National Patient Safety Improvement Programmes
Mental Health

Reducing Restrictive Practice QI Collaborative

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Change idea: *Enhancing our discharge pathway*

Predictions

By having a change of staff and environment this appeared to much change for individuals so changing the environment but with staff that were known and then bringing new staff in was thought to be a better model.

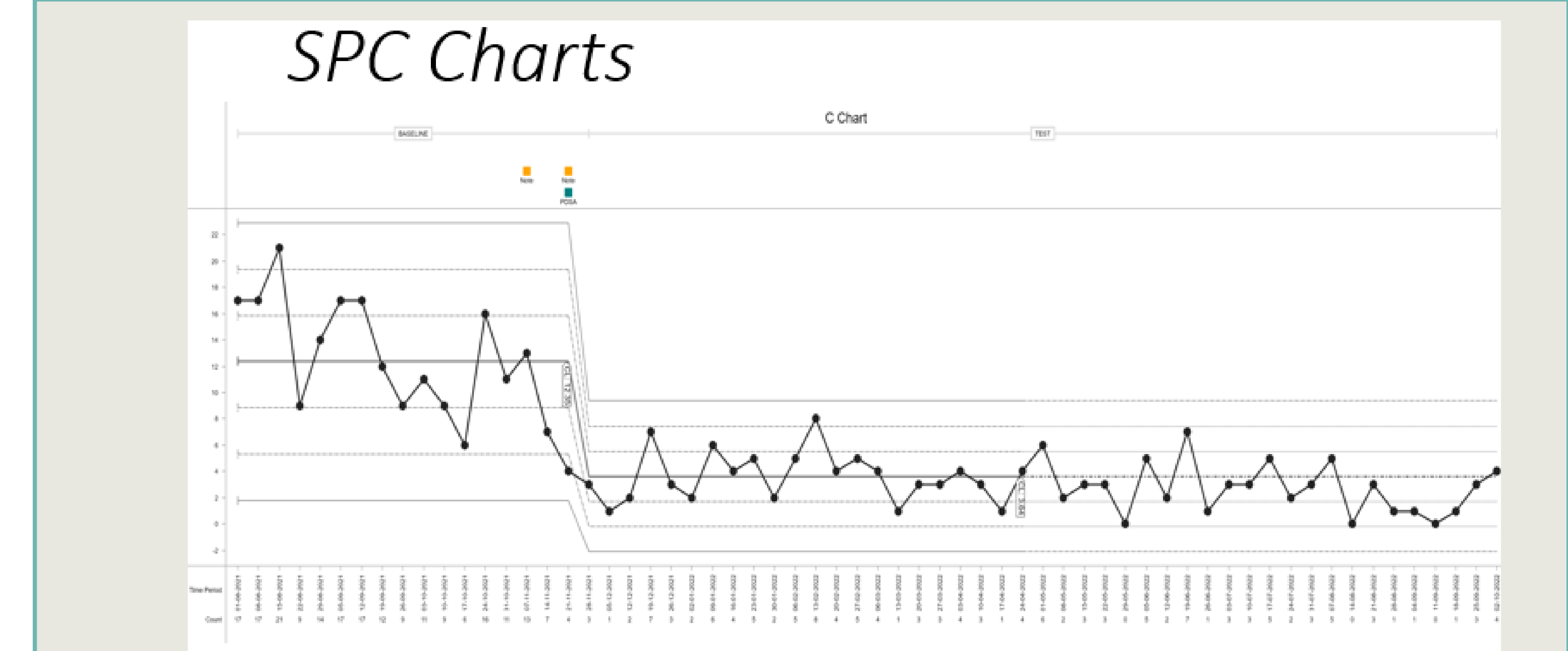
Enhanced support with transition to new home will reduce restrictive practice related to discharges.

