FOUR STEPS TO SAFETY

Quick User Guide

December 2016

Content:
- background information
- step by step guide to interventions
- additional support
Background information

What is ‘Four Steps to Safety’?

‘Four Steps to Safety’ is a system for safer care that consists of the following four ‘steps’:

1. Proactive care
2. Patient engagement
3. Team work
4. Environment

Each ‘step’ is supported by evidence based clinical interventions which are implemented using quality improvement methods.

Who developed it and why?

‘Four Steps to Safety’ was developed jointly by clinicians, patients and carers to address the issue of safety with a specific focus on reducing violence and aggression.

Why use it?

By following through all of the Four Steps we believe we can achieve better and safer care for our patients and a better, safer working environment for our staff.

Who should be using it?

As a system for safer care it should be used by all members of staff who are working with patients. To achieve maximum results, patients and their carers should also be actively involved in the process.

What is the ultimate aim?

We want to achieve a 50% reduction in violence and aggression across all in-patient wards in our Trust by September 2017. We also want to embed new, better ways of working for staff and patients that will result in sustainable improvement over time.
STEP 1: PROACTIVE CARE

In order to achieve the best compliance we recommend nominating a lead person/people to oversee the roll out of the interventions on the ward.

**Intervention 1: Dynamic Appraisal of Situational Aggression (DASA)**

**What is this intervention?**
A visual tool for prediction of violence and aggression.

**Why do we use it?**
To dynamically monitor patients in order to prevent the escalation of violence and aggression. Our focus is on achieving proactive, rather than reactive care for our patients.

**Who should be using this intervention?**
The entire team. Collectively all staff are responsible for noticing when patients are struggling and noting their observations on DASA. This will prompt staff to intervene before patients deteriorate.

**How do we use it?**
This can be supported by the DASA lead. Patients are observed throughout a 24 hour period. The DASA score is recorded on the DASA form on each shift (i.e. early, late, night). The score is also documented on ePJS shift notes after each shift (i.e. early, late, night). The score stays with the patient for 24 hours.

**How often do we use it?**
We use DASA every day throughout a 24 hour period.

**Do we involve patients?**
Yes. You are encouraged to explain to your patients what this intervention is trying to achieve. Patients should know that they are being monitored in order to proactively reduce the risk of their deterioration.

**What are the benefits?**
We are able to step in and offer support to patients before they deteriorate thus providing proactive care. Also, DASA creates a 'common language' which is understood by staff working across a range of services.
**Intervention 2: Risk management**

**What is this intervention?**
A very brief assessment of risk and its management plan for newly admitted patients. This is **NOT** a full risk assessment of the patient.

**Why do we use it?**
People are most at risk of violence in the first four hours of being admitted onto a ward. We want to know what that risk is and how we can manage it.

**Who should be using this intervention?**
Nurses and doctors, but the agreed plan should be communicated to the entire team.

**How do we use it?**
This can be supported by the Risk Management lead. Doctor and nurse to carry out a brief assessment of risk and agree a risk management plan. The risk management plan needs to be uploaded onto ePJS under the Risk and Safeguarding Tab and communicated verbally to all members of the team.

**How often do we use it?**
Every time a new patient is being admitted onto the ward. Their Risk Management plan needs to be uploaded onto ePJS within the first four hours of admission.

**Do we involve patients?**
Yes, dependent on their presentation.

**What are the benefits?**
Collectively as a team we can recognise what the immediate risk is and know how to *proactively* manage it.

---

**Intervention 3: Zoning**

**What is this intervention?**
A ‘RAG’ rated system that quickly identifies patients’ needs and interventions to reduce the overall risk to the patient.

**Why do we use it?**
We want to *proactively* minimise (or eliminate entirely) risk to the patient.

**Who should be using this intervention?**
The entire team.
How do we use it?
This can be supported by the Zoning lead. Patients are zoned in Red, Amber and Green to identify their current presentation. All staff should use **Zoning** in their Multi Disciplinary Team (MDT) / handover meetings and review regularly. The Zoning process should incorporate the **DASA scores** in addition to other risks, such as safeguarding. This is a dynamic, task-focused activity where staff collectively decide on when to move patients to appropriate zones and what interventions need to follow.

How often do we use it?
At every MDT/Handover meeting.

Do we involve patients?
Yes, to inform them of their allocated zone and how to work towards the green zone and discharge. You are encouraged to explain to your patients what this intervention is for.
Patients should know that they are being actively monitored in order to **proactively** reduce the risk of their deterioration.

What are the benefits?
By knowing when the patient is at risk of becoming violent or aggressive we can step in early and **proactively** use the agreed interventions in order to minimise and manage that risk.
**Intervention 4: Compact**

**What is this intervention?**
An agreed code of conduct between patients and staff around the values and expectations which are important to both.

**Why do we use it?**
To ensure that patients are actively involved in the work we are doing. Agreed understanding and expectation reduce frustrations and disagreements which can lead to aggression and violence.

