NHS
South of England

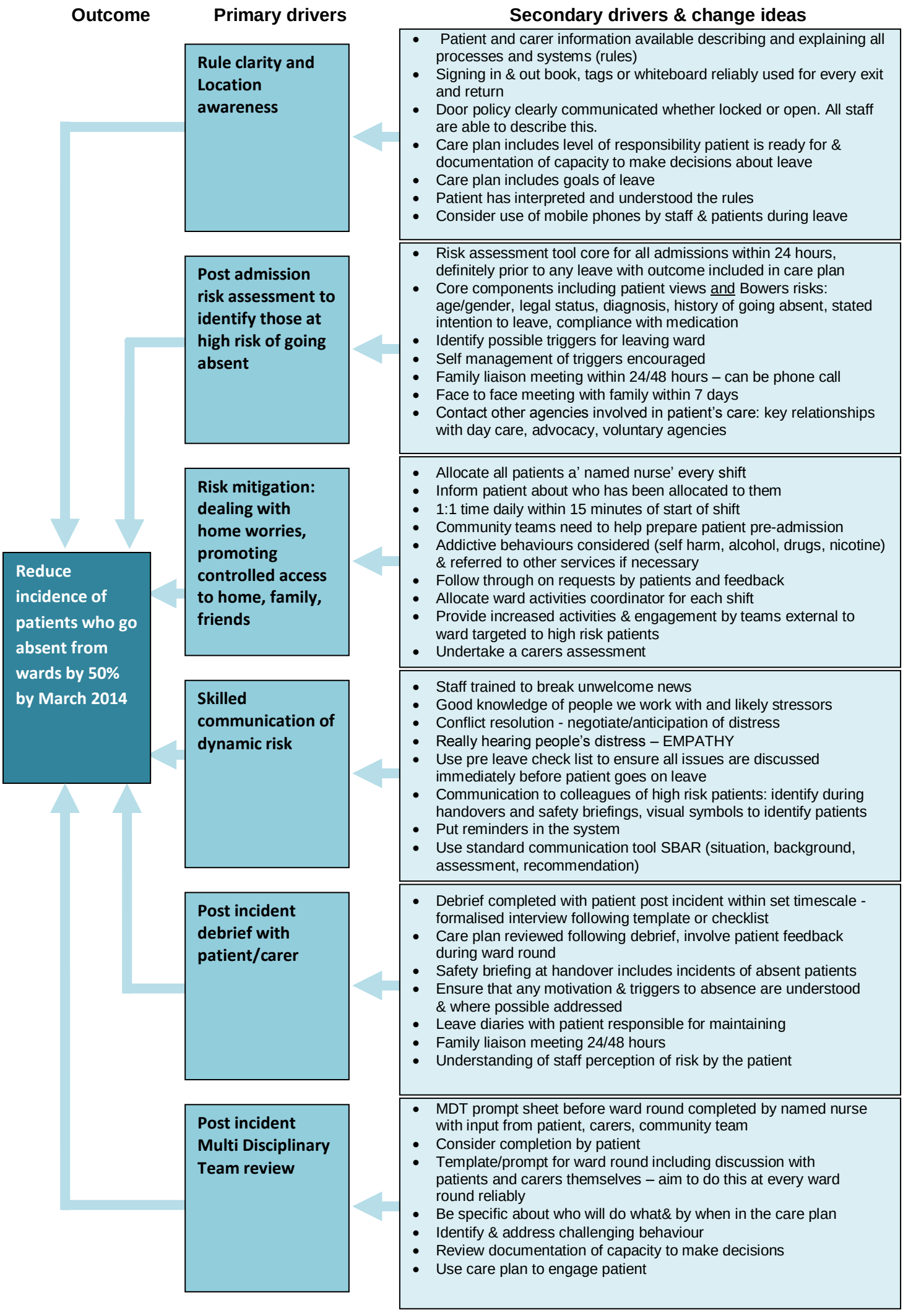
South of England Improving Safety in Mental Health Collaborative

Safe and Reliable Delivery of Mental Health Care: Reducing incidents of patients who go absent from inpatient wards

Driver Diagram and Change Package

A driver diagram is used to conceptualize an issue and to determine its system components which will then create a pathway to achieve the goal. Primary drivers are system components which will contribute to moving the primary outcome. Secondary drivers are elements of the associated primary driver. They contain change concepts that can be used to create projects that will affect the primary driver.

Adapted from NHS South West Quality and Patient Safety Improvement Programme for Mental Health


