Healthcare Improvement Scotland

Scottish Patient Safety Programme

Improving Observation Practice

Driver Diagram and Change Package

Scottish Government
Riaghaltas na h-Alba
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NHS SCOTLAND

Change Package

Purpose of the Change Package

There are three distinct parts; Driver Diagram, Change Ideas and Measures. It is a toolkit containing:

- Evidence informed interventions and practices;
- Implementation strategies
- List of possible measures that can be used to measure progress and

It is used as a resource for teams as they plan, design, test and apply the evidence informed practices in their local environments. When used and applied together, the QI teams can expect to achieve breakthrough improvement, with the ability to spread their learning across the health system as appropriate to aid in system-wide improvement.

How to use this Change Package

Using the rapid spread methodology the multidisciplinary Team Leads/Clinical Leads are encouraged, with their teams, to review the change package to determine:

- What practices might already be in place in their area and decide if further work is needed.
- Identify and prioritise the changes the team will undertake, and determine what improvements these changes will lead to.
- What other changes may be required at a later date.
- Identify any challenges and barriers that may impede change and work with the Head of Safety & Improvement, NHSL Management Teams to remove them

Driver Diagram

The following “driver diagram” provides an overview of the key practices and describes the elements that need to be in place to achieve an improvement in observation practice in Mental Health care settings. The driver diagram has been developed by Healthcare Improvement Scotland and SPSP Improving Observation Practice Leads based on:

- best evidence available
- learning from testing and
- taking into consideration the key areas that senior leaders and frontline staff could have an impact on

Primary & Secondary Drivers

The primary drivers are high level ideas that if implemented, will achieve the improvement aim. The best way of implementing primary drivers is to identify a series of actions (secondary drivers) which, when undertaken, will contribute to the primary drivers and in turn the aim.

Change Ideas

A change concept is a general notion or an approach to improving an aspect of care. A change idea is an action which is expressed as a specific example of how a particular change concept can be applied in real life. Also included in this package is a series of different measures. These measures are important as we need to know if the changes we are making are an improvement.

Measures

	Primary Driver	Secondary Driver
<u>Aim</u> Support the national implementation of flexible, continuum based care and treatment to meet the identified mental health and safety needs of individuals admitted to mental health inpatient settings	Infrastructure at national and local level to support implementation of guidance	• Health and Social Care Partnerships (HSCPs) will provide leadership and support to clinical areas to facilitate the development of conditions for new practice and investigate potential development or potential requirements around workforce planning, shift patterns, ward structures or activity. • Healthcare Improvement Scotland's ihub will provide improvement support and advice for boards in testing changes in practice and measurement of outcomes. • Ward activity and /or shift patterns maximise staff visibility, interaction, therapeutic milieu and continuity of care within the clinical environment. • Workforce planning considers staffing activities and skills required to deliver preventative, early intervention focused care, treatment and safety interventions. • Align local policy to principles of guidance • Implement SPSPMH Safety Principles
	Early detection, prevention and intervention with patients at risk or potential risk of mental health deterioration or harm	• Anticipatory care planning. • Assessment of needs, risk, and potential harm or deterioration, and care, treatment and safety planning are individualised and synergised. • Recognition of early warning signs to aid prevention and early intervention. • High visibility and accessibility of all levels of core nursing staff for service users • Checks to determine awareness of patients' whereabouts are interaction based and focused on assessment of wellbeing. • Safety huddles and safety briefings highlight deteriorating or potentially deteriorating patents and describe action, review and communication plan. • Where known factors for potential mental health associated harm or deterioration are present there is early use of allied, specific assessments or interventions and adoption of these into individualised care, treatment and safety plan • Learning, training and education support development of preventative approaches.
	Care, treatment and safety interventions are delivered by core, familiar and skilled staff.	• Core staff are skilled in a range of psychotherapeutic interventions and can deliver least restrictive, rights and evidence based care and treatment aligned with individualised need. • Workforce planning considers staffing activities and skills required to deliver preventative, early intervention focused care, treatment and safety interventions.
	Individualised care, treatment and safety planning are centralised within a human rights and recovery focused practice culture.	• Care, treatment and safety plans demonstrate prescribed and targeted individualised interventions as part of a responsive process to address specific patient problems and strengths, and purpose of admission. • Care, treatment and safety planning is delivered within a collaborative culture of trauma informed care. • Learning and development culture supports continual improvement in recovery, rights and trauma informed care approaches • Quality assurance is linked to learning and development to support consistency and best practice in standards for purpose and quality of risk assessment and safety planning process.
	Individualised interventions are delivered within a context of highly flexible, tailored and continuum based care and treatment driven by an individual's care, treatment and safety plan	• All therapeutic activity, including all psychotherapeutic, individualised intervention: -Is delivered by core, familiar, staff who are skilled in a range of psychotherapeutic interventions -Varies in frequency, nature and intensity in response to patient deterioration factors and known risk factors. -Is forward planned collaboratively to encourage scaling back and increasing of intervention in a flexible, least restrictive manner. -Is experienced as a continuation of care and treatment which is responsive to individuals' needs at the time. -Is specific, psychotherapeutic and purposeful and aligned with the individual's needs, strengths, purpose of admission and evidence based practice • Periods of continuous intervention should be individualised intervention are purposeful and demonstrate a collaborative balance between therapeutic intervention and individual activity. If physical containment of the patient is necessary for a period of time this should be governed by boards' seclusion / time out policies. • The need for continual visual assessment of engagement and impact of psychotherapeutic intervention during periods of continuous intervention is dynamic and determined by the patient's individualised care, treatment and safety plan and collaborative decision making. • Review patients requiring periods of continuous intervention every 8-12 hours as minimum to identify continued need or alternatives, and evidence effectiveness of intervention, as this should have a purpose and be goal directed.