**Who should be using this intervention?**
Staff, patients and carers.

**How do we use it?**
This can be supported by the Compact lead. Through a number of meetings/discussions to engage with patients and/or their carers to find out what really matters to them. Create an explicit visual agreement to ensure each party holds the other accountable in how they interact and what their common goals are. The agreement is displayed openly on the ward.

**How often do we use it?**
We produce it once; however it can be amended as often as necessary to keep it relevant and meaningful.

**Do we involve patients?**
Yes. Patient and/or carer involvement is essential in producing the agreement.

**What are the benefits?**
Improved ways of working and better care provision for the patients.
**Intervention 5: Intentional Rounding**

**What is this intervention?**
Regular interaction between patients and staff.

**Why do we use it?**
Regular ‘checking in’ conversations between patients and staff promote *proactive engagement* with patients so that their needs are understood and acted upon quickly to avoid violent or aggressive incidents. The information is then shared among the team. This deals with any potential frustration which often leads to escalation of violence or aggression.

**Who should be using this intervention?**
Staff and patients.

**How do we use it?**
The Nurse in Charge should ensure that any member of staff, who is allocated patients during their shift, uses Intentional Rounding three times a day and documents it in the patient’s ePJS notes. The ‘checking in’ conversations should be recovery focused, meaningful to the patient, and where appropriate, task focused.

**How often do we use it?**
Three times a day (depending on patient’s presentation). However, there is no limitation as to how many times a member of staff can approach a patient to engage with them.

**Do we involve patients?**
Yes. You are encouraged to explain to your patients what this intervention is for. Patients should know that they are being *proactively engaged* with and should expect to be approached by a member of staff three times a day.

**What are the benefits?**
Good communication and *engagement* is essential to patient and staff well-being. By *proactively engaging* with patients we are able to build their trust and establish good rapport with them. As a result, collectively we can avoid potential risks which might lead to escalation of violence or aggression.
STEP 3: TEAMWORK

Intervention 6: Report Out board

What is this intervention?
Patient-focused, task-oriented visual tool to inform members of a multi-disciplinary team (MDT) of specific tasks and who in the team is responsible for which task.

Why do we use it?
Clear, patient-focused and task oriented communication between all members of a MDT helps ensure continuity of care with better patient outcomes.

Who should be using this intervention?
All members of a MDT.

How do we use it?
This can be supported by the Report Out board lead. Following a MDT meeting, the Nurse in Charge should update the Report Out board on a shift-by-shift basis and make sure that the tasks allocated to individual team members are completed.

How often do we use it?
Either on a shift-by-shift or daily basis.

Do we involve patients?
Yes, to ascertain which patient-focused tasks need to be completed on that shift. Patients should know that they are being cared for by a multi-disciplinary team working together to ensure that their needs are being met.

What are the benefits?
Ensures collective team responsibility for care provision is supported by individual members of staff responsible for specific tasks. This encourages accountability and supports better team working and better patient outcomes.
Intervention 7: SBARD

What is this intervention?
A communication tool used by staff for all handovers and recording of incidents. SBARD – Situation, Background, Assessment, Recommendation, Decision

Why do we use it?
To achieve clear, structured and concise communication between members of a multi-disciplinary team (MDT) during the handover process or when recording incidents. We would like to create a shared framework that is used and understood by all staff across all services within the trust. This helps ensure continuity of care and better patient outcomes.

Who should be using this intervention?
All members of a MDT.

How do we use it?
This can be supported by the SBARD lead. Nurse in Charge should ensure all staff are aware of the ‘SBARD language’ and that staff both ‘speak’ and ‘write’ SBARD during their handover and/or incident recording.

How often do we use it?
For every handover and for incident recording.

Do we involve patients?
No.

What are the benefits?
Shared framework and common ‘SBARD language’ keep teams focused and encourage better team communication across all levels of care provision.
**Intervention 8: Escalating Risk**

**What is this intervention?**  
A set of standardised steps identified to support a deteriorating patient.

**Why do we use it?**  
To help teams offer prompt support to the patient when their mental or physical health deteriorate.

**Who should be using this intervention?**  
All members of a MDT.

**How do we use it?**  
This can be supported by the Escalating Risk lead. The team agrees on a set of identified actions which need to be taken in the event of a deteriorating patient (both mental and/or physical deterioration).

**How often do we use it?**  
Every time when a patient’s condition deteriorates.

**Do we involve patients?**  
Yes. As a team we need to work closely with patients to learn and be able to identify any potential risks. This will enable teams to recognise (part of risk management plan) and respond to the signs of deterioration.

**What are the benefits?**  
The team is able to offer prompt and targeted support to a deteriorating patient.
Step 4: Environment

Intervention 9: Safewards

What is this intervention?
Each ward implements at least one of Len Bowers Safewards interventions to reduce containment and conflict levels.

Why do we use it?
To help prevent violence and aggression amongst patients.

Who should be using this intervention?
All members of a MDT.

How do we use it?
Please visit safewards.net for more information.

How often do we use it?
This depends on which Safewards intervention is being implemented.

What are the benefits?
Understanding of how certain types of environment may lead to violence and how that can be changed.
For additional support: Downloadable forms, including this guide, examples of implementation work, tips, etc please visit:

www.slam.nhs.uk/foursteps