



SAFEWARDS in Acute Care

Evaluation of the adaptation and impact of
SAFEWARDS in Acute Care Wards

Final Report | December 2022

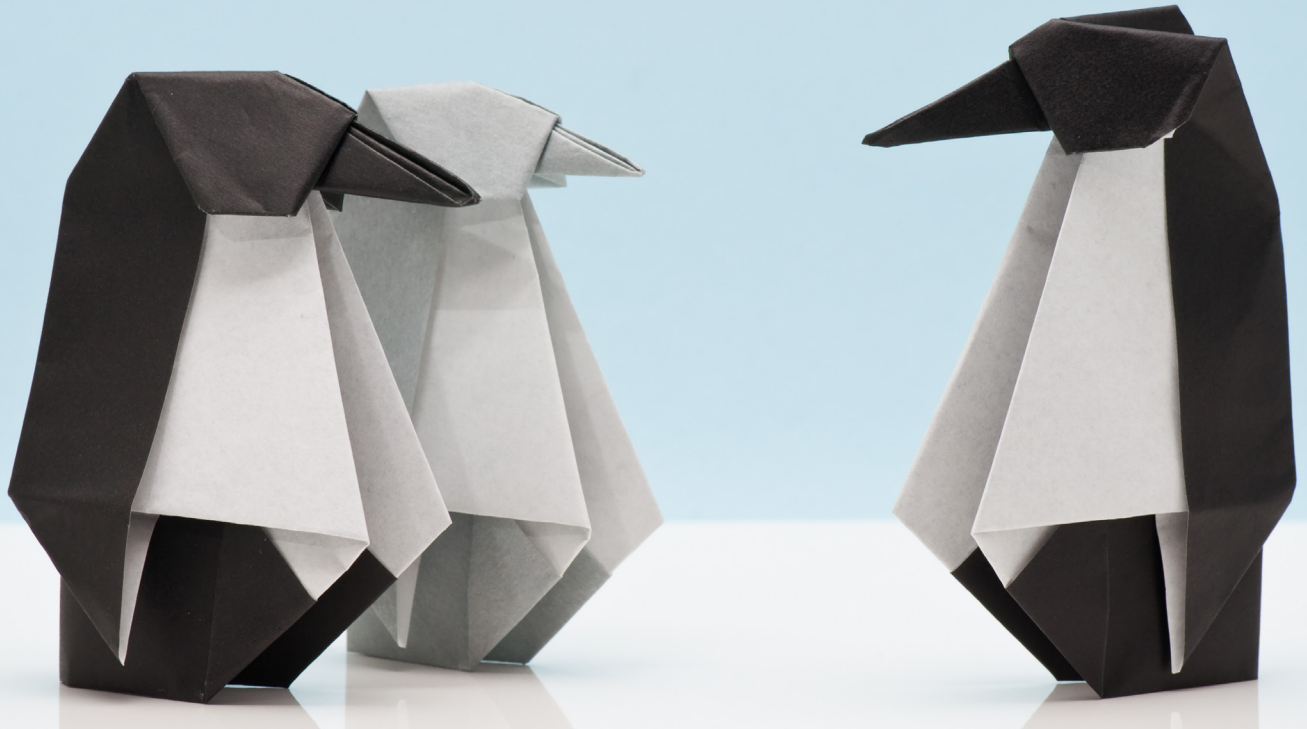
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EXECUTIVE SUMMARY

BACKGROUND

Safewards is a model of practice improvement that has previously been trialled to promote a therapeutic response to **minimise conflict events in mental health in-patient wards and emergency departments**. This project (Safewards Acute Care) piloted the innovative strategies to implement Safewards interventions in four acute care wards within two metropolitan health services in Victoria, Australia.

Due to workforce shortages and increased staff pressure caused by Omicron outbreak during project implementation phase, four instead of ten Safewards interventions were selected to be trialled in this pilot project. These four interventions (Know Each Other, Neat, Smart and Tidy, Calming Methods, and Meaningful Messages) were considered most relevant to both patients and staff, and highly favourable based on the feedback received from staff focus group.

The evaluation was conducted to examine how four Safewards interventions including the design and implementation strategies were relevant, acceptable, feasible, impactful, and sustainable in acute care wards. Both quantitative and qualitative data were collected using mixed-method approach.



