Reducing Violence on Inpatient Mental Health wards

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This presenter has nothing to disclose
Objectives

- To give a case example of using Collaborative framework to reduce Violence in in-patient mental health settings.
Why?

- National Audit of violence
- Greatest cause of incident within Trust
- Impact on patients and staff
- Impact on outcomes for patients
Methods

• Model For Improvement

• Expert Reference group
  • Medic
  • Patient safety expert
  • Nursing
  • Occupational Therapy
  • Psychology
  • Patients

• Literature Review
Aim

- To reduce violence by 50% in each in-patient ward within 6 months
- 2 separate pilots run in distinct settings across 4 wards
- Currently in roll out across the organisation, have spread to 7 further wards -
# Family of Measures used

<table>
<thead>
<tr>
<th>Topic</th>
<th>Outcome Measures</th>
<th>Process Measures</th>
<th>Balancing Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence Reduction</td>
<td>Violent incidents per week</td>
<td>Percent complete risk assessments</td>
<td>Staff/Patient satisfaction</td>
</tr>
<tr>
<td></td>
<td>RIDDORS</td>
<td>Percent complete risk reduction plans</td>
<td>Number of control and restraints</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percent patient receiving full MDT risk planning</td>
<td>Number of incident reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Days between seclusion</td>
</tr>
</tbody>
</table>
Driver Diagram for Violence Reduction

Outcome: Reduced Violence

Primary Driver: Environment to Prevent Deterioration

Secondary Driver:
- Local changes from local data
- Teamwork
- Communication between staff (SBARD)
- Staff and Patient compact
- Intentional Rounding
- Visual Management
- Communication of Deterioration
- Escalation process in response to deterioration
- Standardised Predictive tool
- Risk assessment and Risk Plan
- Care Packages/Zoning
- Safewards
- MDT response/escalation

Primary Driver: Early recognition of Deteriorating Patient

Secondary Driver: Responding quickly to Deterioration
Local Measurement for Local system changes

- Safety cross
- Ward map
- Incident by Time of day and Day of Week.
- Team STEPPS
- Patient safety climate tool
Local Data to Inform Local Changes

Pareto Chart of Day of week for Violent and Aggressive Incidents on ES2

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Count</th>
<th>Percent</th>
<th>Cum %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>20</td>
<td>21.7</td>
<td>21.7</td>
</tr>
<tr>
<td>Monday</td>
<td>18</td>
<td>19.6</td>
<td>41.3</td>
</tr>
<tr>
<td>Wednesday</td>
<td>15</td>
<td>16.3</td>
<td>57.6</td>
</tr>
<tr>
<td>Friday</td>
<td>14</td>
<td>15.2</td>
<td>72.8</td>
</tr>
<tr>
<td>Saturday</td>
<td>10</td>
<td>10.9</td>
<td>83.7</td>
</tr>
<tr>
<td>Tuesday</td>
<td>10</td>
<td>10.9</td>
<td>94.6</td>
</tr>
<tr>
<td>Sunday</td>
<td>5</td>
<td>5.4</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Time of Violent and Aggressive Incidents

Count

<table>
<thead>
<tr>
<th>Time</th>
<th>00:00</th>
<th>02:00</th>
<th>04:00</th>
<th>06:00</th>
<th>08:00</th>
<th>10:00</th>
<th>12:00</th>
<th>14:00</th>
<th>16:00</th>
<th>18:00</th>
<th>20:00</th>
<th>22:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>
Changes

- Prompt Risk assessment and planning
- DASA
- SBARD
- Intentional Rounding
- MDT handover of risk
- Zoning with packaged interventions
- Escalation procedure
The following ratings are based on your knowledge and observations of the patient during the PREVIOUS 24 HOURS. Well known patients are scored a 1 for an increase in the behaviour described, the patient’s usual behaviour while being non-violent is scored as 0.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability – the patient is easily annoyed or angered. The patient is unable to tolerate the presence of others</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Impulsivity – the patient displays behavioural and effective instability (i.e. dramatic fluctuations in mood, or general demeanour, inability to remain composed and directed)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unwillingness to follow directions – the patient tends to become angry or aggressive when they are asked to adhere to treatment or to the ward’s routine.</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sensitivity to perceived provocation – the patient tends to see other people’s actions as deliberate and harmful: they may misinterpret other people’s behaviour or respond with anger in a disproportionate manner to the extent of provocation</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Easily angered when requests are denied – the patient tends to be intolerant, or is easily angered when they make a request that is denied or when they are asked to wait</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Negative attitudes – the patient displays entrenched antisocial and negative attitudes and beliefs which may relate to violence and aggression</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Verbal threats – the patient displayed a verbal outburst, which is more than just a raised voice, and where there is a definite intent to intimidate or threaten another person</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Total

Record of aggression – during the previous 24 hours has the patient behaved aggressively in any of the following ways? (please mark with a cross in the appropriate box)

- Physical aggression against OBJECTS – slams door, throws objects down, kicks furniture, breaks objects, smashes windows, sets fires, or throws objects dangerously
- Verbal aggression against PATIENTS – shouts angrily, insults, curses viciously, uses foul language in anger, or makes clear threats of violence towards others
- Verbal aggression against STAFF – shouts angrily, curses viciously, uses foul language in anger, or makes clear threats of violence towards others
- Physical aggression against PATIENTS – makes threatening gesture, swings at people, grabs at clothes, strikes, kicks, pushes, pulls hair, or attacks others.
- Physical aggression against STAFF – makes threatening gesture, swings at people, grabs at clothes, strikes, kicks, pushes, pulls hair, or attacks others.
Process Map of Care Response to Deteriorating Patient on AL3

Issues can arise at following points:
1) Nursing staff discussion – disagreement
2) Timeliness of MDT response: Delay in getting major changes to Management plan as patients seen once every 3 weeks.
3) Emergency team: Not all staff are trained to be able to perform every function of Emergency team.
Results

P Chart of rate of violent incidents per week from safety cross

- Proportion
- Week beginning
- UCL = 0.566
- LCL = 0
- \( \bar{P} = 0.155 \)
Challenges

• Staff engagement, knowledge & competence

• Embedded cultures and practice

• Local solutions not forthcoming

• MDT engagement in process
Challenges

- Changes in Leadership
- Resource
- Collaborative approach to improvement
Challenges

MEASUREMENT!
Conclusions

- PDSA methodology allowed for change to happen quickly whilst reducing resistance
- Package of interventions was effective
- Multi-professional development and collaborative working worthwhile
- Think technology for advancing healthcare into the future!