



Safewards

camh
Centre for Addiction and Mental Health

North Bay Regional
Health Centre



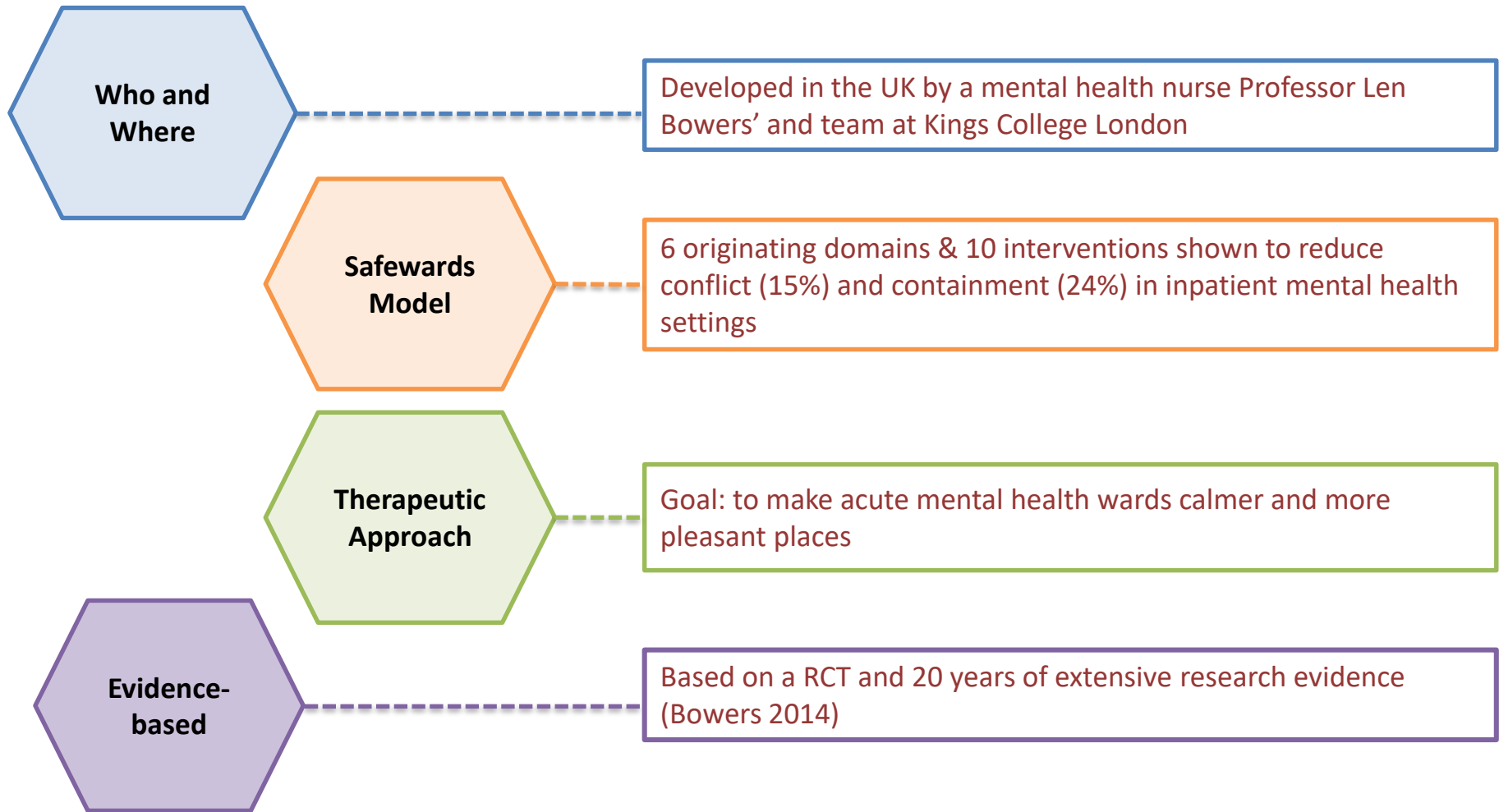
St. Joseph's
Healthcare  Hamilton

Safewards in Ontario

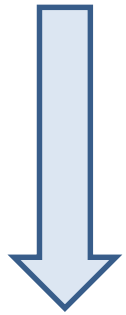


- Starting in 2014 we began to have increased attention to workplace violence in hospitals
- A suggestion was made to the Forensic Directors group by Dr. Duncan Scott to consider Safewards as a tool
- Len Bowers was brought to Ontario to present his model.
- Initially adopted by Ontario Shores, North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

SAFEGUARDS OVERVIEW

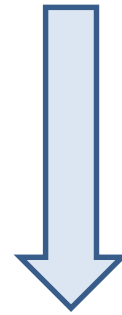


Conflict and Containment



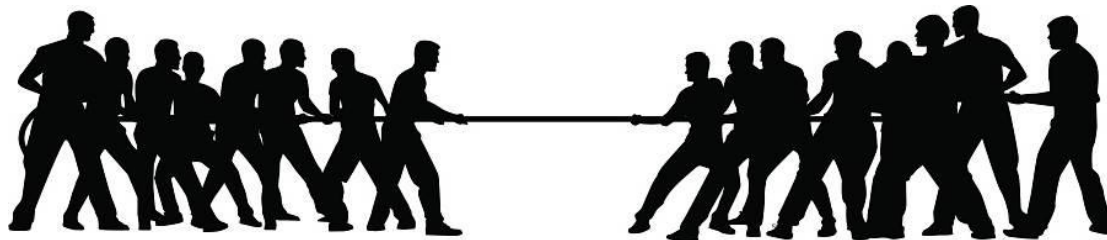
**15% reduction
in *conflict* using
Safewards
Model**

