

REDUCING VIOLENCE AT THE COBORN INPATIENT UNIT FOR CHILDREN AND YOUNG PEOPLE

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Background

We know that violence increases when young people feel there is less to do and lower staffing levels, as well as at times of high anxiety, such as on Ward Round days or when alarms are activated. We feel that currently there are inconsistent reflections and debriefs after incidents, which leads to lack of staff confidence in their own abilities to manage violence and aggression. We also want to develop staff who are new to the role of DSN in order to prepare them for managing incidents. We are not currently very good at asking parents / carers and young people what helps them at times of heightened emotion. Learning from the young people and families earlier in the admission may reduce violent and aggressive incidents on the ward.

Our aim is to reduce violence across the unit by 50% by mid 2016.

How will we know if a change is an improvement?

Outcome measure: number of violent or aggressive incidents as measured by Datix report

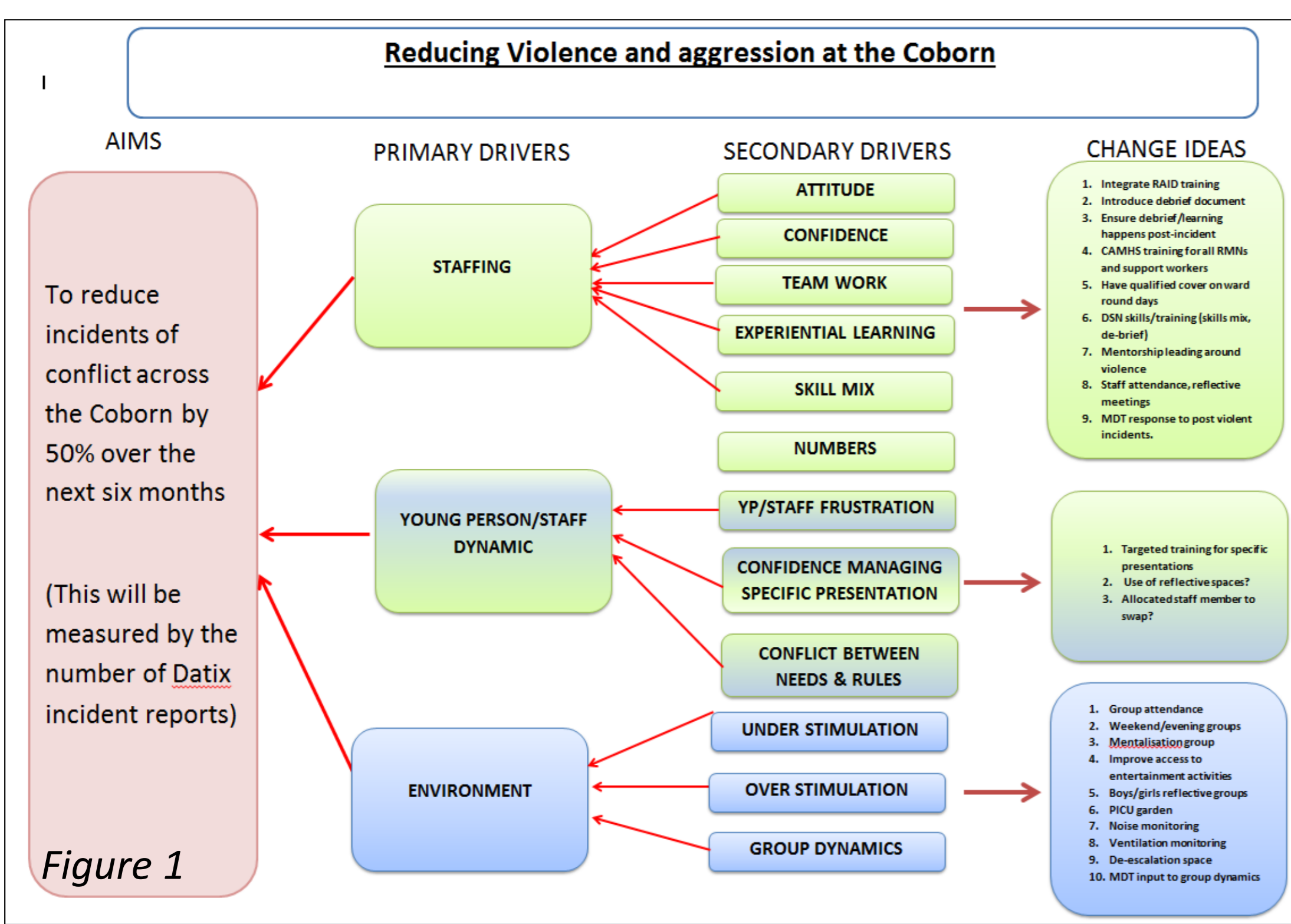
Process measures: Young person self-ratings of safety, boredom and engagement in activities; staff self-ratings of safety, competence and confidence managing incidents and early triggers of incidents

Data Challenges!

