

# **Quality Improvement On Bevan Ward**

Improving the physical health monitoring of patients following administration of psychotropic PRN/Rapid Tranquilisation

Tumi Banda - Richard Bakasa – Joe Bentil -  
Jennifer Melville

## Primary Drivers

## Secondary drivers

## Change ideas

To have 100% of patients' who received psychotropic PRN/RT will have their physical health monitored and we aim to do this by September 2014

Clinical governance

ELFT RT guidelines and policy

Review policy to simplify

ELFT Prescription chart

Review prescription chart

Staff training and knowledge

ELFT RT monitoring form

Clarify differences between PRN and RT administration

Knowledge on rapid tranquilisation

Staff questionnaire to assess policy

Patient safety

Knowledge on physical health monitoring

Staff training on RT

Physical health observations


Review observations form

# PDSA 1

- Objective – To understand the reasons for low compliance with Trust RT monitoring? How do nursing staff interpret or implement current policy?
- Plan to undertake an exploratory questionnaire to answer the questions
- Total 38 responses
  - 18 Bevan staff
  - 20 trust staff attending MAPA training
- Study
  - There is varied interpretation of the policy and guidelines on RT.
  - Staff have limited understanding and knowledge on RT.
  - The policy is not strictly adhered to when patients are secluded following RT, the policy implementation varies among nurses.
  - There is limited knowledge on physical health monitoring when patients refuse to have vital signs monitored.
  - There is no significant difference between C&H and the rest of the Trust.

# PDSA 2

- Objective: To review RT guideline and policy and create clear Policy

East London   
NHS Foundation Trust

Document Control Summary	
Title	<b>Rapid Tranquillisation Policy for Adults on Bevan and Gardner Ward</b>  (Policy for the Management of acutely disturbed adults (18–65 years))
Purpose of document	To set out drug choice, doses and subsequent monitoring for the rapid tranquillisation of adults on Bevan and Gardner ward
Electronic file reference	

# PDSA 3

- Objective: to simplify prescribing of PRN and RT for clear nursing administration and monitoring
- Plan To review prescription chart

## As Required Medication

- Administration and reason for giving should be documented in the patient's notes

		ADMINISTRATION											
		Date	Time	Dose	Sig.	Date	Time	Dose	Sig.	Date	Time	Dose	Sig.
A Medication													
Indication													
Dose (inc. frequency)	Max Dose in 24 hours												
	Route												
Doctor's signature	Date												