Violence or any instance
that can result in harm



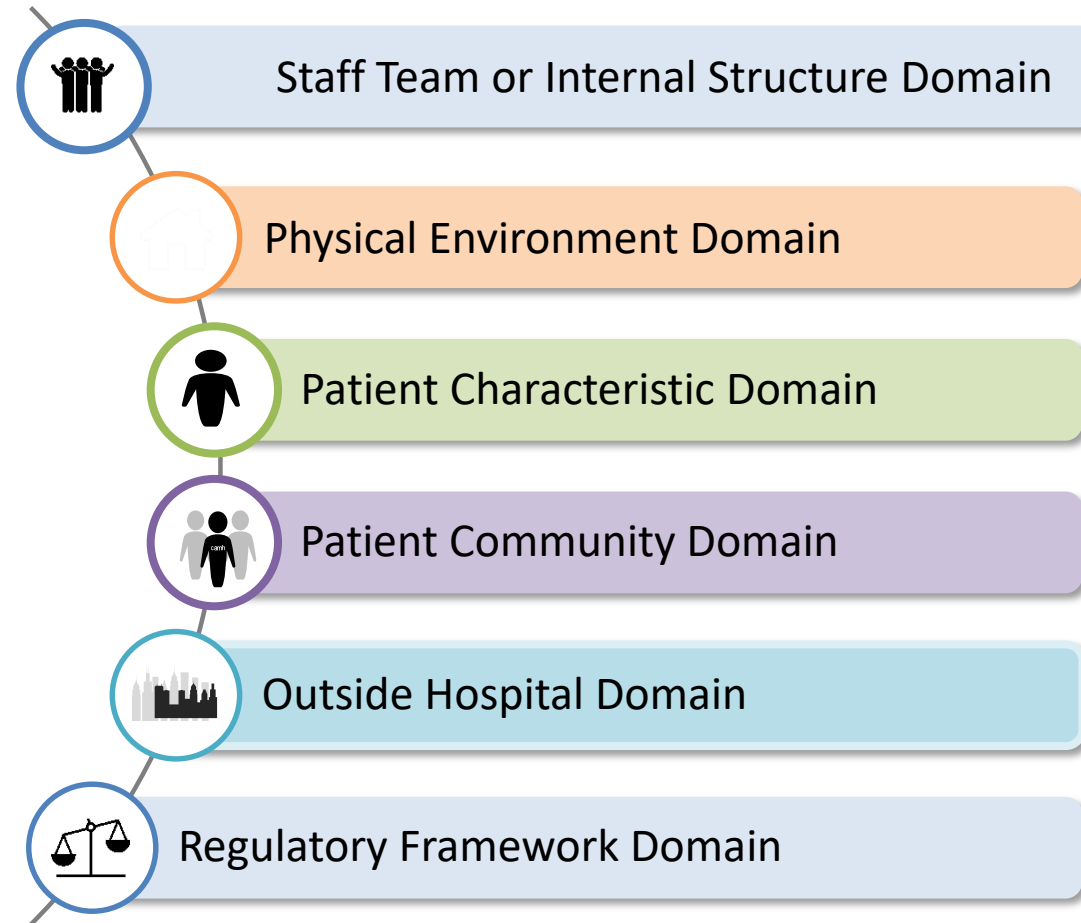
**24% reduction
in *containment*
using Safewards
Model**

Ways staff manage
rapidly changing
situations



SAFEGUARDS: 6 DOMAINS

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



10 Interventions



CENTRE FOR ADDICTION AND MENTAL HEALTH

Piloting the Safewards Model in a Forensic Mental Health Inpatient Setting



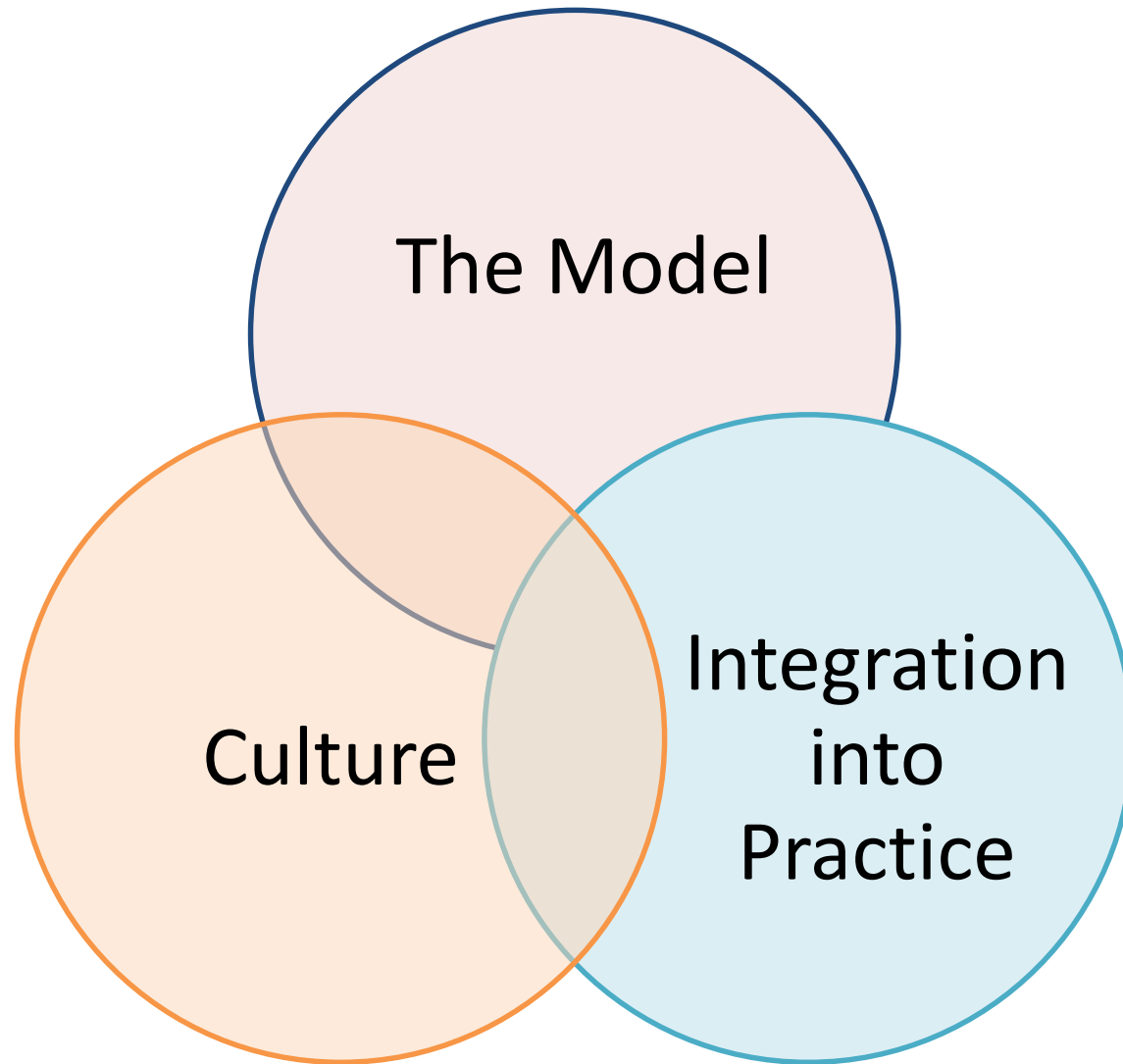
camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

