Safewards in Ontario

- Starting in 2014 we began to have increased attention to workplace violence in hospitals
- A suggestion was made to the Forensic Directors group by Dr. Duncan Scott to consider Safewards as a tool
- Len Bowers was brought to Ontario to present his model.
- Initially adopted by Ontario Shores, North Bay Regional Hospital, and St. Joseph’s Healthcare Hamilton,
SAFEWARDS OVERVIEW

Who and Where
- Developed in the UK by a mental health nurse Professor Len Bowers’ and team at Kings College London

Safewards Model
- 6 originating domains & 10 interventions shown to reduce conflict (15%) and containment (24%) in inpatient mental health settings

Therapeutic Approach
- Goal: to make acute mental health wards calmer and more pleasant places

Evidence-based
- Based on a RCT and 20 years of extensive research evidence (Bowers 2014)
Conflict and Containment

15% reduction in *conflict* using Safewards Model

Violence or any instance that can result in harm

24% reduction in *containment* using Safewards Model

Ways staff manage rapidly changing situations
SAFEWARDS: 6 DOMAINS

The model depicts 6 domains of originating factors that can create potential flashpoints:

1. Staff Team or Internal Structure Domain
2. Physical Environment Domain
3. Patient Characteristic Domain
4. Patient Community Domain
5. Outside Hospital Domain
6. Regulatory Framework Domain
Piloting the Safewards Model in a Forensic Mental Health Inpatient Setting
SAFEWARDS: CAMH PILOT

1 Year Implementation
Sept 2016 - 2017

3 Forensic Inpatient Units

Training

Evaluation

Enhancements Pre-implementation
4. Lessons Learned
KEY THEMES

The Model

Culture

Integration into Practice
THE MODEL

3 Forensic Inpatient Units
- Correctional
- Skeptical
- KEO, Calm Down

Conflict & Containment
- RCT results
- ↓ severity

SAFEWARDS

Language

Calm Down

Methods
- Talk Down
- Comfort Box
- Transition Messages
- Talk Through
CULTURE

Top Down

- Forensic Directors Group
  - Ministry of Health & Long-term Care
  - Ontario Hospital Association

- Safe & Well initiative
  - 0% avoidable patient death
  - 0% physical injury
  - 100% staff & clients feeling respected & supported

Burnout & Ward Atmosphere

- Maslach Burnout Inventory (MBI)
- Essen Climate Evaluation Schema (EssenCES)

- Focus group
  - Platform for discussions

Initiative Fatigue

- ~20+ initiatives
INTEGRATION INTO PRACTICE

Integration Into Practice

Pilot
- Deemed temporary
- Evaluate & adjust

“Organisational Fidelity”
- Superficial

Training
- Champion model
  - Safewards Leaders
- Safewards Coordinator
  - Safewards Council (Staff & Client)
- Safewards Peer Facilitator

Duplication
- Disconnect

360s
- an opportunity for clinicians to present Client-centred case reviews embedding Safewards into practical day to day activities
KEY CONSIDERATIONS: BUY-IN

- Burnout & Ward Atmosphere
- 3 Forensic Inpatient Units
- Initiative Fatigue
- Superficial Fidelity
- Pilot
- Duplication
- Language
- Top Down
- Conflict & Containment
- 360s
- Training
...provide[s] a platform for growth and change for both staff and clients that can be built upon in any future implementation of the Model

Deb McDonagh, Safewards Peer Facilitator
The People
Time Line

Pilot on three Forensic Units. (January 2016-May 2016)

PDSA and build toolkit for spread (June 2016)

Implementation on all 13 inpatient Mental Health Units (July 2016- December 2017)

Implementation to Outpatient Services (December 2017- March 2018)

Education sessions to all Community Partners (Ongoing)

Introduction to all Medical Units Organization Wide (November 2017- March 2018)
Why Safewards at NBRHC

To keep our staff and patients as safe as possible.

A step in eliminating all preventable harm to staff and patients

We need to link Patient and Staff Safety Plans

We need to balance Recovery and Risk orientated Practices

We need to support our Staff through great change in Health Care

We need to be more proactive and less reactive.
Our Approach

1. Introduce Safewards in a way that was not viewed as “new work”
2. Standard Work developed for each practice
3. Make sure it was easy to identify the WIIFM (what’s in in for me)
4. Integrated Care Model across the organisation
5. Built in collaboration with front line staff
6. Build the Model as one tool kit not 10 separate interventions
7. Safewards pre and post safety and risk Survey
8. Knowledge Exchange (internationally as well as Ontario community of practice)
Clear Mutual Expectations

Patients and staff will be respectful of noise level on the Lodge. You may be asked to turn the TV down or to lower your voice.

