Releasing Time to Care

The Productive Mental Health Ward

Safe and Supportive Observations

Version 1

This document is for ward leaders, lead nurses, matrons, nursing directors and directors with responsibility for improvement

Introduction

The observation of patients on a mental health ward is a major function of the day. Safe and supportive observations are part of the team's work to prevent potentially suicidal, violent or vulnerable patients from harming themselves or others.

Nursing patients who are deeply distressed, or potentially suicidal, is very demanding, difficult and can be one of the most challenging duties a mental health worker carries out.

Staff need to have empathy and be able to engage with patients in acute phases of mental illness. Observation can make patients feel as if they are under surveillance and the very nature of the task can challenge patients and cause them to feel anger and frustration. It is a process that many patients find negative and dehumanising.

This is one of the most important processes in mental health and it is vital that time spent carrying out observation is effective.

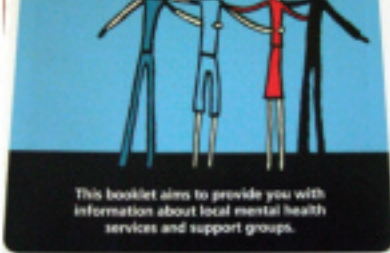Staff and patients should experience a smooth, high quality process that uses excellent documentation.

The aim of this module is to increase patient safety through increasing the reliability of observations to ensure they are safe and supportive.

We're here to help
Local services that support
mental well-being

How to Stop
WORRYING

FRANK TALLIS

Contents

This booklet aims to provide you with information about local mental health services and support groups.

We're here to help
Local services that support mental well-being

Have you handed your personal alarm back?

How to Stop WORRYING

Productive Menta...
Support N...
notes...

@ARNSLEY PRIMARY CARE TRUST

LEVEL ONE/TWO SUPPORTIVE OBSERVATION ROTA

Patient's Name .... Unit No. ....

Consultant .... Date ....

Key Worker .... Legal Status ....

Time Observed	Allocated Nurse	Observations/Comments
07.30-08.00		

= 18

= 10

These modules create a Productive Mental Health Ward

Productive Mental Health Ward

Process Modules

- Patient Wellbeing
- Therapeutic Interventions
- Ward Round
- Safe and Supportive Observations
- Admissions and Planned Discharge
- Shift Handovers
- Meals
- Medicines

Toolkit

Foundation Modules

- Knowing How we are Doing
- Well Organised Ward
- Patient Status at a Glance

Ward Leader's Guide
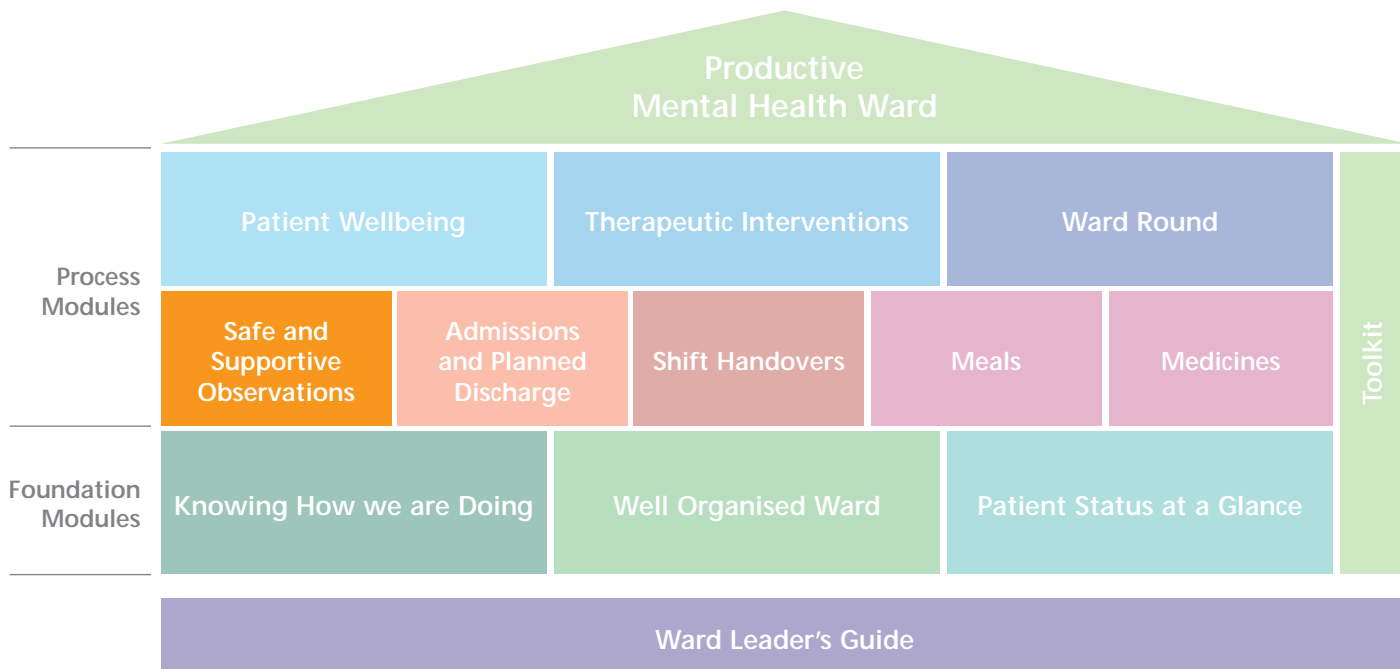
What is the Safe and Supportive Observations module?