At present our outcome measure (as shown in figure 2) does not indicate there has been an improvement, however there is a problem in the presentation of this data, in that it aggregates incidents involving service users from our general ward and our PICU together.

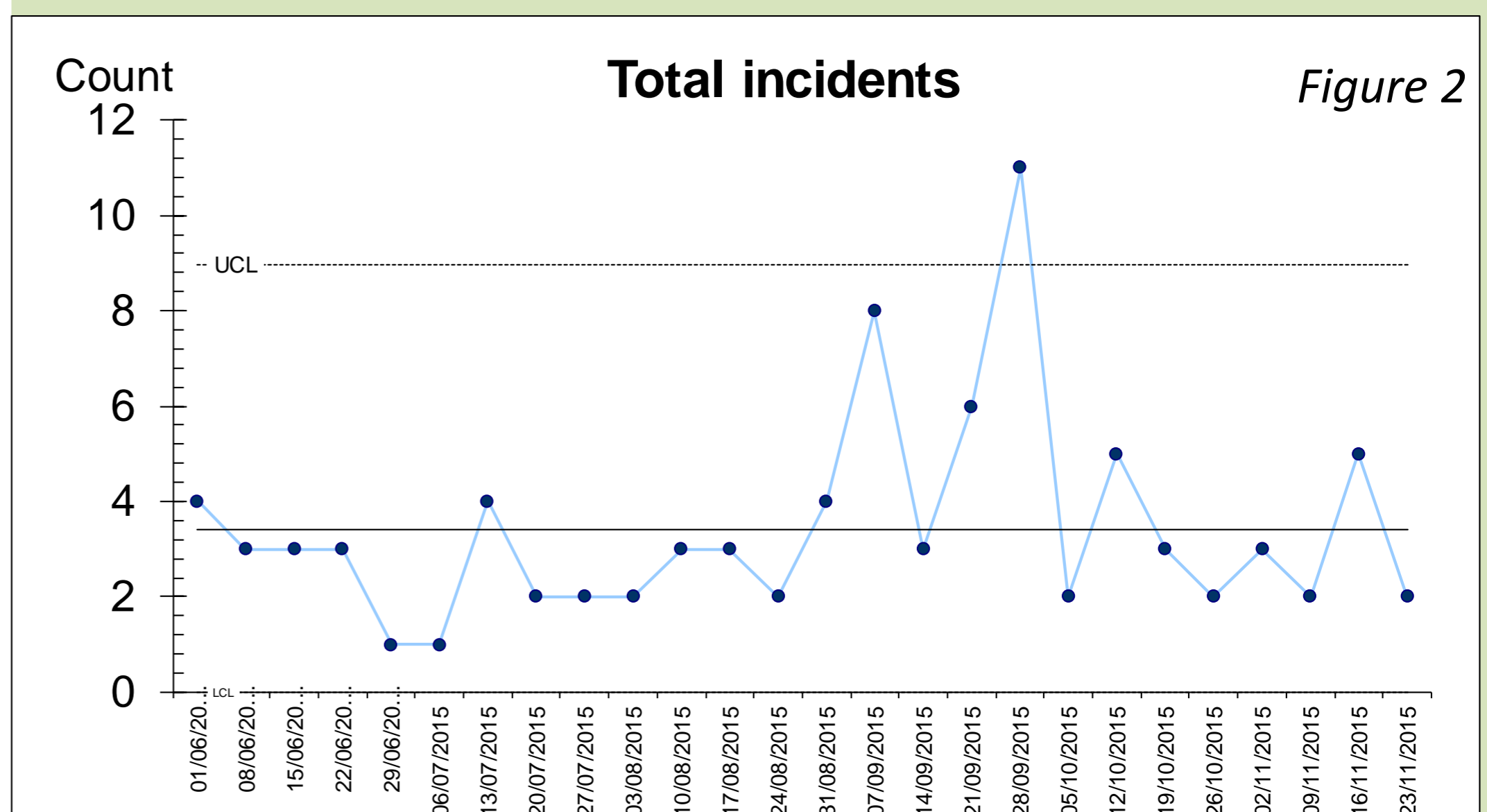
Young people staying on our PICU are those who are at highest risk, with the most acute presentation and we feel that the drivers of violence on the two types of unit are different (this is also the experience on wards and PICUs in adult services elsewhere in the Trust).

We therefore need to disaggregate our data so we can see the general service users separate from our PICU. This will enable us to identify whether anything we have done to date has had an impact on either setting and is crucial to our future PDSAs. We are now working with the Datix team and QI Team to get this resolved.



What have we done so far?

- Introduced weekend and evening groups
- Developed a new debrief document and DSN training sheet
- Monitoring the occurrence of debriefs
- PICU garden
- Monitoring group engagement
- Training and integration in the RAID approach



Our next steps

In addition to working on the presentation of our data, plans for our upcoming PDSA cycles include:

Develop the therapeutic programme, tested initially with PICU service users

RAID care plan templates to better enable staff to support service users, and particularly new service users for whom we don't have background/history

DSN training and mentorship, to better support new DSNs