Supporting Patients in Seclusion

Aintree Ward, Rampton Hospital

Project No: 00

Nottinghamshire Healthcare NHS Foundation Trust

Creation of a one page document to inform/reflect an individuals communication, risk and management needs whilst nursed in restrictive interventions

AIM

To increase the quality of life of patients whilst in seclusion. By a reduction of 20% incident reports by April 2021.

WHY IS THIS IMPORTANT TO SERVICE USERS AND CARERS?

Staff who are overseeing the seclusions , are not always fully informed as to why a patient has been secluded. Patients are often nursed on other wards due to availability of seclusion rooms, sometimes observed by unfamiliar staff. There is a commitment within the team to reduce patients time spent within restrictive practices.

There is a need to be able to access patients current risk information and appropriate communication support quickly and for this to be portable for wherever a patient is being nursed . This is to offer a consistent approach with an aim to reduce the impact, frequency and stay .

TESTING/PDSA CYCLES

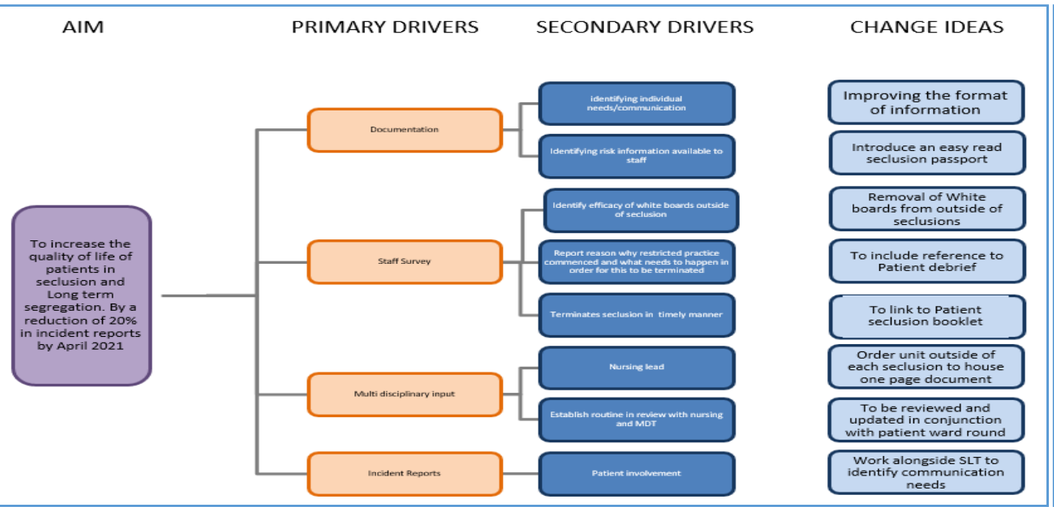
.It was noted that a patient's perspective was needed to improve the document as this is in line patient centred care and now inclusive of reducing restrictive interventions

Liaise with MDT concerning format and name of plan – input received from SLT finalise name of plan and content and made into a one-page document.

In conjunction with the release of the out of sight document the importance of staff awareness and appropriate training was apparent, the SPELL framework training was rolled out to all staff in the directorate and hopefully in time the whole hospital.

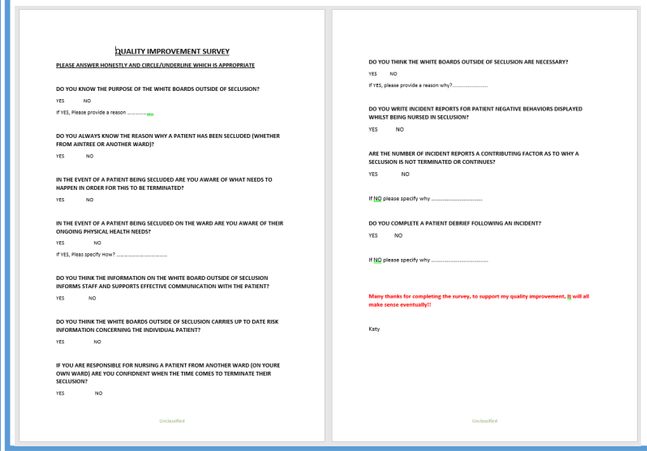
At present the a staff questionnaires has been circulated to gain their understanding and suggestions for taking this forward. Examples of these can be seen below in the Data Collection section

DRIVER DIAGRAM



DATA COLLATION

Copy of the staff questionnaire



QUALITY IMPROVEMENT SURVEY

PLEASE ANSWER HONESTLY AND CIRCLE/UNDERLINE WHICH IS APPROPRIATE

DO YOU KNOW THE PURPOSE OF THE WHITE BOARDS OUTSIDE OF SECLUSION?
YES NO
If YES, Please provide a reason .....

DO YOU ALWAYS KNOW THE REASON WHY A PATIENT HAS BEEN SECLUDED (WHETHER FROM AINTREE OR ANOTHER WARD)?
YES NO

IN THE EVENT OF A PATIENT BEING SECLUDED ARE YOU AWARE OF WHAT NEEDS TO HAPPEN IN ORDER FOR THIS TO BE TERMINATED?
YES NO

IN THE EVENT OF A PATIENT BEING SECLUDED ON THE WARD ARE YOU AWARE OF THEIR ONGOING PHYSICAL HEALTH NEEDS?
YES NO
If YES, Pleas specify how? .....