SAFEGUARDS: CAMH PILOT



4. Lessons Learned

KEY THEMES



THE MODEL

3 Forensic Inpatient Units

- Correctional
- Skeptical
- KEO, Calm Down



The Model

Conflict & Containment



• RCT results

• ↓ severity

Comfort Box

Talk Through

Transition
Messages



Language

 SAFEWARDS

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

Culture



Burnout & Ward Atmosphere

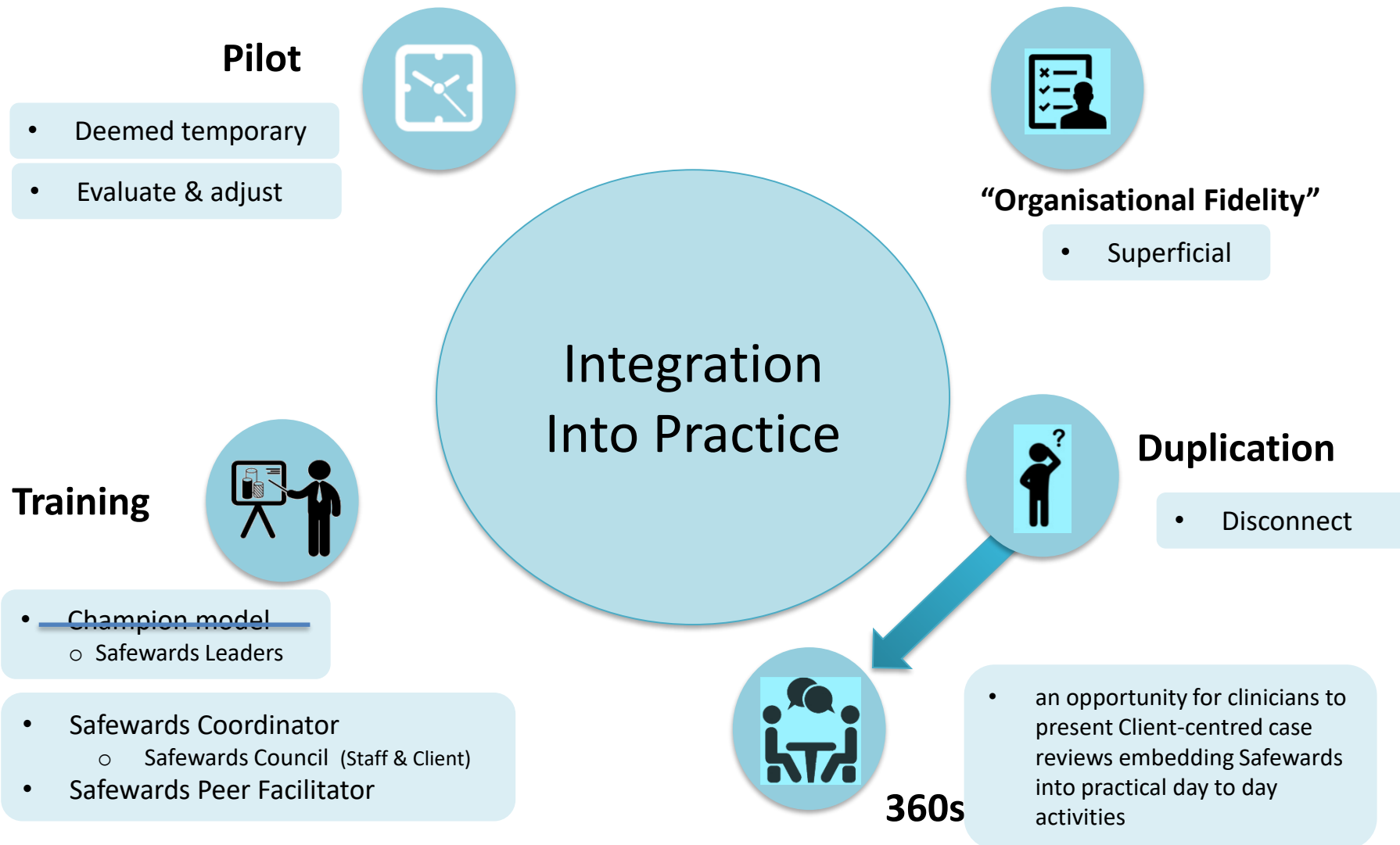
- Maslach Burnout Inventory (MBI)
- Essen Climate Evaluation Schema (EssenCES)
- Focus group
 - Platform for discussions