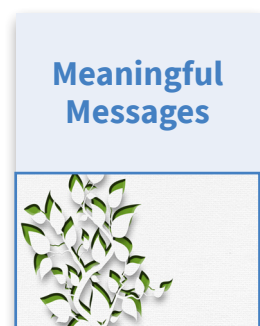
Know Each Other



Neat, Smart & Tidy

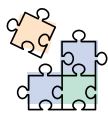


Calming Methods



Meaningful Messages

KEY FINDINGS



Relevance and Acceptability

- The four Safewards interventions were clearly **relevant for patients and staff**, targeting identified gaps in managing conflicts in the acute care wards.
- COVID-19 related adaptations in the project were also relevant to the **rapidly shifting context** in the hospitals.
- The Safewards model and the four Safewards interventions were highly acceptable because they were **aligned with the delivery of compassionate nursing care**, which in turns align with the goals of the health services to provide high quality of care and to create a safe working environment for healthcare workers.



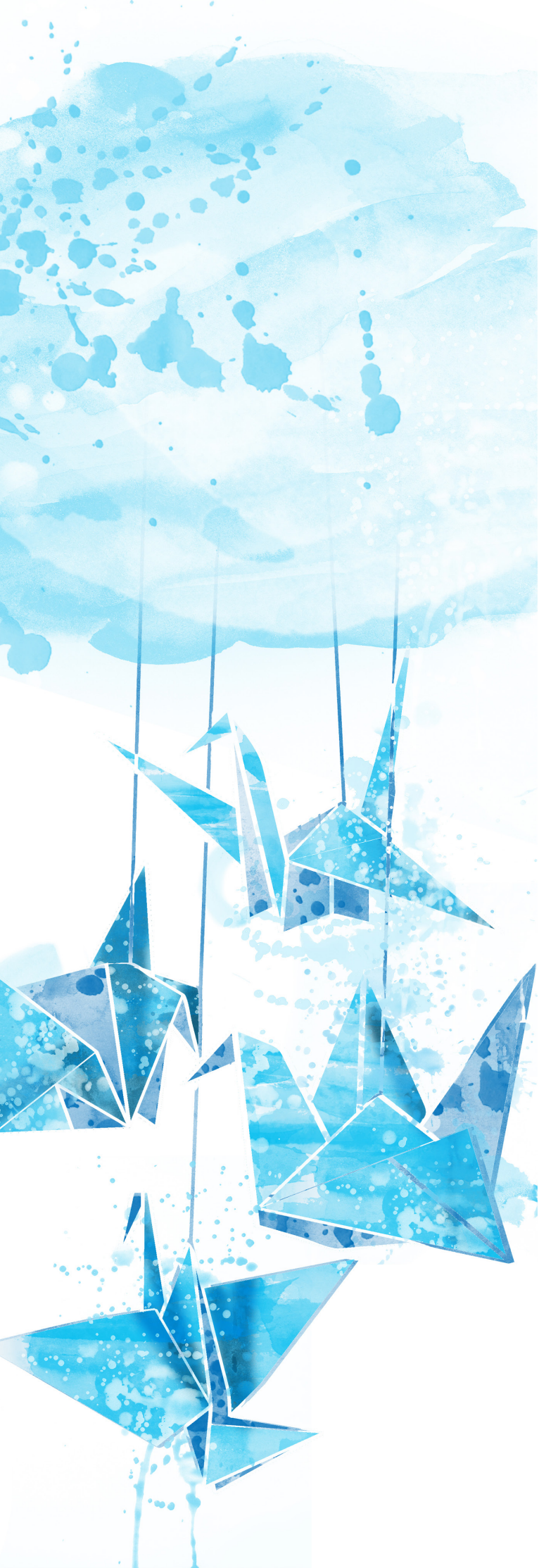
Fidelity and Feasibility

- Despite many challenges associated with project planning, and implementation within the context of COVID-19, this pilot project achieved **high fidelity**. All pre-defined key indicators of implementation (refer Table 6) for the four Safewards interventions were achieved in three out of four of the participating wards.
- Online training modules were effective in reaching highly motivated staff, **but face-to-face in-service education** were highly preferable by majority of the staff.
- The pilot project's success was driven in part by the team's flexibility in allowing the ward staff to **adapt the interventions to meet the needs of the ward**, strong collaboration and communication within the leadership team at the ward.
- Key challenges during the implementation included the **impacts of COVID-19** on staff attitudes on making changes and time pressure in meeting the needs of increased bed demands, the reduced opportunity to have sufficient trainings for the Safewards model, and the increased complexity in meeting infection control.