DO YOU THINK THE INFORMATION ON THE WHITE BOARD OUTSIDE OF SECLUSION INFORMS STAFF AND SUPPORTS EFFECTIVE COMMUNICATION WITH THE PATIENT?
YES NO

DO YOU THINK THE WHITE BOARDS OUTSIDE OF SECLUSION CARRIES UP TO DATE RISK INFORMATION CONCERNING THE INDIVIDUAL PATIENT?
YES NO

IF YOU ARE RESPONSIBLE FOR NURSING A PATIENT FROM ANOTHER WARD (ON YOURE OWN WARD) ARE YOU CONFIDENENT WHEN THE TIME COMES TO TERMINATE THEIR SECLUSION?
YES NO

Unclassified

DO YOU THINK THE WHITE BOARDS OUTSIDE OF SECLUSION ARE NECESSARY?
YES NO
If YES, please provide a reason why?.....

DO YOU WRITE INCIDENT REPORTS FOR PATIENT NEGATIVE BEHAVIORS DISPLAYED WHILST BEING NURSED IN SECLUSION?
YES NO

ARE THE NUMBER OF INCIDENT REPORTS A CONTRIBUTING FACTOR AS TO WHY A SECLUSION IS NOT TERMINATED OR CONTINUES?
YES NO

If NO please specify why .....

DO YOU COMPLETE A PATIENT DEBRIEF FOLLOWING AN INCIDENT?
YES NO

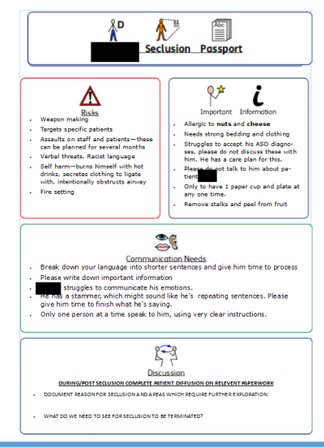
If NO please specify why .....

Many thanks for completing the survey, to support my quality improvement. It will all make sense eventually!!

Katy

Unclassified

Copy of Seclusion Passport



[redacted] Seclusion Passport

Risks
- Weapon making
- Targets specific patients
- Assaults on staff and patients—these can be planned for several months
- Verbal threats. Racist language
- Self harm—burns himself with hot drinks, secretes clothing to ligate with, intentionally obstructs airway
- Fire setting

Important Information
- Allergic to **nuts** and **cheese**.
- Needs strong bedding and clothing
- Struggles to accept his ASD diagnosis, please do not discuss these with him. He has a care plan for this.
- Please do not talk to him about patient [redacted]
- Only to have 1 paper cup and plate at any one time.
- Remove stalks and peel from fruit

Communication Needs
- Break down your language into shorter sentences and give him time to process
- Please write down important information
- [redacted] struggles to communicate his emotions.
- He has a stammer, which might sound like he's repeating sentences. Please give him time to finish what he's saying.
- Only one person at a time speak to him, using very clear instructions.

Discussion

DURING/POST SECLUSION COMPLETE PATIENT DIFFUSION ON RELEVENT PAPERWORK

- DOCUMENT REASON FOR SECLUSION AND AREAS WHICH REQUIRE FURTHER EXPLORATION:
- WHAT DO WE NEED TO SEE FOR SECLUSION TO BE TERMINATED?

SUMMARY

This project got underway to try and reduce the use of Blanket Restrictions for patients in seclusion. Multidisciplinary meetings and an ongoing survey of need and management of restrictive interventions was undertaken. Initial findings/opinion uncover the following:

- Absence of restrictive interventions management plans other than crisis contingency and/or post care.
- Wipeable board primary source of information relating to the reason for restrictive intervention, risk, communication, and ongoing needs without evidence for who it is informed by and/or evidence base.
- Absence of person-centred care approach in restrictive interventions, in its execution directed by the nurse in charge. Information as good as what is delivered/recorded at the time of the intervention and no evaluation of how that is what is received and whether this has impact.
- Absence of individual activity plans for patient nursed in restrictive practices that might benefit from the meaningful engagement and structure and should include details of activities and support that aid a person's recovery.
- Inconsistencies of the use of the HOPE Model and No Force First were found.
- Concerned that people are being criminalised for their actions while distressed in hospital, highlighting that it is more difficult to discharge someone with a criminal record or on a forensic section.
- Sometimes a lack of oversight for LTS/Seclusions – records about reviews and reasons for placing someone in seclusion or LTS not always clear or detailed enough. Evidence of having completed debrief from and for the patient(s) perspective could be missed due to ongoing Nursing, MDT and independent reviews. Inclusive of patients nursed in LTS, where Exit Strategies were not always there.
- At first a staff survey was sent out to staff on Aintree ward in which the response was initially quite poor via email request, therefore I had to within a certain time frame then made time for each member of staff to complete this.
- SLT and I met up to discuss the format of the seclusion one-page sheet and what would be important to be include within this, with special consideration to lay out and its being communication friendly. Because this tool was staff specific, this then came about the first discussion of an accompanying "seclusion pack" which would include the following : A personal perspective and plan to restructure practise (patient), A personalised document was created to understand and support the patients perspective of seclusion and needs, Communication care plan, Sensory Profile, Activities Timetable, Diffusion and patient debrief template and individual Crisis Plan.

Project Lead – Katy Twigg Team Leader, Aintree Ward, Rampton Hospital Co facilitators , SLT Iseabail Belither, Autism Lead Sarah Foster, Social Communication worker Dominic Foster Q.I Support - Steve Daykin Quality Improvement Facilitator