Initiative Fatigue

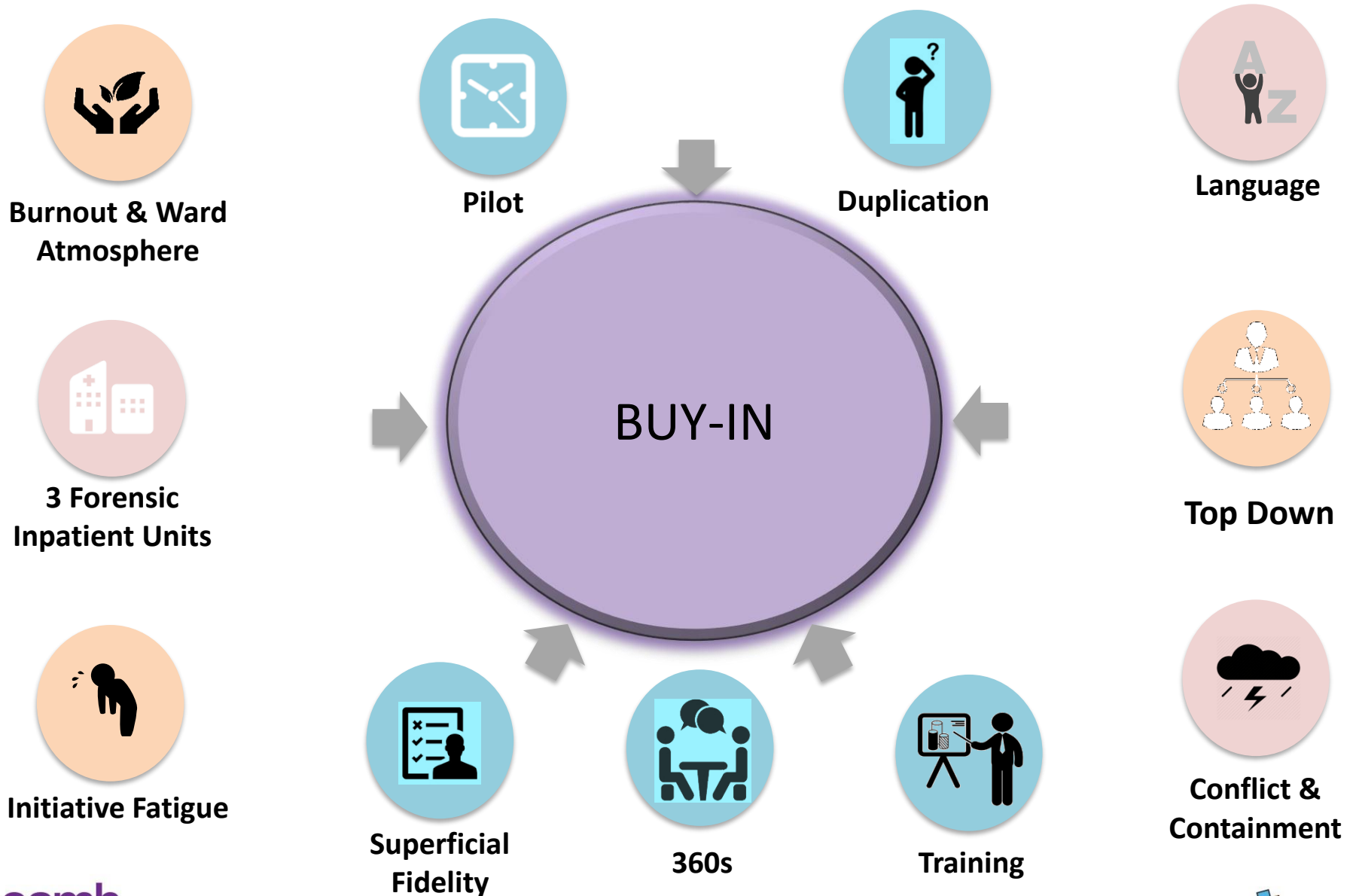
- ~20+ initiatives



INTEGRATION INTO PRACTICE



KEY CONSIDERATIONS: BUY-IN



THE WAY FORWARD

...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



North Bay Regional Health Centre





SAFEWARDS

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)



SAFEGARDS

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.



SAFEWARDS

Our Approach

Introduce Safewards in a way that was not viewed as “new work”

Standard Work developed for each practice

Make sure it was easy to identify the WIIFM (what’s in in for me)

Integrated Care Model across the organisation

Built in collaboration with front line staff

Build the Model as one tool kit not 10 separate interventions

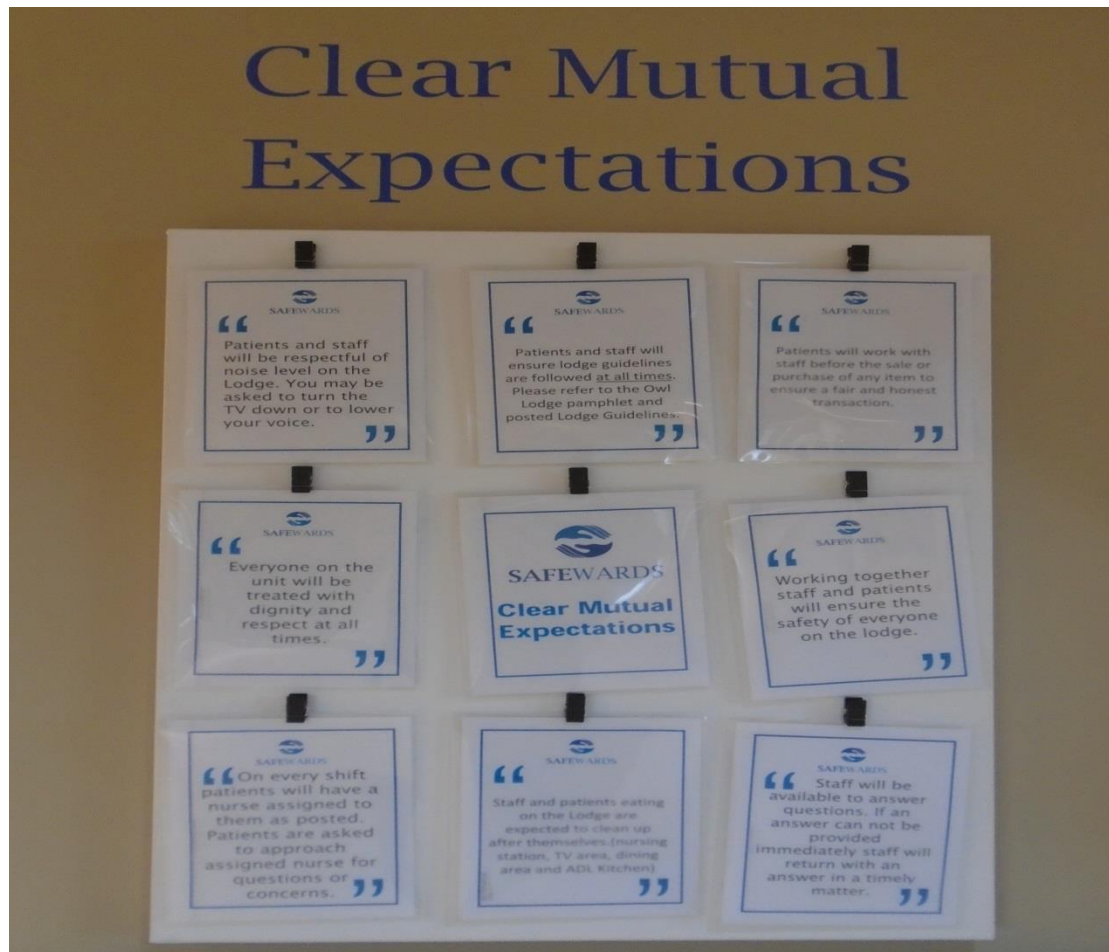
Safewards pre and post safety and risk Survey

Knowledge Exchange (internationally as well as Ontario community of practice)

Clear Mutual Expectations



SAFEWARDS





SAFEWARDS

Positive Rounds and Bad News Mitigation

Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Monday	



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



SAFEWARDS

 SAFEWARDS	
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	
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• JE VAIS vous traiter avec dignité et respect.• JE VAIS m'assurer que vous recevez des renseignements utiles en temps opportun.• JE VAIS vous faire participer et faire participer votre famille aux discussions et à la prise de décisions concernant vos soins.• JE VAIS vous écouter et apprendre de votre expérience afin d'améliorer les soins.
HOW BEST TO SUPPORT ME / LA MEILLEURE FAÇON DE M'AIDER...	

Community Meeting



SAFEWARDS



Community Meetings

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.

