

Creating Safety

The role of senior psychiatric nurses reducing restrictive interventions on Adult Acute Inpatient Units

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Objectives

- Rationale for implementation
- The role of the Creating Safety Nurse
- Implementation
- Challenges
- Impact on seclusion episodes
- Team feedback
- Moving forward

Rationale for CSN role development

- Focus on staff perceptions of safety.
- Reducing restrictive practice.
- Junior team requiring support and role modelling from senior inpatient nurses.
- Supporting Safewards implementation.
- Nursing staff have minimal available time to generate care plans.
- Burnout.

The role of the Creating Safety Nurse

- Holders of RRI portfolio.
- Rotates through senior staff with an interest in the role and RRI.
- Safewards champions.
- Management of clinical aggression.
- Trauma informed care.
- Gender sensitive practice.
- Management plans.
- Transitions from ED to IPU.
- Nurse led groups.
- Physical health.
- Escalating safety concerns.
- Responding to acute deterioration.
- Presence and support during codes.

Implementation

- Established May 2016
- Cost and EFT
- Development of role statement and associated interventions
- Safety Huddles
- Safewards training
- Staff orientation

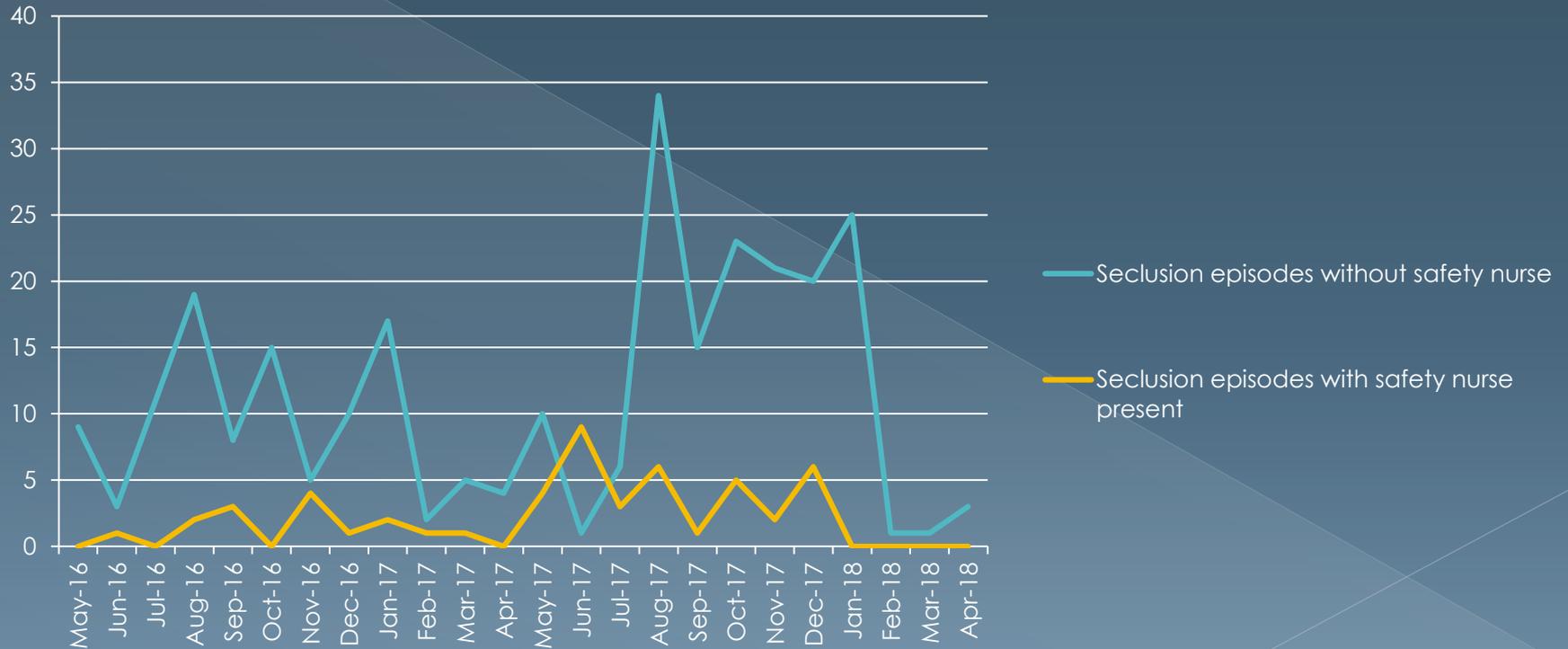
Consumer perspective

“I am writing to commend the wards recent use and dispensing of the iPads in the high dependency unit. I found that they assisted in my recovery, making my stay a lot smoother and quicker with less confrontations, as it gave my mind a break from the normal tense and hostile environment of people in a scared fragile state. The iPads allowed me time out and control of my mind state and what I was experiencing. For that I will be forever grateful. Thank you.”