Patients and staff will ensure lodge guidelines are followed at all times. Please refer to The Oat Lodge pamphlet and posted Lodge Guidelines.

Everyone on the unit will be treated with dignity and respect at all times.

Working together staff and patients will ensure the safety of everyone on the Lodge.

On every shift patients will have a nurse assigned to them as posted. Patients are asked to approach assigned nurse for questions or concerns.

Staff and patients eating on the Lodge are expected to clean up after themselves (nursing station, TV area, dining area and ADL kitchen).

Staff will be available to answer questions. If an answer cannot be provided immediately staff will return with an answer in a timely matter.
Positive Rounds and Bad News Mitigation

<table>
<thead>
<tr>
<th>Day</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
</tr>
</tbody>
</table>

Positive rounds to be typed in bold font

1) Has this patient received bad news during your shift? If so, how can we support them?

2) Is this patient likely to receive bad news on this shift? If so, how can we best manage it?
One Page Profiles

CARE TEAM MEMBER PROFILE / PROFIL DU MEMBRE DE L'ÉQUIPE DE SOINS

NAME / NOM

ROLE / RÔLE

WHAT IS IMPORTANT TO ME / CE QUI EST IMPORTANT POUR MOI

WHAT YOU CAN EXPECT FROM ME / CE À QUOI VOUS ATTENDRE DE MOI
• I WILL treat you with dignity and respect
• I WILL ensure you have helpful and timely information
• I WILL involve you and your family in care discussions and decisions
• I WILL listen and learn from your experience to improve care

PATIENT PROFILE / PROFIL DU PATIENT

MY NAME / MON NOM

A LITTLE ABOUT ME / QUELQUES MOTS À MON SUJET

WHAT IS IMPORTANT TO ME / CE QUI EST IMPORTANT POUR MOI

HOW BEST TO SUPPORT ME / LA MEILLEURE FAÇON DE M'AIDER...
Community Meeting

The Community Meeting is made up of four 'rounds':

Meetings are 15 minutes long and held at least weekly (ideally daily). All available staff and patients are invited to participate.

**Round of News.** Staff and Patients will all get an opportunity share any news or events with each other. This will help keep everyone informed of things that are taking place over the next week or any changes that may be happening.

**Round of Ideas.** Staff and Patients will have an opportunity to share ideas that will help improve things on the unit. These will be discussed and some may be acted upon if agreed.

**Round of Questions/Answers.** Staff and Patients will all have an opportunity to ask questions of each other. If an answer is not available immediately it will be brought back to the next Community meeting.

**Round of Celebrations.** Staff and Patients will have an opportunity to share any events or accomplishments with each other. This is a great way to come together as a community.
Comfort Kits
Reassurance
Kindly Setting Limits

Verbally show your understanding of how frustrating or difficult something might be for the patient.
Show empathy for their viewpoint with warmth and genuine emotion.
De-Escalation Techniques
Parting Thoughts
Staff Perception Survey

- Increase awareness that staff behavior has a direct effect on patient behavior.

- Increase awareness that staff can mitigate exposure to violence through preparation.

- Increased understanding that training in de-escalation is the best way to prevent violence on the unit.
Timeline

2016
- Pilot project on 5 Forensic units

2017
- Adopted on 14 General Mental Health units, plus Emergency Psychiatric

2018
- Expansion to outpatient Mental Health clinics and offsite campuses
2017/2018 Rollout

Phase 1
4 Months
- Clear Mutual Expectations
- Bad News Mitigation
- Positive Words
- Know Each Other (Staff)

Phase 2
4 Months
- Discharge Messages
- Comfort Methods
- Mutual Help Meeting
- Reassurance

Phase 3
2-3 Months
- Talk Down
- Soft Words
- Know Each Other (Patient)
Rollout Specifics

• Coordinated by a full time Project Lead.
  • 3 person steering group

• Each unit has 2-3 Unit Leads, including at least 1 frontline nurse, 1 allied health team member, and 1 other team member

• Unit leads are provided with 4 hours of training and resource packages

• All inpatient staff were provided with a 1 hr introduction session before formal rollout started.

• Unit lead meetings are held every 4 weeks.

• Large amount of support from Senior Leadership and Public Affairs.
safewards

Creating respect, safety and hope for everyone.

Mutual expectations  Supporting those receiving bad news  Positive words  Know each other  Messages of hope

Comfort methods and peaceful spaces  Community meeting  Reassurance  Respectful limits  Talking it through
**Clear Mutual Expectations**

---

**9 Tower Acute Mental Health**

*Together we will...*

1. Treat each other with courtesy and respect.
2. Conduct ourselves with patience, empathy and understanding.
3. Acknowledge the importance of each other’s time.
4. Communicate in a calm, clear and concise way.
5. Give and receive constructive feedback.
6. Take responsibility for a safe unit including reporting concerns to an appropriate person.
7. Contribute to a clean and tidy environment.
8. Respect one another’s differences. Offensive remarks are unacceptable.
9. Work together in a collaborative way to run an efficient, therapeutic and peaceful unit.