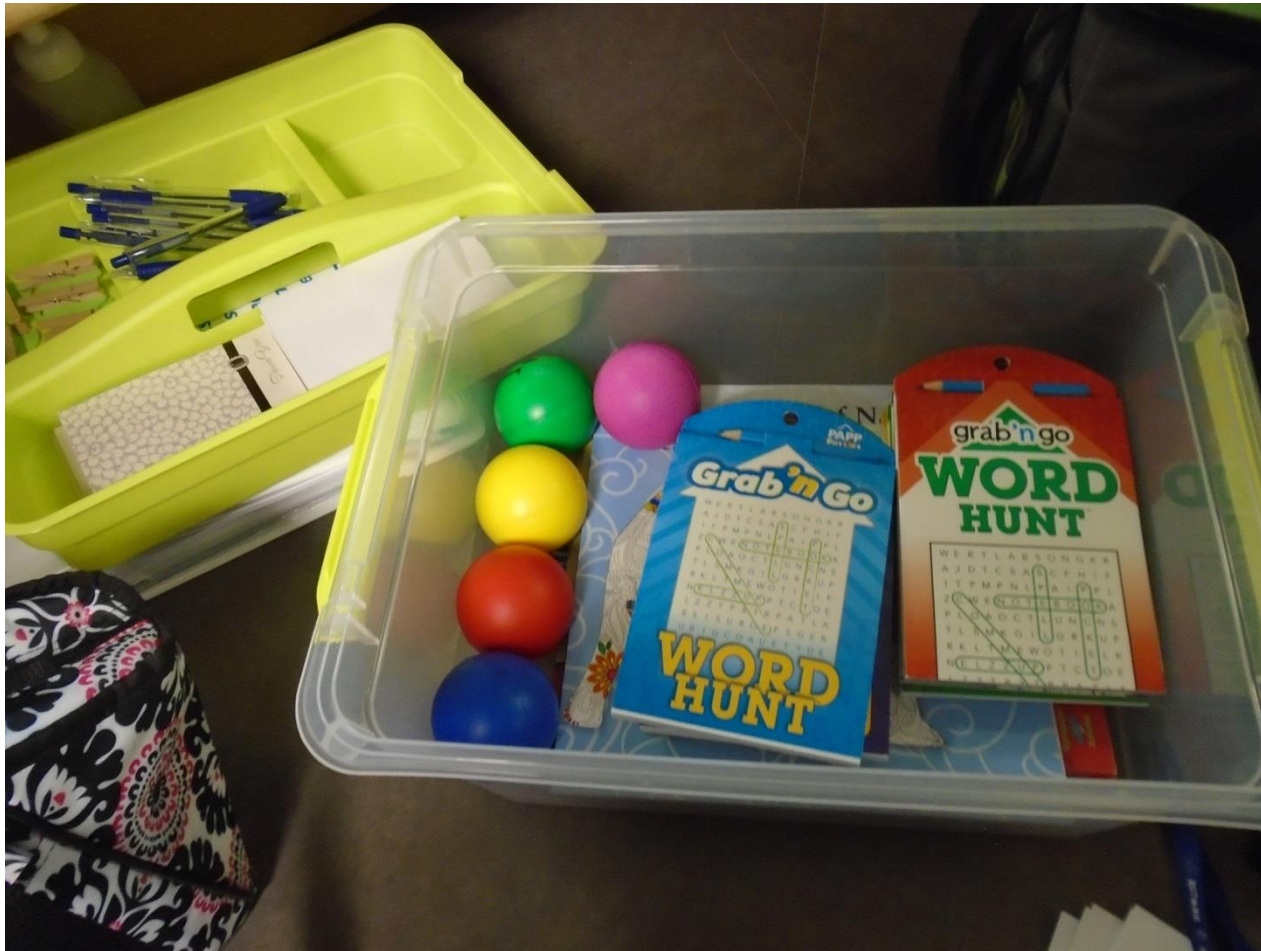
Round of Questions/Answers. Staff and Patients will all have an opportunity to ask questions of each other. If an answer is not available immediately it will be brought back to the next Community meeting.