What is it?

- a way to ensure your patients get the right observations, at the right time
- a way to improve patient observations on your ward, with fewer errors and less wasted time
- a way to ensure patients feel their observations are a valued part of their care, not intrusive
- a way to improve patient experience of observation on your ward, with fewer errors and less wasted time

Why do it?

To deliver safe, reliable and efficient care through:
- increasing patient safety by reducing errors and omissions
- timely observations for early intervention
- improving patient experience
- a safer ward atmosphere
- less wasted time
- giving you increased confidence to delegate observations duties to all levels of staff
- improve documentation in line with organisation policies
- improve staff experience and confidence
- improve information for patients

What it covers

This module will answer four key questions:
• how can we ensure we are following organisation policy and create a reliable observations process?
• who should do the patient observations process?
• how should the patients and staff be prepared for the observations process?
• roles and responsibilities, scheduling and planning before shift

What it does not cover

This module does not address:
• organisation's observations policy
• dealing with implications of specific observations
• any clinical outcomes of the process
• which observations you should do, or at what frequency or how to interpret the results

Learning objectives

The team will:

- understand that reliable observations require frequent, simple measurement against a team-defined and clearly communicated standard
- understand how auditing observation charts frequently gives direction to improvement
- be able to define how clear roles and responsibilities on a ward can reduce errors and omissions
- define standardised work and how it increases quality
- develop audits as a positive activity that helps sustain high quality observations

Creating your module baseline and keeping track of progress

To help you know what your position is before you begin the Productive Mental Health Ward, and then actually see the progress you are making and maintaining, this module has its own 10 point checklist. These are based on the characteristics of a Productive Mental Health Ward in the area of the module.

You will have carried out a complete assessment during your start up; as part of the web-based Productive Mental Health Ward healthcheck.

Remember… it is important to have your baseline measurement and regular measurements over a period of time.