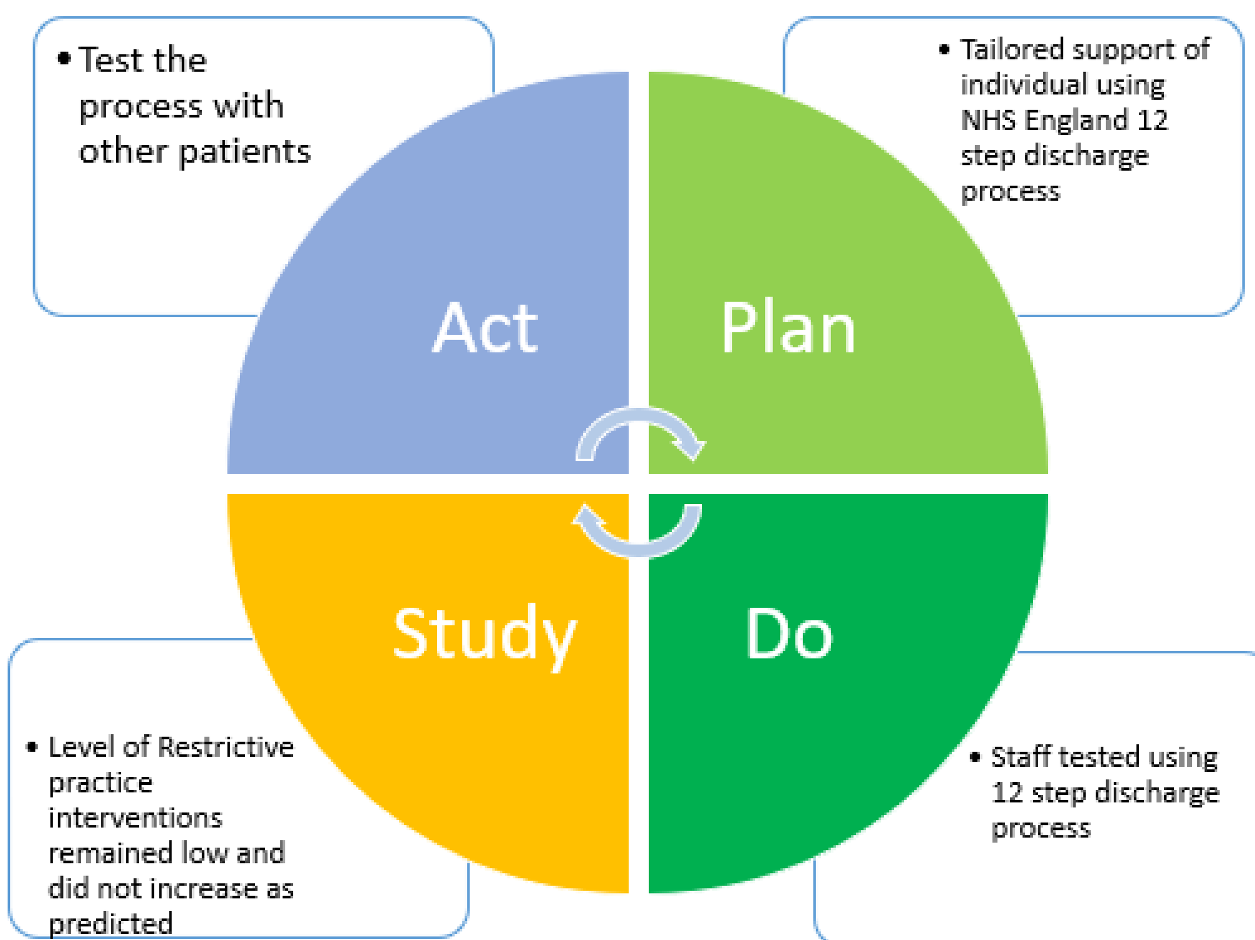
Plan

Historically the hospital would have had new staff from a provider coming in to support individuals and get to know them prior to discharge.

In this model, the staff team that knew the individuals well, went on leave with them and staffed the community provider initially. The new provider staff then started to work with the individual, within the new environment.

Do





Study

- The change of discharge pathway also included more joined up work.
- These circle's of support involved the individual, parents, independent supporters, social care, health commissioning, community provider's, members of the inpatient Multidisciplinary Team, Community Learning Disability Teams and Advocates
- Meeting together regularly (average every four weeks) this kept the discharge plan and timeline fresh and allowed positive reflections, issues and concerns to be raised in a psychologically safe way. This non hierarchical meeting allowed the process and change ideas to be tried and embedded. This allowed everyone to be updated in the process and move together support each other rather than working in silo's.

Act

Future work includes:

- Reviewing PBS Plans and adding in Quality of life measures using the Guernsey Community and Participation and Leisure Assessment
- Add in data from patient debrief after restrictive intervention into the PBS plan
- Measure outcome against restrictive intervention data – is the debrief information we are getting leading to a positive impact on how we implement PBS?
- Linking in self injury data
- Measure use of PRN medication
- Maintain low levels of restrictive practice and expand to look at how engagement in meaningful activity can assist in reducing interventions

All teach, all learn

Learning: Importance of collaborative/MDT pathway to build the 'scaffolding' around people

Achieved: Safe discharge of people from our long stay unit and improved use of quality of life measures

Supported: Enhanced rapport between staff and people in their care

Question: How can we use quality of life measures more effectively in LD settings?

National Collaborating Centre for Mental Health