Outcome
Primary drivers
Secondary drivers & change ideas
Reduce incidence of patients who go absent from wards by 50% by March 2014
Rule clarity and Location awareness
Patient and carer information available describing and explaining all processes and systems (rules)
Signing in & out book, tags or whiteboard reliably used for every exit and return
Door policy clearly communicated whether locked or open. All staff are able to describe this.
Care plan includes level of responsibility patient is ready for & documentation of capacity to make decisions about leave
Care plan includes goals of leave
Patient has interpreted and understood the rules
Consider use of mobile phones by staff & patients during leave
Post admission risk assessment to identify those at high risk of going absent
Risk assessment tool core for all admissions within 24 hours, definitely prior to any leave with outcome included in care plan
Core components including patient views and Bowers risks: age/gender, legal status, diagnosis, history of going absent, stated intention to leave, compliance with medication
Identify possible triggers for leaving ward
Self management of triggers encouraged
Family liaison meeting within 24/48 hours – can be phone call
Face to face meeting with family within 7 days
Contact other agencies involved in patient's care: key relationships with day care, advocacy, voluntary agencies
Risk mitigation: dealing with home worries, promoting controlled access to home, family, friends
Allocate all patients a' named nurse' every shift
Inform patient about who has been allocated to them
1:1 time daily within 15 minutes of start of shift
Community teams need to help prepare patient pre-admission
Addictive behaviours considered (self harm, alcohol, drugs, nicotine) & referred to other services if necessary
Follow through on requests by patients and feedback
Allocate ward activities coordinator for each shift
Provide increased activities & engagement by teams external to ward targeted to high risk patients
Undertake a carers assessment
Skilled communication of dynamic risk
Staff trained to break unwelcome news
Good knowledge of people we work with and likely stressors
Conflict resolution - negotiate/anticipation of distress
Really hearing people's distress – EMPATHY
Use pre leave check list to ensure all issues are discussed immediately before patient goes on leave
Communication to colleagues of high risk patients: identify during handovers and safety briefings, visual symbols to identify patients
Put reminders in the system
Use standard communication tool SBAR (situation, background, assessment, recommendation)
Post incident debrief with patient/carer
Debrief completed with patient post incident within set timescale - formalised interview following template or checklist
Care plan reviewed following debrief, involve patient feedback during ward round
Safety briefing at handover includes incidents of absent patients
Ensure that any motivation & triggers to absence are understood & where possible addressed
Leave diaries with patient responsible for maintaining
Family liaison meeting 24/48 hours
Understanding of staff perception of risk by the patient
Post incident Multi Disciplinary Team review
MDT prompt sheet before ward round completed by named nurse with input from patient, carers, community team
Consider completion by patient
Template/prompt for ward round including discussion with patients and carers themselves – aim to do this at every ward round reliably
Be specific about who will do what& by when in the care plan
Identify & address challenging behaviour
Review documentation of capacity to make decisions
Use care plan to engage patient

Secondary drivers and change ideas	Measures
Patient and carer information available describing and explaining all processes and systems.	Ask 5 patients/carers to describe process and rationale
Signing in & out book, tags or whiteboard reliably used for every exit and return	Entry/exit compliance audited
Door policy clearly communicated whether locked or open.	All staff able to describe this
Care plan includes level of responsibility patient is ready for & documentation of capacity to make decisions about leave	100% patient status indicated
Care plan includes goals of leave	100% goals indicated
Patient has interpreted and understood the rules	Ask the patient
Consider use of mobile phones by staff and patients during leave.	
Risk assessment tool core for all admissions within 24 hours, definitely prior to any leave with outcome included in care plan.	Documented person centred leave care plan – 100% after 24 hours.
Core components including patient views and Bowers risks: • Age/gender • Legal status • Diagnosis • History of going absent • Intention to leave • Compliance with medication	100% completion of leave risk assessment within 24 hours of admission and before leave is taken.
Identify of possible triggers for leaving the ward	Include recording permission to engage with family.
Self-management of triggers encouraged	
Family liaison meeting with 24/48 hours – can be phone call	100% of willingness to engage family recorded (either way, or not appropriate) Documented family view relating to leave.90% of those willing to engage.

Secondary drivers and change ideas	Measures
Face to face meeting with family within 7 days	Face to face meeting with family within 7 days 90% of those willing
Contact other agencies involved in patient's care: key relationships with day care, advocacy, voluntary agencies	
Allocate all patients a 'named nurse' every shift	100% named nurse allocation (after 24 hours)
1:1 time daily within 15 minutes of start of shift	100% offered 1:1 time (check % accepting)
Community teams need to help prepare patient pre-admission	90% Community Team visit within 7 days + documented discussion of leave risks.
Addictive behaviours considered (self-harm, alcohol, drugs, nicotine) & referred to other agencies if necessary	100% patients screened for smoking, drug and alcohol use within 24 hours.
Follow through on requests by patients and feedback	Ask patient if they received feedback
Allocate ward activities coordinator for each shift	
Provide increased activities & engagement by teams external to ward, targeted to high risk patients	
Undertake carers assessment	
Use pre leave checklist to ensure all key issues are discussed with the patient immediately before they go on leave, for example, do they still want to go on leave, do they know when they are due back & what to do if they are delayed, how are they getting to their leave location, how are they getting back, do they have their medications, do they know how to take it safely etc.	
Staff trained to break unwelcome news	Training records and competency assessments
Good knowledge of people we work with and likely stressors	
Conflict resolution - negotiate/anticipation of distress	

Secondary drivers and change ideas	Measures
Really hearing people's distress – EMPATHY	
Communication to colleagues of high risk patients: identify during handovers and safety briefings, visual symbols to identify patients	
Put reminders in the system	
Use standard communication tool SBAR (situation, background, assessment, recommendation)	
Debrief completed with patient post incident within set timescale – formalised interview following template or checklist	
Care plan reviewed following debrief, involve patient feedback during ward round	
Safety briefing at handover includes incidents of absent patients	
Ensure that any motivation & triggers to absence are understood & where possible addressed	
Leave diaries with patient responsible for maintaining	
Family liaison meeting 24/48 hours	
MDT prompt sheet before ward round completed by named nurse with input from patient, carers, community team Consider completion by the patient	
Template/prompt for ward round including discussion with patients and carers themselves – aim to do this at every ward round reliably	
Be specific about who will do what, by when in care plan	
Identify & address challenging behaviour	
Review documentation of capacity to make decisions	

Secondary drivers and change ideas	Measures
Care plan used to engage patient	Look for product and identify completion target.

NB

You may find it helpful to review the following modules from ‘The Productive Mental Ward’ for additional ideas for change:

- safe and supportive observations
- shift handovers
- therapeutic interventions
- patient wellbeing
- ward rounds
- patient status at a glance