---

**Our Mutual Expectations**

---

**Waterfall 2**

*Together we will...*

- Respect each other, ourselves and our environment.
- Respect each other’s privacy and maintain confidentiality. We will not discuss personal or private matters publicly.
- Ensure time is given to talk and be heard in communicating any of our concerns.
- Remain positive and optimistic.
- Always show patience towards each other and respond to requests in a timely manner.
- Understand and be tolerant of each other’s differences.
- Ensure that the unit feels safe for all by not acting aggressively and adhering to the contraband list.
- Be sensitive and supportive to each other’s needs and remain recovery focused.
- Contribute to an environment free of verbal and physical abuse.

---

St. Joseph’s Healthcare Hamilton

---

Safetours

---

Safetours
Positive Words / Supporting Those Receiving Bad News

Supporting Those Receiving Bad News

At TOA, safety huddle, and care planning meetings

Report - to the team when a patient has or will be receiving bad news
  • Both from outside the hospital or from the care team

Ask - for details
  • What is it? When and where is it coming from? What is the expected reaction? What is the patient’s previous experience with receiving bad news?

Plan - to support the patient in a proactive way
  • Consider whether or not you can control when and how the bad news is delivered

Positive Words

At TOA, safety huddle, and care planning meetings

Report – using objective and positive words about the patient
  • Consider whether a negative behaviour could be explained within the context of illness

Ask - the team to identify positive moments and patient strengths
  • Even small acknowledgements help improve outlook

Plan - to be positive and optimistic, incorporate positive words and patient strengths into care
Know Each Other

Dan, Nurse
Super powers include: 
Photo/Video, Height skills
Know Each Other
Comfort Methods
Peaceful Spaces
Peaceful Spaces

When you feel like giving up, remember why you held on for so long in the first place.
Reassurance

After a negative incident has occurred

Report - to the team when a negative event has occurred

Ask - whether or not anyone needs extra support who may have witnessed the event
  • Consider (co)patients, staff and visitors who were both directly and indirectly involved

Plan - to provide support to individuals and the unit as a whole
Talking It Through / Respectful Limits

Tips for Talking it Through
- Be respectful and empathetic
- Provide information
- Be aware of your emotions and reactions

Stage
- separate from an audience
- move to a quiet place
- invite client to sit down
- establish back up as required
- give space and maintain safe distance

Clarify
- use open ended questions
- speak clearly
- paraphrase and check what they have said
- demonstrate empathy and understanding

Resolve
- remain polite, not authoritarian
- express fallibility
- provide time for the client to control themselves
- avoid a power struggle, negotiate and compromise
- end on a positive note

Remember: Maintain safety. Call for support. Know when to step back.

Tips for Setting Respectful Limits
- Be respectful and polite.
- Be aware of your emotions, body language and tone of voice
- Be genuine, honest, and empathetic

When turning down a request
- Provide hope
- Be realistic and transparent
- Explore alternatives
- Provide and share follow up

When asking someone to do something
- Provide choices and suggest potential benefits
- Negotiate and compromise if appropriate
- Set realistic and attainable goals

When asking someone NOT to do something
- Explore alternatives to the current action
- Seek to understand the meaning behind what the person is doing
Messages of Hope

Orchard 3 Welcome Tree

Serenity isn’t the end, it’s the beginning of a new change and a new beginning.
Legacy Boxes

When you look at a field of donations, you can either see a hundred weeds or a hundred wishes.
Data Tracking

• In the early stages

• Pre / Post data being tracked includes:
  • Staff assaults
  • Seclusion and restraint incidents/hours
  • Staff survey (Over 250 pre-respondents)
  • Patient satisfaction survey
  • Code white numbers
  • PRN / chemical restraint lorazepam use (Potential)
Challenges

- Misunderstandings about “Know Each Other”
- Low level of physician engagement
- Competition with other initiatives
- UK resources were not well received
- Hard to contribute data changes to Safewards
- Multisite implementation had difficulties
- Initial timeline was not realistic
Learnings

• Better buy in with the creative approach
• Support from all levels of organization is needed
• Adoption and sustainability should be linked to existing practices
• Unit adoption more effective with multidisciplinary approach
• Multiple methods of knowledge translation are required
Electronic Resources

www.safewards.net

Safewards Facebook Group
Questions?