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



SAFEWARDS



Reassurance



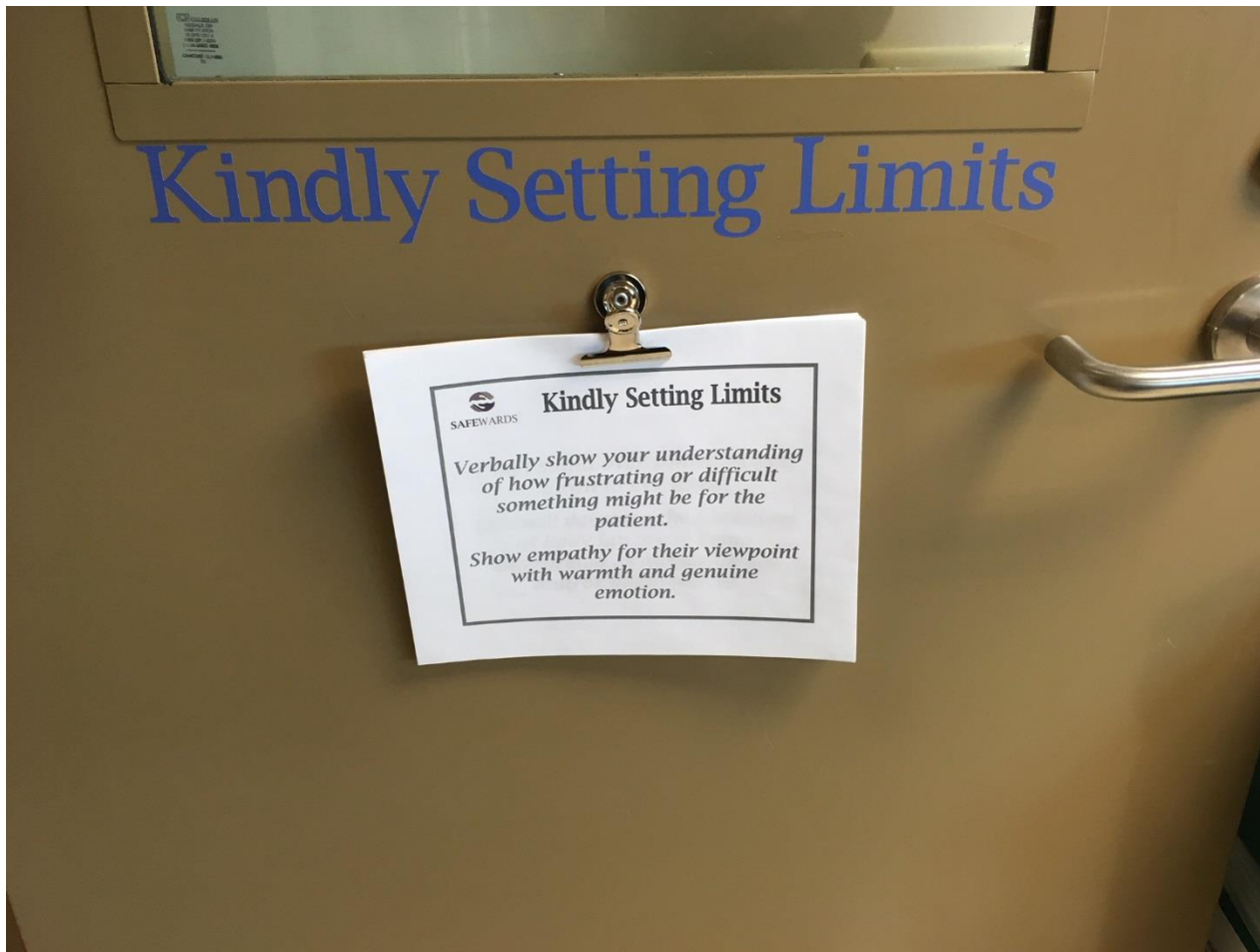
SAFEWARDS



Kindly Setting Limits



SAFEWARDS



De-Escalation Techniques



SAFEWARDS



Parting Thoughts



SAFEWARDS





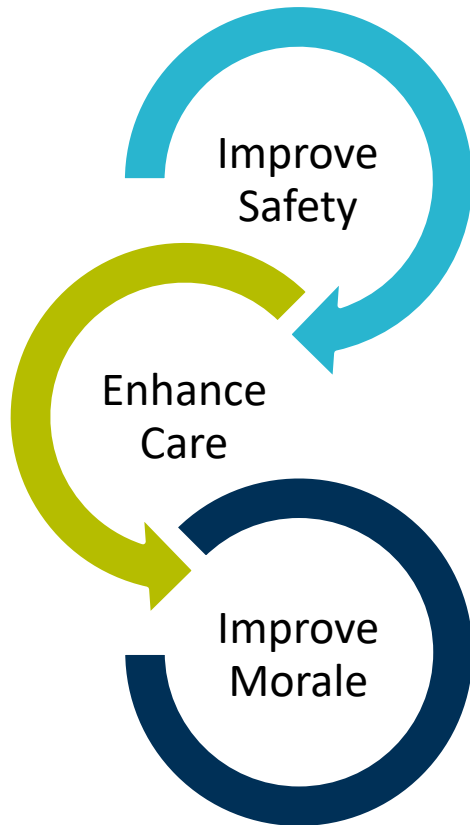
SAFEWARDS

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

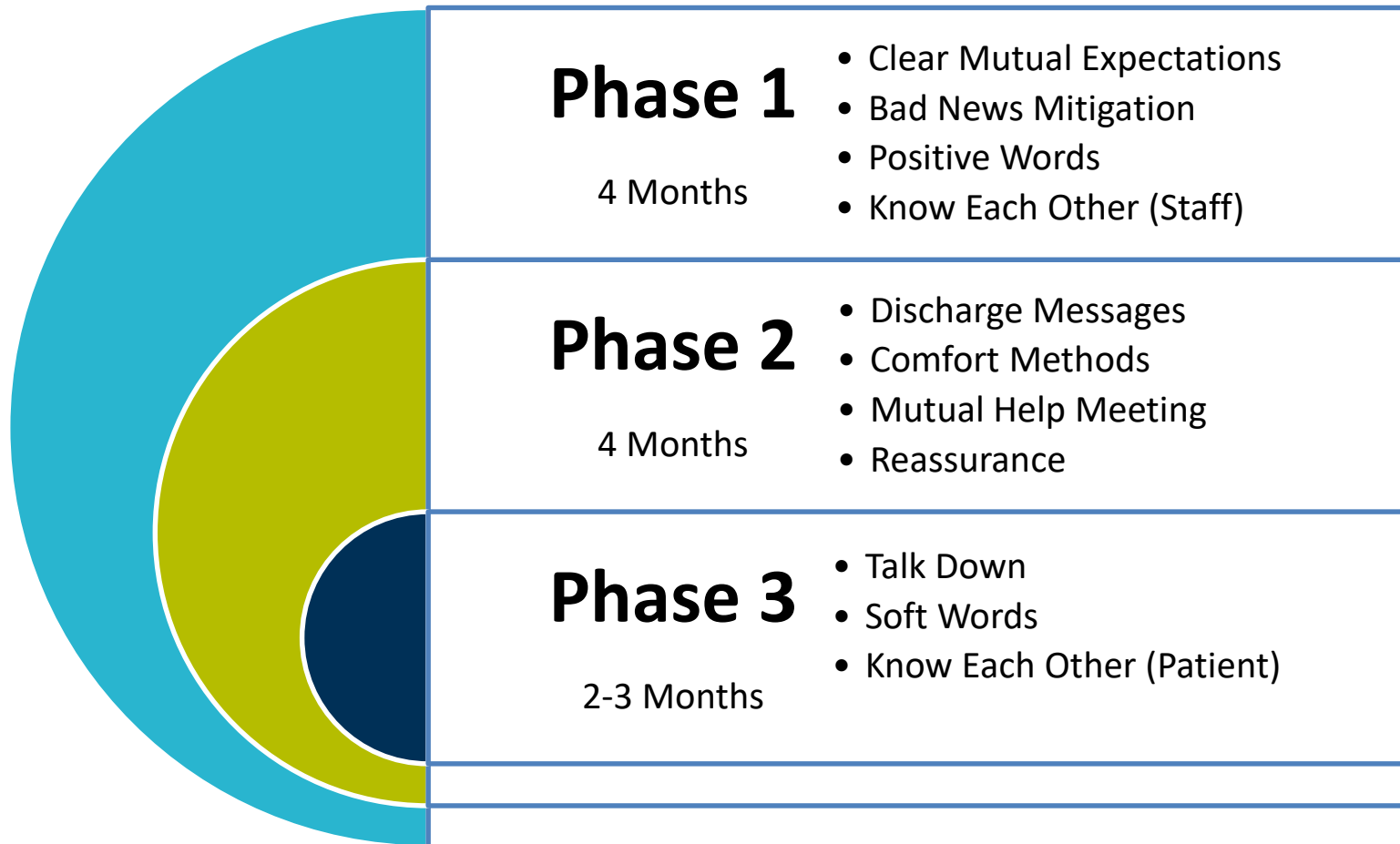
2017

Adopted on 14 General Mental Health units, plus Emergency Psychiatric

2018

Expansion to outpatient Mental Health clinics and offsite campuses

2017/2018 Rollout



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.