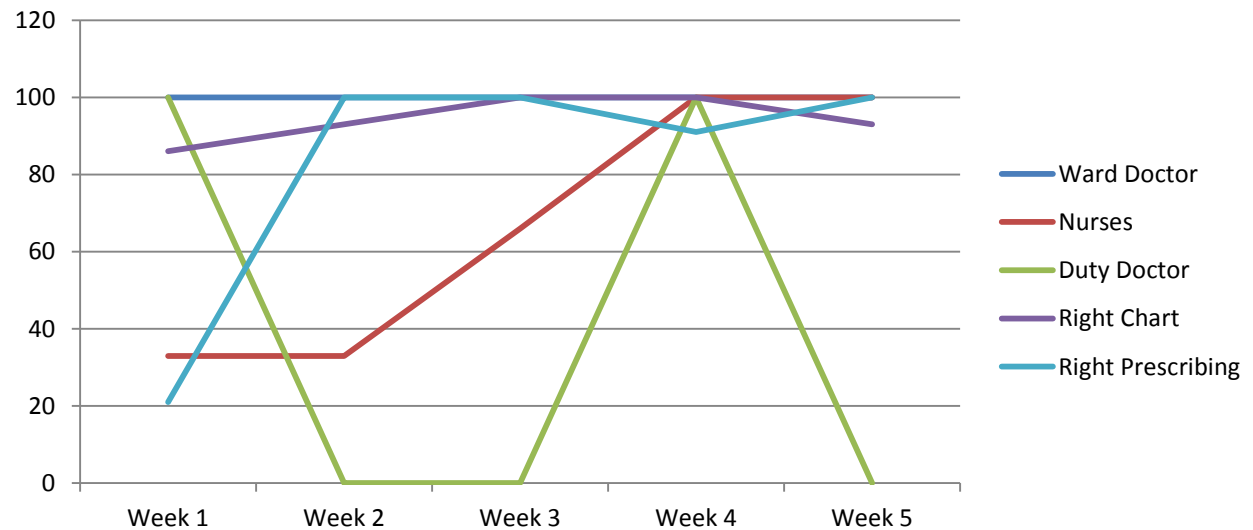
## Psychotropic as required medication

- Refer to Trust Rapid Tranquillisation Policy and Guidelines for PRN Psychotropic Medicines
- Administration and reason for giving should be documented in the patient's notes

						REASON
		Date	Time	Dose	Route	Signature
Medication						
Indication						
IM Dose (inc. frequency)	Max IM Dose in 24 hours					
Oral Dose (inc. frequency)	Max Oral Dose in 24 hours					
Doctor's Signature	Date					

# PDSA 4

- Objective: To train all Bevan staff on the medicines chart and policy
- Plan: Away day training, on-going day to day training, duty doctors
- Study:





# PDSA 5

- Learning after week 9
  - Monitoring rate remained at an average of 10%
  - Nursing team not engaged due to high refusal rate and clinical judgement indicated not needed
  - Monitoring source of conflict



# PDSA 6

- Objective: To redesign the monitoring policy and form with clinical observation as basis
- Plan: weekly meetings to design policy and form, all Bevan team involved, Band 3s leading on training



## Safe Care of Patients Following Administration of Psychotropic as Required Medication

Bevan Ward Harm Free Care Pilot

Version:	Draft 1.0
Ratified by:	
Date ratified:	
Authors	<u>Tumi Banda</u> , Richard Bakasa, Tsana Rawson, Jennifer Melville, Rachel Parsons, Mark Pattison, Harriet Greenidge, Joseph Bentil, <u>Sijho Sibindi</u> , <u>Prem Beehadrath</u> , Olufemi Adegbenjo, Aleishia Wilson, Francesca Wright, Taiwo <u>Agbool-fasan</u> ,