To find the template for this module, go to the back pages of the booklet. Here you will find an example template and a blank one for your use.
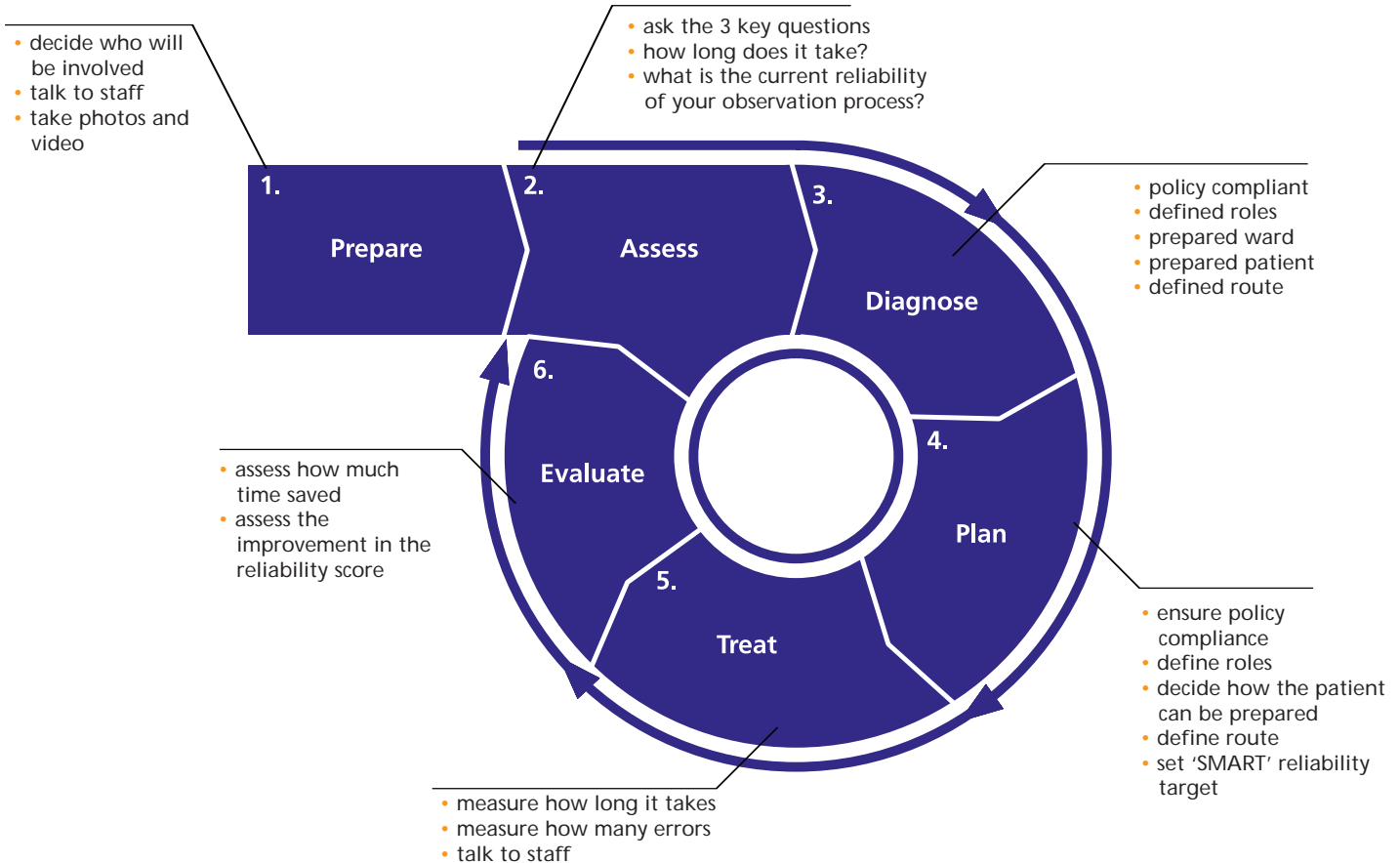
Assess your ward now.

What tools will I need?

Tool	Toolkit reference number
Photographs	Tool no.6
Video	Tool no.7
Interviews	Tool no.5
Timing Processes	Tool no.8
Process Mapping	Tool no.10
Cost/Benefit Analysis	Tool no.11
Module Action Planner	Tool no.12

How will we do this on our ward? - the 6 phase process

• decide who will be involved
• talk to staff
• take photos and video

• ask the 3 key questions
• how long does it take?
• what is the current reliability of your observation process?

1. Prepare

2. Assess

3. Diagnose

• policy compliant
• defined roles
• prepared ward
• prepared patient
• defined route

6. Evaluate

• assess how much time saved
• assess the improvement in the reliability score

4. Plan

• ensure policy compliance
• define roles
• decide how the patient can be prepared
• define route
• set 'SMART' reliability target

5. Treat

• measure how long it takes
• measure how many errors
• talk to staff

The Productive Mental Health Ward Safe and Supportive Observations

Prepare

Prepare - the 9-step process

Step 1: Decide who will be involved
- one ward leader
- one senior nurse
- as many staff who are involved in safe and supportive observations as possible
- clinical staff
- domestics and support workers

Step 2: Talk to staff
Use Toolkit tool no. 5 (Interviews)
- which observations cause the most issues?
- why does it take so long?
- what causes errors in completeness and timeliness of observations?
- what changes would improve it?
- how are the results recorded?

Step 3: Talk to patients
Use Toolkit tool no. 5 and seek guidance from your nursing director
- what is the patient experience of observations?
- explore patients' experience of observation using direct questions

Step 4: Take photographs
Use Toolkit tool no. 6
- any documentation needed for safe and supportive observations

Step 5: Shoot video
Use Toolkit tool no. 7
- film the entire safe and supportive observations process from start to finish. Ensure that you comply with your organisation's consent policy

Step 6: Staff competencies
- obtain a copy of the organisation's policy regarding the required staff competencies for ward based clinical observations

Step 7: Policy on observation result escalation
- obtain a copy of the organisation's policy on observations
  - ie, what to do if something is amiss during observation

Step 8: Policy on use of safe and supportive observation information
- does your organisation communicate to patients that it may use information gathered during safe and supportive observation for auditing purposes?