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.

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Courtesy Patience
Empathy Calm Respect
Concise
Collaboration
Responsibility
Therapeutic
Peaceful


Safewards

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.


Safewards

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

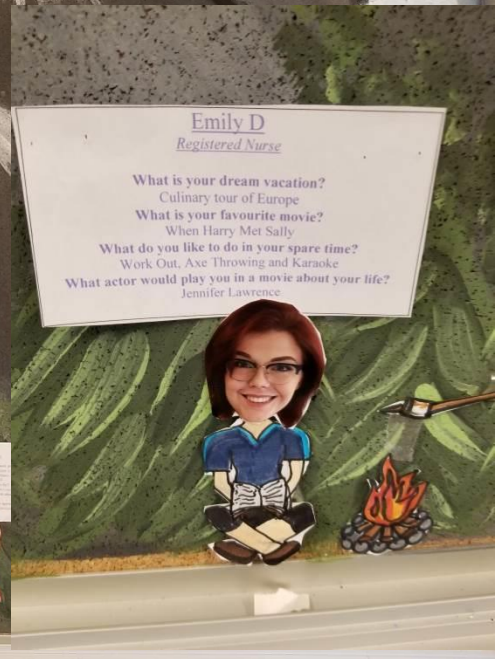
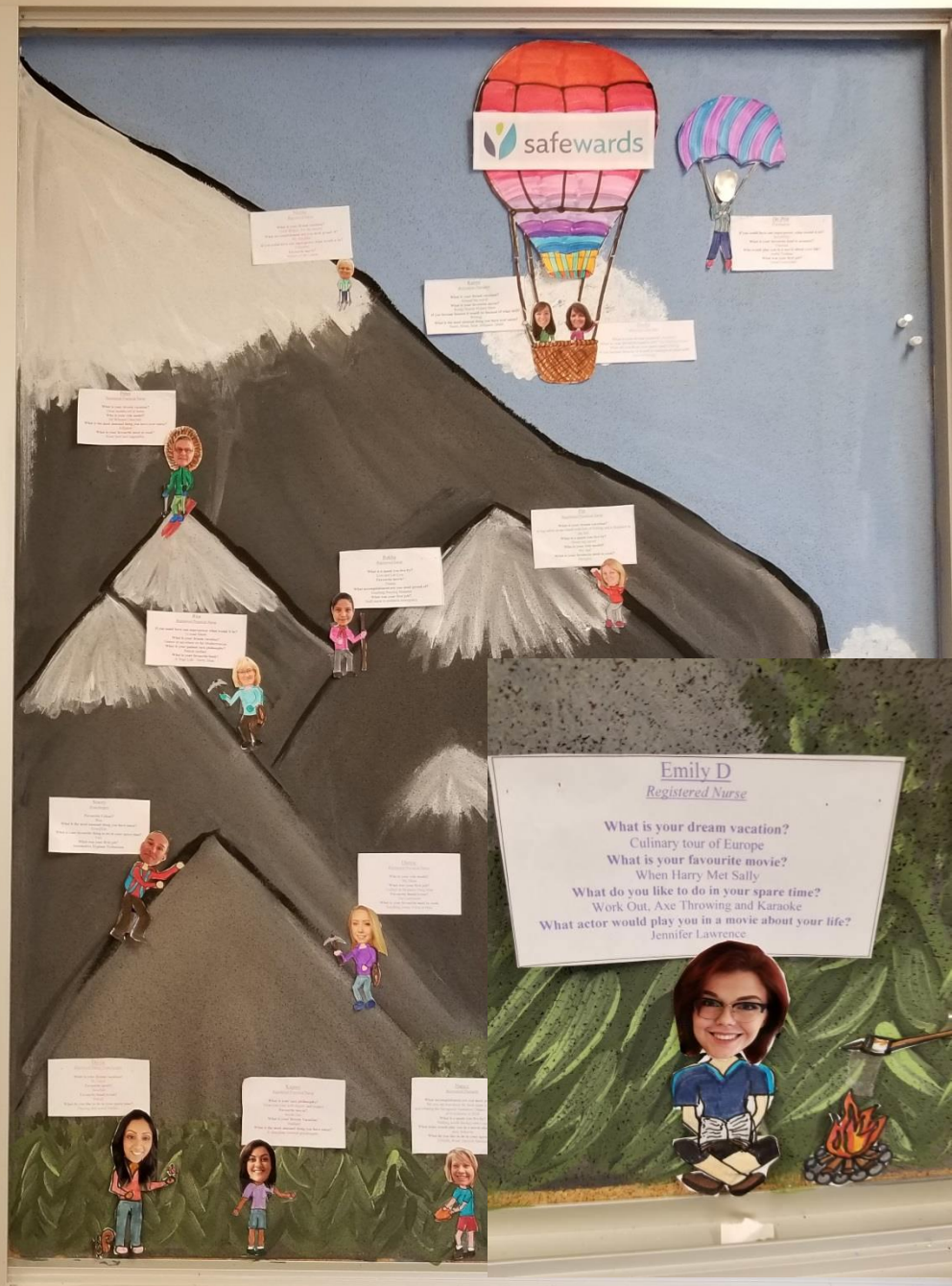
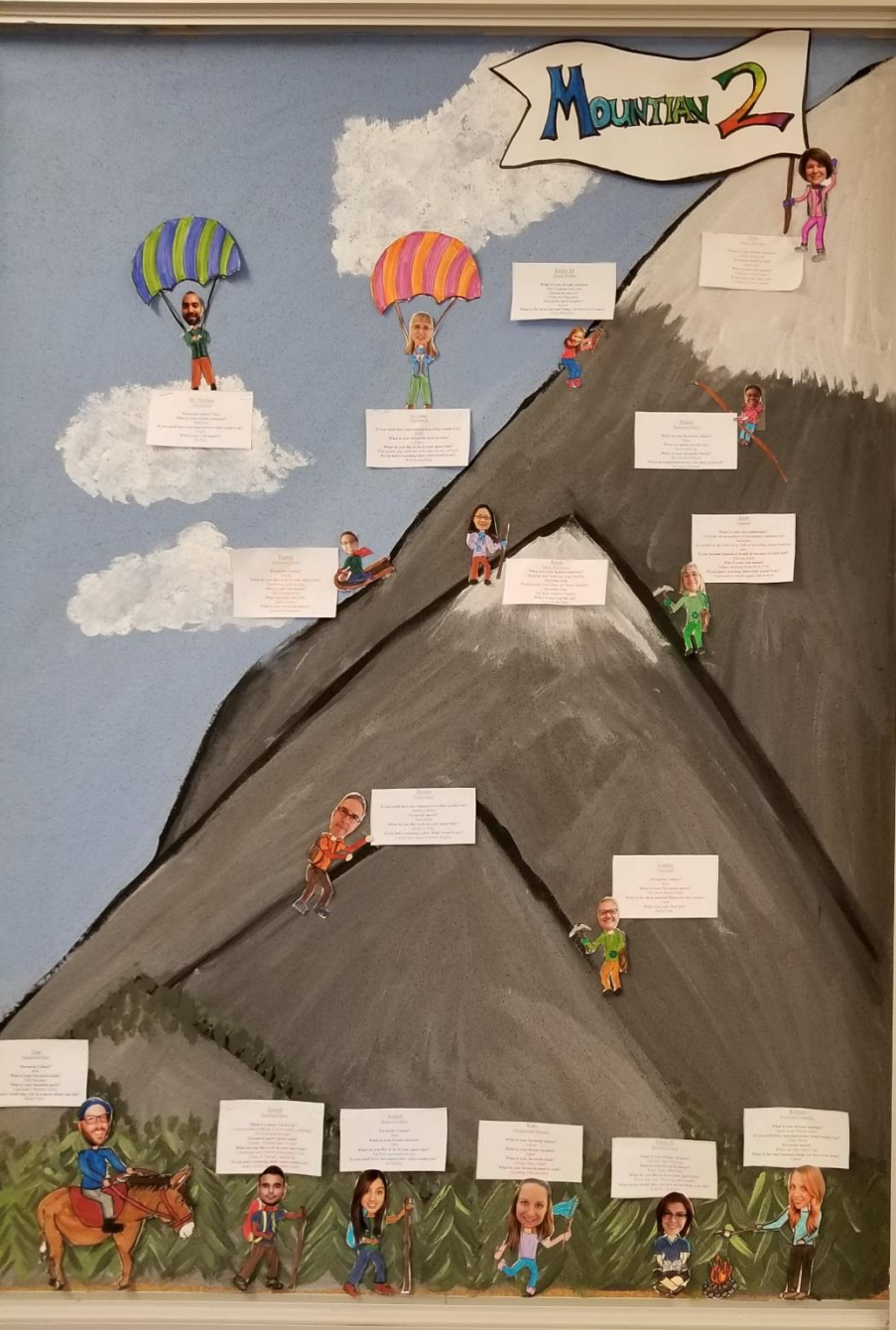


