plan for, and mitigate the effects of bad news received by patients.	• Reduce impact of a common flashpoint • Offer extra support	Staff used this approach to support the patient but also support the staff to deliver bad news.
Respectful Limits	Staff take great care with their tone and use of collaborative language. Staff reduce the limits faced by patients, create flexible options, and use respectful limit when setting a limit is unavoidable.	• Reduce impact of a common flashpoint • Empower patient by providing choices • Build respect and dignity	This intervention was also supported by hospital programs to reduce clinical aggression.
Calming Methods	Staff support patients to draw on their strengths and use/learn coping skills before the use of PRN medication or containment.	• Strengthen patient skills to cope with distress	Staff explored ideas and reported that having access to practical items such as phone chargers and iPad was useful. Additional sensory items such as tactile objects, were obtained. Items were single use or able to be cleaned.
Talk Through	De-escalation process focuses on clarifying issues and finding solutions together. Staff maintain self-control, respect and empathy.	• Increase respect and collaboration • Establish mutually positive outcomes	This intervention can be incorporated into the clinical aggression prevention program.

* Department of Health, 2018.

More Information

For more information about the Safewards Model, please visit https://www2.health.vic.gov.au/safewards

To review the full Safewards ED Report please visit
https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/s/safewards-in-three-emergency-departments-pilot-final-report.pdf

To review the Safewards Victorian Trial Final Evaluation Report please visit
https://www.health.vic.gov.au/practice-and-service-quality/safewards-evaluation-and-locations

To review the Safewards training resources please visit
https://www.health.vic.gov.au/practice-and-service-quality/safewards-training-resources

Authors

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