Core IOP Measures

These measures are reportable through the SPSPMH toolkit:

- [IOP1] Percentage of patients with tailored interventions
- [IOP2] Percentage of patients engaged with daily therapeutic activity

Supplemental IOP Measures

These measure have been identified as helpful to support local improvement and learning

- Total number of hours of patients receiving continued individualised intervention
- Percentage of patients receiving continued individualised intervention
- Average hours per patient on continued individualised intervention
- Total number of patients who receive continued individualised intervention whose care plan evidence engagement with therapeutic activity
- Average length of inpatient admission

It is recommended this data will be collected alongside the SPSPMH measures of restraint, self-harm and violence rates.

Change Package

Secondary Driver	Change Ideas
• Health and Social Care Partnerships (HSCPs) will provide leadership and support to clinical areas to facilitate the development of conditions for new practice and investigate potential development or potential requirements around workforce planning, shift patterns, ward structures or activity. • Healthcare Improvement Scotland's ihub will provide improvement support and advice for boards in testing changes in practice and measurement of outcomes. • Ward activity and /or shift patterns maximise staff visibility, interaction, therapeutic milieu and continuity of care within the clinical environment. • Workforce planning considers staffing activities and skills required to deliver preventative, early intervention focused care, treatment and safety interventions. • Align local policy to principles of guidance • Implement SPSPMH Safety Principles	• Potential trialling of continental shift patterns • QI WebEx series for IOP leads • Structuring staff and ward activity to increase capacity for early and planned intervention with patients delivered by skilful practitioners. • Staff training and education to increase capability for intervention. • Development of standards for minimum competencies and capabilities for working with people with acute mental health problems. • Introducing IOP guidance as part of staff induction. • Awareness sessions for patients and carers to increase knowledge of new IOP guidance. • Development of a 'handy guide' to support staff with implementation.
• Anticipatory care planning. • Assessment of needs, risk, and potential harm or deterioration, and care, treatment and safety planning are individualised and synergised. • Recognition of early warning signs to aid prevention and early intervention. • High visibility and accessibility of all levels of core nursing staff for patients • Checks to determine awareness of patients' whereabouts are interaction based and focused on assessment of wellbeing. • Safety huddles and safety briefings highlight deteriorating or potentially deteriorating patents and describe action, review and communication plan. • Where known factors for potential mental health associated harm or deterioration are present there is early use of allied, specific assessments or interventions and adoption of these into individualised care, treatment and safety plan • Learning, training and education support development of preventative approaches.	• Use of specific assessment tools and / or interventions to target specific areas of need or harm – e.g. STORM assessment and interventions; mentalisation, mindfulness, distress tolerance for self-harm; Broset Violence Prediction Checklist for violence • A system is in place to identify patients at risk of deterioration e.g. Traffic light system, early warning score. • A system is in place to rapidly follow up with intervention for patients identified during awareness checks as not engaging appropriately, reluctant to engage or as potentially deteriorating. • Where actual or potential deterioration or harm is identified, care plans reflect relevant intervention plan, communication and review of impact e.g. Clinical Pause • Patient Safety Community meetings for patients and staff to collaborate on identified safety issues. • Involvement of peer support workers and the 'floor nurse' to communicate any clinical deterioration or risk and to have identified interventions in place using an individualised care plan.