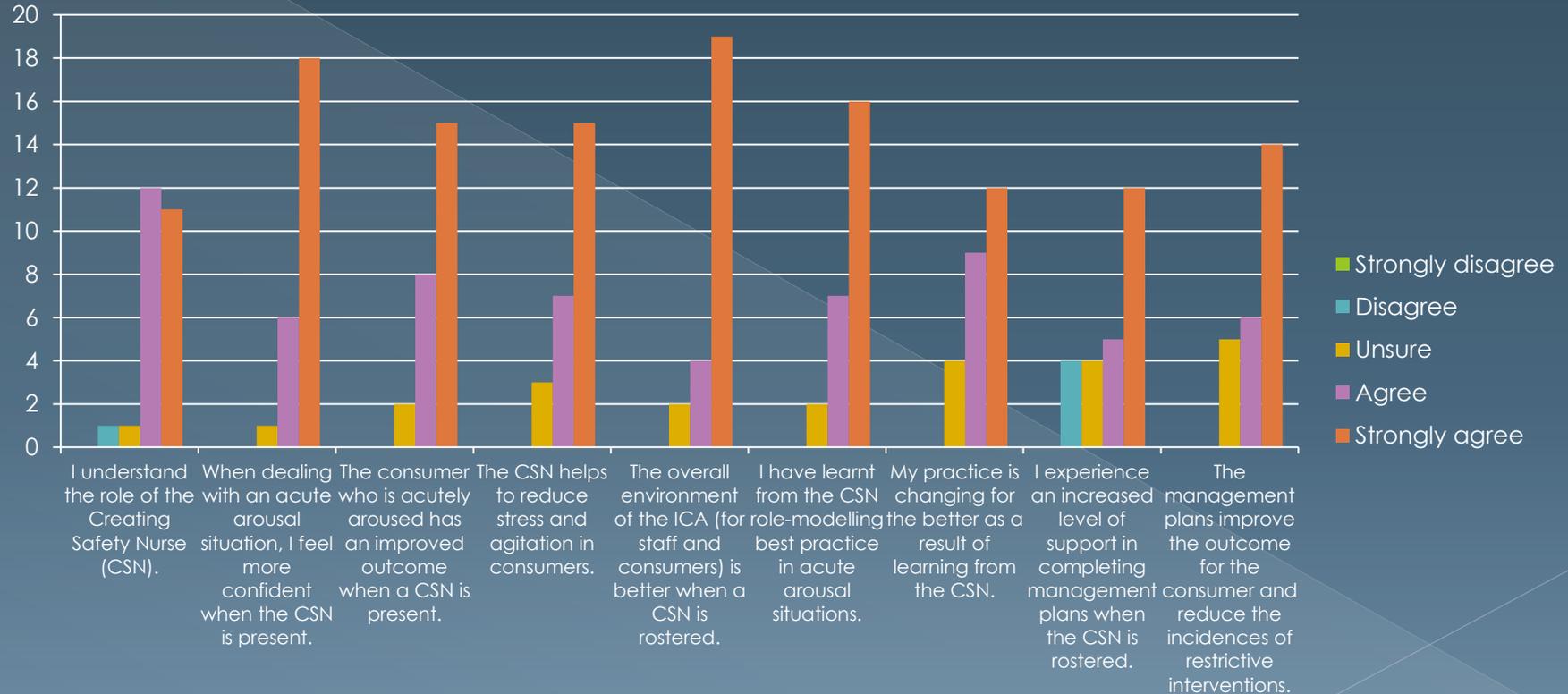
Challenges

- Staffing.
- Skills.
- Staff movements.
- When CSN not present and management plans are required.
- Use of CSN for reviews in ED.
- Extra senior nurse on shift confusing for staff as to who is decision maker in relation to restrictive interventions.

Impact on seclusion episodes



Staff feedback



Staff feedback

- Especially on weekends CSN is greatly valued. Extra support, extra value and better outcome of intense situations.
- The CSN is fantastic. When I first started they were a reassurance for me. A senior nurse I can always ask for guidance from.
- Perhaps only staff who are interested/enjoy working in this role should do it - you can tell when a staff member is not interested.
- Sometimes it is confusing as to who is leading/managing a situation and it is not always clear who to ask questions of, for example the shift leader or the CSN.
- I feel the safety nurse role takes an experienced staff member/ANUM from the floor and can sometimes puts the shift leader and other members of the team under stress
- On incredibly high acuity/high pressure days the CSN is a great resource for the IPU and these days are usually the norm.

Staff feedback

- Excellent idea to have someone to 'float' and be ready to respond to a volatile situation. I feel very well supported with this staff member around.
- Individualised management plans for consumers have been instrumental in caring for people with complex needs or difficult behaviours. Much needed role. Medical staff appreciate all their efforts
- ICA feels safer when CSN rostered
- I think the CSN role is a valuable addition to the inpatient unit and is vital to ensure ongoing improved outcomes for consumers!
- Find the role really valuable - particularly in relation to assisting with the de-escalation in ICA.
- Our CSNs have been vital role models for the team and have made a strong contribution to the RRI initiative. We feel them when they are missing.
- Strongly support CSN on weekend shifts. Recently worked as on-call Registrar over weekend and their support changed dynamic on ward in a very positive way.

Moving forward

- ◉ Application for research 2019 to evaluate the role
- ◉ Increase CSN presence across weekends and afternoon shifts
- ◉ Backfilling
- ◉ Training new CSN's

Questions?

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