Step 9: Audit method
- find out if the organisation has a method of auditing and calculating the reliability of ward-based observations

Prepare - milestone checklist

Move on to 'Assess' only if you have completed ALL of the items on these checklists

Checklist	Completed ✓
1. Team decided (record team members).	☐
2. Spoken to staff and patients and comments recorded.	☐
3. Photographs taken and labelled (of any documentation).	☐
4. Video taken.	☐
5. Find out if organisation has an existing observations reliability scoring system.	☐
6. Obtain copy of organisation policy on staff competencies for ward based observations.	☐
7. Obtain observation information policy.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focused on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Assess

Assess

Step 1: Review interview notes

**Step 2: Review photos and watch the video**

Step 3: Look at the number of clinical incidents to understand if any errors or omissions are made in relation to safe and supportive observations

Step 4: For all staff that currently carry out observations assess their competencies against those stated in your organisation's observations policies
- if uncertain then ask your nursing director for help

Step 5: Look at how changes to observation requirements are communicated*
- how are changes made by the patient's consultant communicated to nursing staff/multidisciplinary team (MDT)
- how are changes made by nursing staff communicated to the patient's consultant/MDT
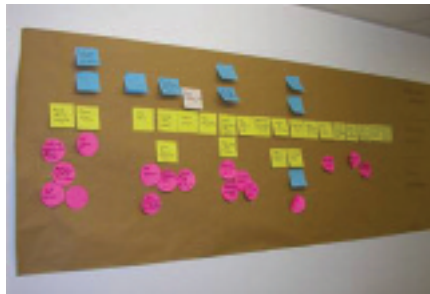
Step 6: Create a current state process map from discussions with staff and your notes from the video
Use Toolkit 10 - Process Mapping
- park any good ideas and suggestions made at this stage to use later

Do not create a new design map or explore solutions to identified issues at this stage.

When creating your current state map, try observing several people doing the same process

* put this communication information on the current state map you create for step 6.

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Module Action Planner

Releasing Time to Care
The Productive Mental Health Ward

⊕ = Understood ⊕ = Underway ⊕ = Complete ⊕ = Sustained

	Action	Who	When	Progress	Initial
1				⊕	
2				⊕	
3				⊕	
4				⊕	
5				⊕	
6				⊕	
7				⊕	
8				⊕	
9				⊕	
10				⊕	
11				⊕	
12				⊕	
13				⊕	
14				⊕	

NHS
*Institute for Innovation
and Improvement*

Step 7: Take your prioritised issues from the process map
Include issues that you have highlighted from the interviews and photographs, and write them on a Module Action Planner sheet (Toolkit tool no. 12). This way you can track your progress as you resolve the issues.

Step 8: Generate a reliability measure
• find out the current reliability of your observations
• use the audit sheets on pages 23 and 24 or your organisation's defined method. The target is to generate a % score and to use a 'composite' (see page 21) scoring method

Assess - reliability audit of your observation process

Reliability -

able to be relied on.

Source: Compact Oxford English Dictionary (online)

With this audit you are checking that your observation process, and its outcomes, can be relied on.

What is auditing and an example of how to do it?
- observation reliability audits are one of the eleven ward performance measures
- use the operational definition for safe and supportive observations in The Productive Mental Health Ward Knowing How we are Doing module to get information on frequency

The audit assesses these five areas:
- are all the required observations being done at the right level?
- are the observation charts being filled out correctly?
- are appropriate follow-up actions being taken based on the observations?

- is each patient's risk management plan communicated to all staff?
- actions and interventions during the observation period

Composite scoring?
This means that a set of observations are either complete or failed. No half measures.

For example, an observation may have collected everything other than level of risk. For it to be complete in composite scoring, it has to include all of the required observations and so this particular chart would have failed and be scored a zero.

This is illustrated by the green (complete) and red (failed) on the diagram on page 23. The orange highlights the scoring system.

The list of questions featured in the observation audit chart should be defined by your team, with guidance from relevant experts.

You can use the example sheet as a guide but you need to ensure the questions are right for your ward. The list of factors should not be decided by an outside source without consultation of the team.

If you have not done an observations chart audit before it is really powerful and, as ward leader, you need to be prepared to guide your staff through the results. It is very common to score 0% when the observation audit is first carried out. If this happens then you need to ensure the discussions stay focused on process, not individuals.