# PDSA 6

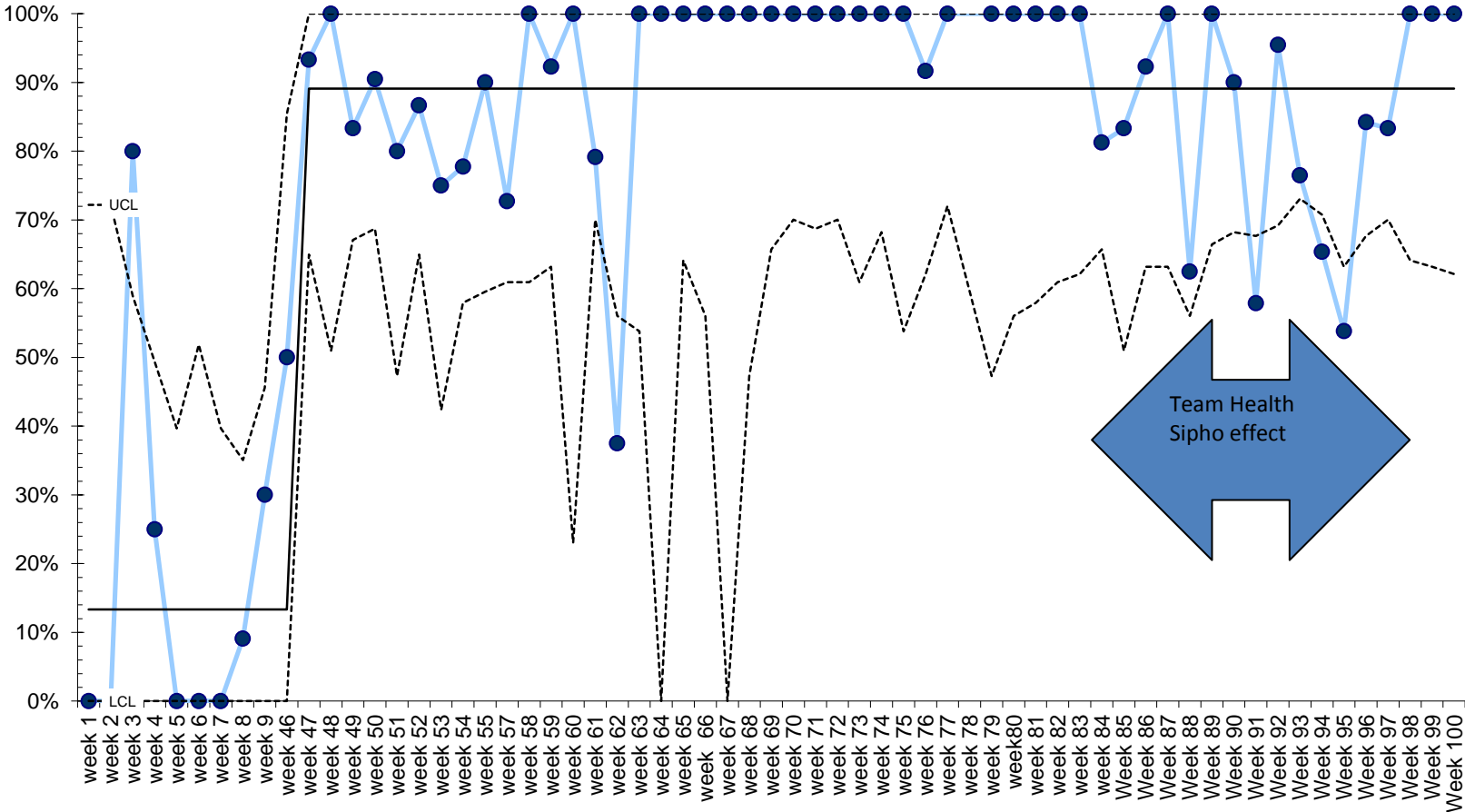
Appendix 1 Bevan Psychotropic PRN/RT Safe Patient Scale

<p><b>The Bevan Psychotropic PRN/RT Safe Patient Scale</b></p> <p>After administration of RT, observe the patient for one hour. Record the activity of patient every 15mins by ticking the box which best describes the patient. Note the colour and action associated with it.</p> <p><b>No action</b></p> <p>Discuss with Senior Nurse</p> <p>Get medical assistance</p>	<b>Name:</b>
	<b>Room:</b>
	<b>Date of birth:</b>
	<b>Date:</b> <b>Time RT administered:</b>
	<b>Full name of nurse who administered medication:</b>

<table border="1"> <tr> <td><b>AVPU Level Consciousness assessment (tick one box)</b></td> <td><b>15</b></td> <td><b>30</b></td> <td><b>45</b></td> <td><b>60</b></td> </tr> <tr> <td>Alert</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Responds to Voice</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Responds to Pain</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unconscious</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<b>AVPU Level Consciousness assessment (tick one box)</b>	<b>15</b>	<b>30</b>	<b>45</b>	<b>60</b>	Alert					Responds to Voice					Responds to Pain					Unconscious					At 15 minutes; action taken:																														
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# Data

**P Chart Showing number of Bevan ward scales completed as a percentage of number of RT doses administered**



# Lessons Learnt

- Enhanced patient safety
  - Reduced conflict
- The team members showing various capabilities
  - The team and individuals shine
    - Confidence to disagree
    - Confidence to have a go
      - Doing it our way