Dan, Nurse
Super powers include:
Photo/Video, Height skills



Know Each Other





Comfort Methods



Peaceful Spaces



Peaceful Spaces



Reassurance



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

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safewards

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.

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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

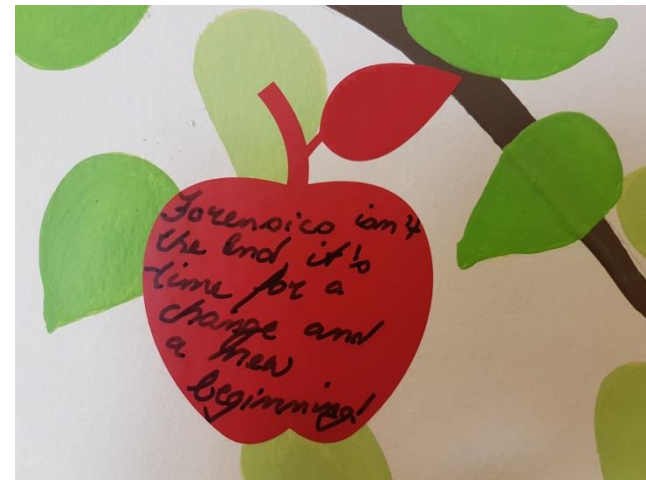
When asking someone to do something

- Provide choices and suggest potential benefits
- Negotiate and compromise if appropriate
- Set realistic and attainable goals

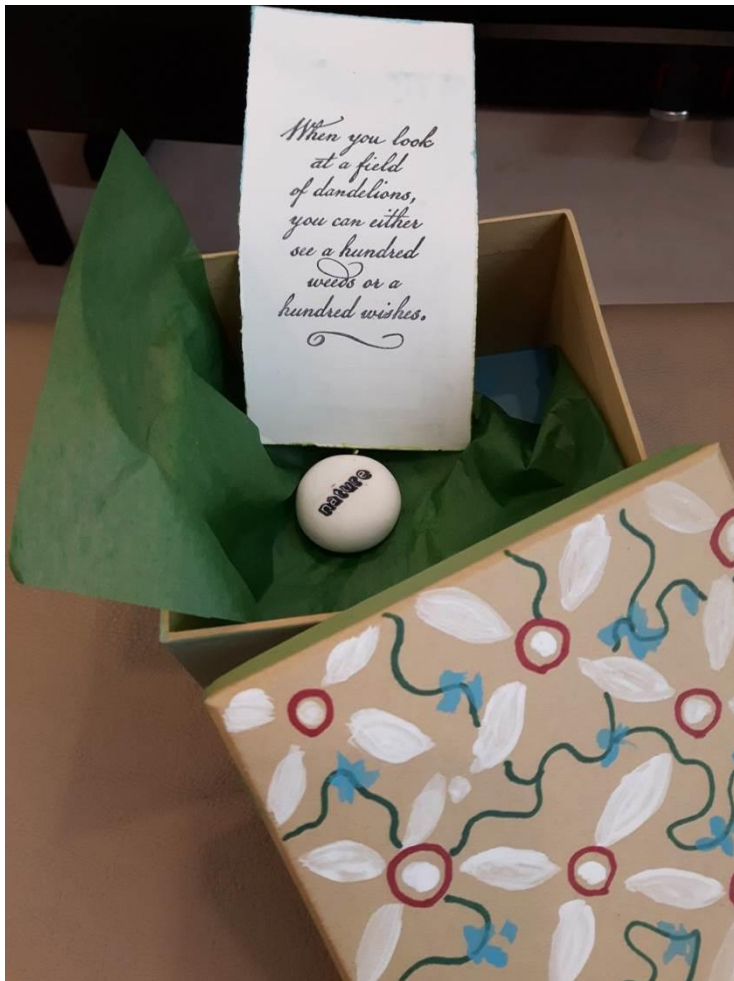
When asking someone NOT to do something

- Explore alternatives to the current action
- Seek to understand the meaning behind what the person is doing

Messages of Hope



Legacy Boxes



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?