It is important to use the observation audit chart results with other indicators. On its own, the reliability score does not guide improvement; it just gives a current state. Use the examples given on pages 26 and 27 to guide your thinking on how to display the audit scores so it guides your team's improvement efforts. You need to display the results in such a way that the team can see what areas of observations are strengths and what areas are opportunities for improvement.

Example sheet

How to Stop WORRYING

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Standard Operating Procedure
Discharge

- Proposed plan started @ admission
- Patient actively involved in writing plan
- Patient is informed of date of discharge
- Patient is given a copy of their care plan on discharge

Quiet Please,
Relaxation Session In
Progress!

Productive Mental ...
Supportive
notes ...

Barnsley Primary Care Trust
Level One/Two Supportive Observation Rota

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Use of other audit methods

Your organisation may already have an audit process for observations. Use this process as long as it takes in to account the principles detailed
on the previous page.

Using observations information for reliability audit purposes requires the permission of the patient unless this use is specified in organisation patient literature.
If it is not then verbal permission could be acceptable ie, *"we are carrying out an audit of patient records do you mind if we use yours? Is that OK?"* Ask your nursing director for guidance.

Use the example featured to create your own audit sheet so the questions suit your ward. Work with your matron and/or nursing director to develop this.

How do we audit?

Decide:
- who will conduct the audit
  - eg, ward leader or roster of qualified nurses
- how many charts to audit and how often – use the Productive Mental Health Ward measures operational definitions in the Knowing How we are Doing Module
- discuss the results each week at the review meeting

Display your audit score, generated from the weekly sample (see Knowing How we are Doing module) on your ward performance board. When you do this you should also display a breakdown. An example is detailed in the picture below:
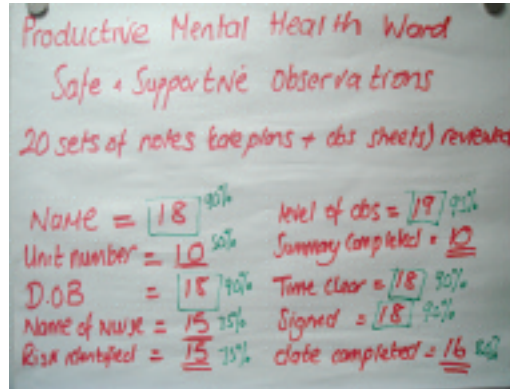
0% of charts were fully completed:
- 90% name
- 50% unit number
- 90% DOB
- 75% name of nurse
- 75% risk identified
- 95% level of observations

Displaying the audit results to guide improvement – over time

W/C	Does the chart show the name correctly in black ink?	Does the chart show the unit number correctly in black ink?	Does the chart demonstrate the level of observation clearly?	Is the area of risk indentified?	Is the date completed?	Is it clear which hour the observation occurs?	Is the time the observation conducted recorded?	Is each required observation point signed?	Are the whereabouts of the patient for each clear?	Is there clear summary of observed behaviour in relation to risk or mental health problem?	
	Patient Name	Unit Number	Level	Risk	Date	Hour	Time	Signed	Whereabouts	Summary	Audit Score
09/06/08	100%	0%	90%	90%	100%	100%	20%	30%	10%	0%	0%
16/06/08	100%	20%	100%	80%	50%	60%	50%	50%	80%	20%	20%
23/06/08	100%	50%	100%	90%	60%	100%	60%	50%	50%	90%	50%
30/06/08											
07/07/08											
14/07/08											
21/07/08											
28/07/08											
04/08/08											
11/08/08											
18/08/08											

The next two pages detail an example of how to make the observation audit tell your improvement story.

The team enter the score from their observation audit sheet into a simple spreadsheet – as detailed above.

The spreadsheet then creates simple run charts that detail the composite audit score and, more importantly, the areas of patient observations where the team score strongly and the areas where the team has the opportunity to improve.
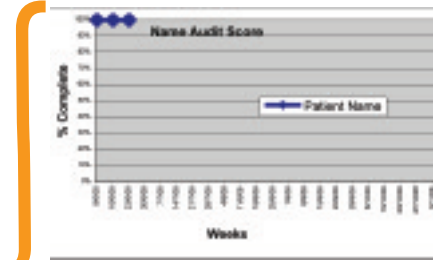
The charts detail the current state and steer the team towards the areas with improvement opportunity. A copy of this spreadsheet can be found on the NHS Institute for Innovation & Improvement's Productive Mental Health Ward web pages at www.institute.nhs.uk/productiveward mentalhealth
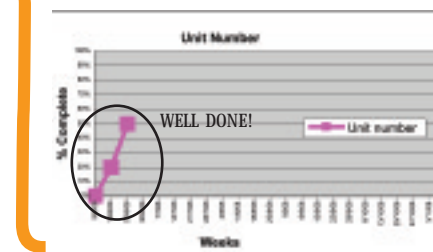
Main audit score.
Total chart score rising.
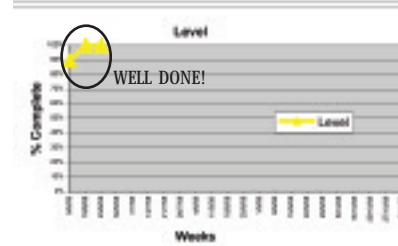First week none of the charts audited met the teams standard.