• Core staff are skilled in a range of psychotherapeutic interventions and can deliver least restrictive, rights and evidence based care and treatment aligned with individualised need. • Workforce planning considers staffing activities and skills required to deliver preventative, early intervention focused care, treatment and safety interventions.	• Diarised, individualised interventions to ensure and maximise patient contact • Group activities are decided in partnership with patients and their identified needs e.g. 'positive steps' group developed in NHS Borders, Health Improvement tool kit developed in NHS GG&C and memory boxes developed in NHS Tayside. • Floor nurse • Activity coordinator • Volunteers supporting various therapeutic activities e.g. aromatherapy, relaxation sessions and pet therapy • Encouraging staff to 'Tap into hidden talents' to support therapeutic interventions.
• Care, treatment and safety plans demonstrate prescribed and targeted individualised interventions as part of a responsive process to address specific patient problems and strengths, and purpose of admission. • Care, treatment and safety planning is delivered within a collaborative culture of trauma informed care. • Learning and development culture supports continual improvement in recovery, rights and trauma informed care approaches • Quality assurance is linked to learning and development to support consistency and best practice in standards for purpose and quality of risk assessment and safety planning process.	• Care and treatment plans evidence family involvement or contribution as part of the wider team. • Collaborative (daily) goal setting and safety planning underpins all therapeutic care and treatment intervention. • Align knowledge, purpose and activity of ward setting with a trauma informed care approach and culture, utilising NES trauma training framework. • Consider testing aspects of See Think Act and / or Safewards • Creative approaches to clinical supervision e.g. action learning sets, peer supervision and reflective practice.
• All therapeutic activity, including all psychotherapeutic, individualised intervention: -Is delivered by core, familiar, staff who are skilled in a range of psychotherapeutic interventions -Varies in frequency, nature and intensity in response to patient deterioration factors and known risk factors. -Is forward planned collaboratively to encourage scaling back and increasing of intervention in a flexible, least restrictive manner. -Is experienced as a continuation of care and treatment which is responsive to individuals' needs at the time. -Is specific, psychotherapeutic and purposeful and aligned with the individual's needs, strengths, purpose of admission and evidence based practice	• Programmes of activity are tailored to individual preferences by meeting as a group in the morning and planning the day ahead, with follow up of experience and impact during scheduled 1-1 or group feedback. • Seeking patient consent and collaboration when planning to provide continuous intervention rather than general care, and also being mindful of the use of the clinical pause. • Collaborative planning of timetable with specific interventions with patients who require a period of continuous intervention or group intervention. • Use of WRAP, advanced statement or MyCarePlan to structure and forward plan care and treatment activity and continuous interventions. • Encouraging collaborative feedback with patients following any periods of continuous intervention.

• Continued periods of individualised intervention are purposeful and demonstrate a collaborative balance between therapeutic intervention and individual activity. If physical containment of the patient is necessary for a period of time this should be governed by boards' seclusion / time out policies. • The need for continual visual assessment of engagement and impact of psychotherapeutic intervention during continued periods of individualised intervention is dynamic and determined by the patient's individualised care, treatment and safety plan and collaborative decision making. • Review patients requiring continued periods of individualised intervention every 8-12 hours as minimum to identify continued need or alternatives, and evidence effectiveness of interventions.	• Linking of assessment findings – such as on unscheduled absence assessment – with interventions on care, treatment and safety plan.