Impact

- While there was some resistance among staff at the beginning of the project, the intended **short-term outcomes were achieved** during the evaluation period. Focus group participants were aware of the four Safewards interventions and reported **high motivation to apply these Safewards interventions** in their clinical practice after first week of implementation.
- The targeted **medium-term outcomes** for this pilot project included **(1) rate of conflict and containment reduced; (2) positive experience reported by patients and carers; and (3) ward safety climate improved**. In this evaluation, qualitative evidence indicated that all three medium-term outcomes were achieved. However, due to low official incident report rates for aggression and the use of restrictive interventions in the participating wards during the 12-month evaluation period, there was insufficient evidence of a significant difference in the number of aggression and assault incidents, security response and specialising requests between Safewards participating wards and control ward at both sites before and after implementing the Safewards interventions. Hence, more data are required in future evaluations to determine the true effect of these interventions on the rates of conflict and containment.
- During patient interviews, participants reported increased interaction with staff and other patients in the ward, which had **positive impacts on their experience of care**.
- Importantly, there were numerous qualitative reports from focus group participants at different participating wards regarding a **reduction in aggression incidents** due to the implementation of the Safewards interventions, and an increased sense of job satisfaction among nursing staff.
- We found **no unintended and negative consequences** after all four Safewards interventions were implemented in the participating wards.



Sustainability

- There is clear evidence of increased acceptability, **commitment to integrate the Safewards interventions** into their clinical practice, and ownership of the project at each participating ward.
- Crucially, there is a strong **commitment of the ward leadership team** to sustain the Safewards interventions implementation and education in the ward beyond this pilot project.

CONCLUSION

During the 12-month evaluation period, four Safewards interventions were successfully implemented in three out of four participating wards despite unpredictability, staff shortages, and staff burnout during the COVID-19 pandemic. Overall, both ward leadership team and frontliners agreed that the Safewards Model and the adapted interventions were highly relevant and acceptable in the acute care wards.

Despite the initial resistance, both short-term outcomes were achieved, i.e., staff were motivated to apply the Safewards interventions and to learn more about it. As for the medium-term outcomes, while there was insufficient quantitative evidence to indicate that these four interventions could reduce the rate of conflict and containment, qualitative evidence gathered from the focus groups showed that Safewards interventions were considered beneficial to improve patient quality of care and staff wellbeing, specifically the ‘Calming Methods’ and ‘Neat, smart and tidy’ interventions.

During patient interviews, participants expressed positive attitudes about the Safewards interventions and highlighted some of the positive experience they had with the interventions, despite not knowing the intervention is part of the Safewards pilot project. While this pilot project only trialled four out of ten suggested Safewards interventions, there is a strong commitment of the ward leadership team to sustain implementation of the four Safewards interventions; and to implement the remaining six Safewards interventions beyond the pilot project.

FUTURE RECOMMENDATIONS

- Additional conflict and containment incident data using customised research data collections tools would have been ideal to strengthen the findings of future studies.

- When time commitment and resources are limited, interventions that are highly relevant and acceptable to staff (e.g., calming methods) should be prioritised to sustain staff engagement and to motivate staff to learn more about the Safewards Model and other interventions.

- Interventions could be further refined by improving accessibility for patients with limited mobility, with disability, hearing and/or vision impaired.

- A hybrid learning model utilising both online modules, informal small group mentoring, and in-person in-service training sessions will be more effective to reach majority of the target audiences.

- In-person refresher course during in-service for Safewards model will reinforce staff understandings of the concept and theory behind the model, which will strengthen and sustain staff engagement.

- An integrate education system to 1) continuously remind staff about the interventions, and 2) educate new or short-term staff about the Safewards interventions, is crucial to sustain the implementation.

- A multidisciplinary team involvement will allow the intervention to be integrated as part of the ward culture and promote sustainability.

- By incorporating Safewards interventions as part of the routine documentation in the Electronic Medical Record (EMR), staff can share information regarding useful tips to de-escalate patients e.g., which calming method tool works particularly well to calm the patient down.

- Current implementation is highly nursing staff driven, a mechanism to promote involvement among patients or carers in the interventions e.g., encourage patients or carers to complete the Know Each Other profile themselves, will greatly enhance the effectiveness and sustainability of the implementation.

- A repeated evaluation in 12 month-time would be able to provide useful information on medium- and long-term impacts as well as sustainability.