Starts strong and score continues to be high.

INPUT (MEASURES FOR IMPROVEMENT)

Team scores highly with name.

INPUT (MEASURES FOR IMPROVEMENT)
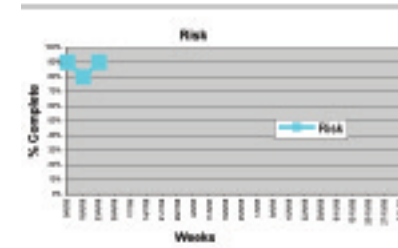
Risk is stong and remains high.

Unit number started weak and has steadily improved.
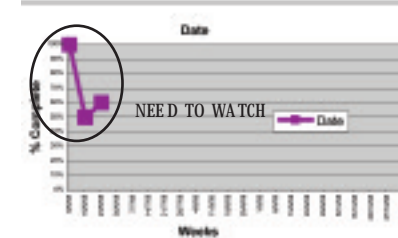
Starts well then declines.
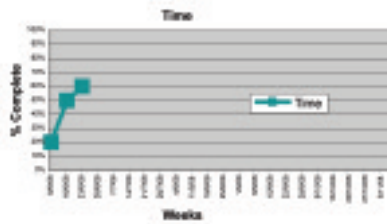
Use provided base spreadsheet and annotate as on diagram
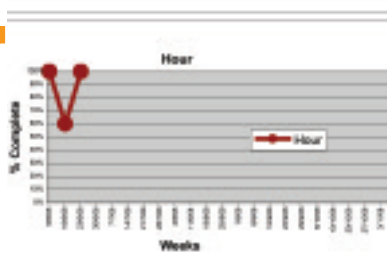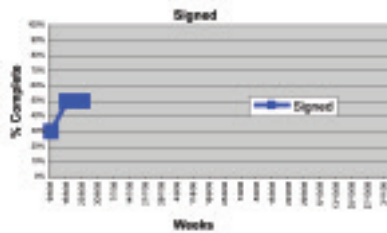
Hour dipped in week two but team measured and corrected score and improved 100% the following week.
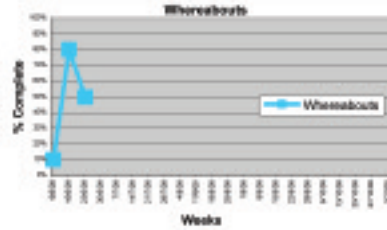

Further work needed to achieve 100% compliance.

Further work needed to achieve 100%.

A drop in the third week, need to keep up with improvements.

WELL DONE!

Sudden improvement.

Assess

Ask the three key questions

Are we following organisational policy?	• what is your organisation's observations policy? • are all staff familiar with the policy? • are the observations carried out in accordance with MDT decision? • how should staff be trained in managing observations? • how is this recorded?
Who does the observations?	• how many people on your ward have the correct competencies? • who is the responsibility for observations assigned to? • do the people responsible know in advance when it is their turn? • are the right level of skilled staff doing the observation?
How do we prepare the safe and supportive observation?	• do we understand how a patient needs to be prepared? • do we understand how a member of staff needs to be prepared?

Assess - milestone checklist

Move on to 'Diagnose' only if you have completed ALL of the items on these checklists

Checklist	Completed ✔
1. Video and photographs viewed, comments recorded.	☐
2. Staff who currently carry out observations have been assessed against required competencies as per your organisation's policies.	☐
3. Process map built, issues listed on Cost/Benefit Analysis sheet.	☐
4. Prioritised issues listed on module Action Planner Sheet.	☐
5. Process timed.	☐
6. Audits completed and score displayed.	☐
7. Three key questions asked.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focused on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Diagnose

Diagnose – what does 'good' look like?

Before you move onto the 'Plan' stage, where you will discuss and agree the changes you want to make, think about what 'good' would look like.

Go through the following examples with your team. They give snapshots of patient observation improvements made by hospitals implementing the Productive Mental Health Ward.

You can use them to trigger discussions within your team.

Ideas that have worked - example 1

When carrying out 'check-ins', staff can walk a long way to locate all the patients on a list if they follow the list from top to bottom. Try 'sweeping' the ward and ticking patients off as you meet them.
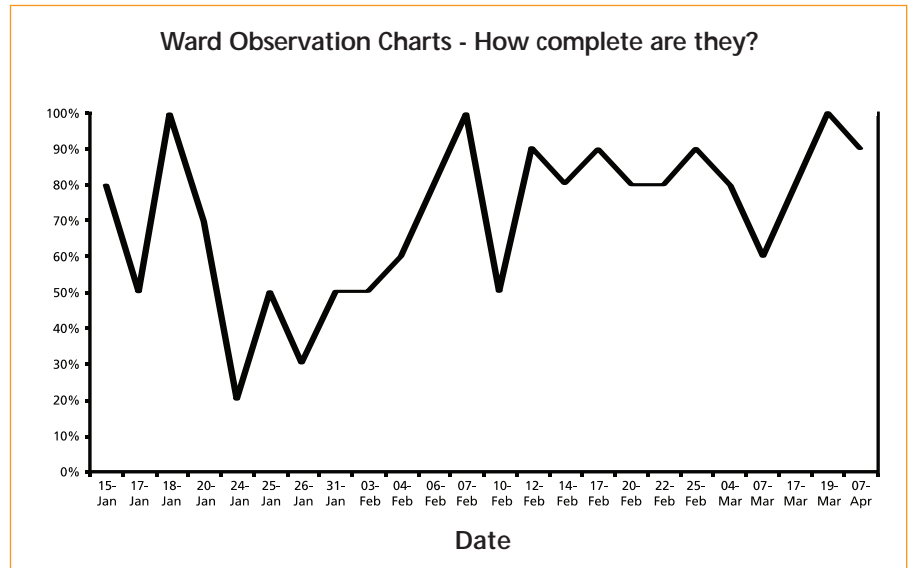
Wards can also have estates issues that make this process complicated or create risks in case of fire. An example of this is when there are discrepancies between the customary descriptions and formal numbering of rooms within the ward.

Ideas that have worked - example 2

Documentation for general observations are improved by the ward team.
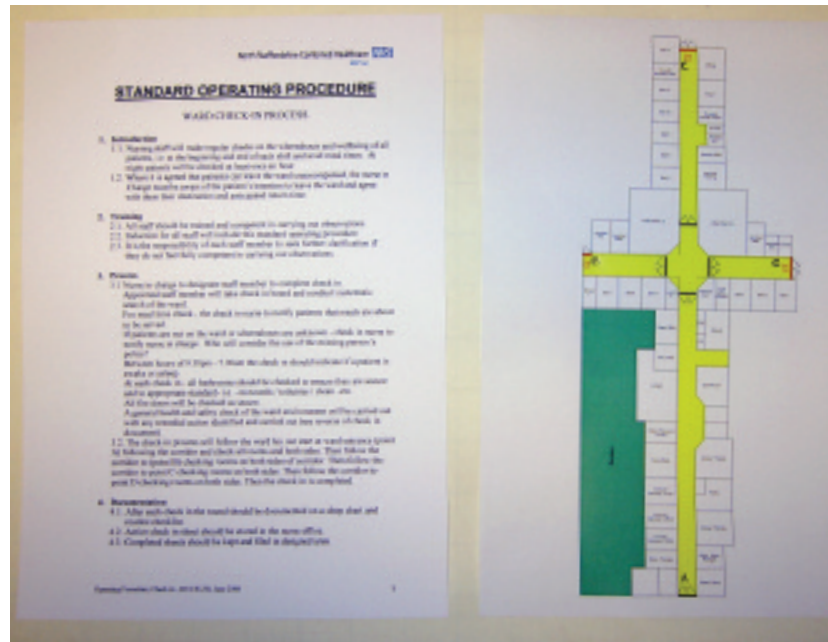
Ideas that have worked - example 3

Displaying the reliability score – use a 'run' chart

Ward Observation Charts - How complete are they?

You can sample more regularly if you wish and sample daily during the test

We're here to help
Local services that support
mental well-being

How to Stop WORRYING

FRANK TALLIS

Productive Mental Health Ward
Supportive Observations
notes (care plans + obs sheets)

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Diagnose - milestone checklist

Move on to 'Plan' only if you have completed ALL of the items on these checklists

Checklist	Completed ✓
1. Carefully work through the examples with the team.	☐
2. Openly discuss each example.	☐
3. Consider the examples against your own environment.	☐
4. Ask staff for new ideas, possibly building on the examples shown.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

The Productive Mental Health Ward *Safe and Supportive Observations*

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focused on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Plan

Plan

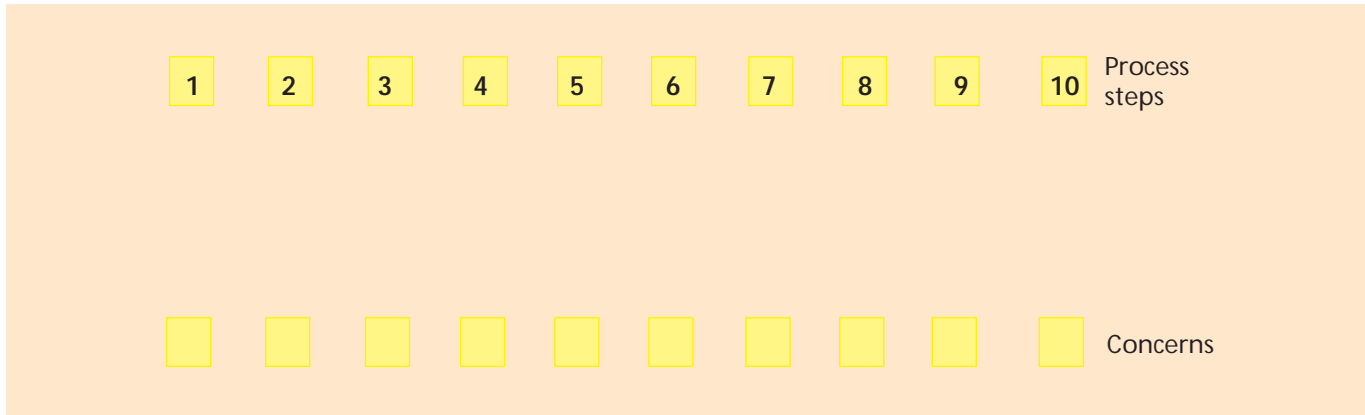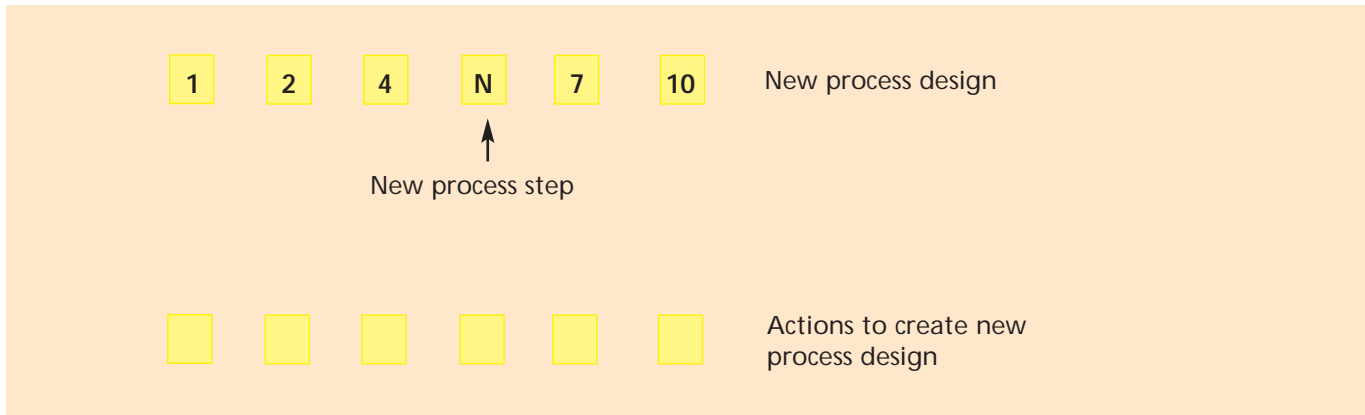|	
How can we ensure we are following the organisation's policy?	• ensure the policy is displayed near the documentation storage area • check staff training is up-to-date and display a list of ward staff who are competent to perform observations
Who should do observations?	• review the list of people who are trained to do observations in relation to organisation required competencies • discuss who are the right people from each shift to observe individual patients • create a roster to cover observations on all shifts • ensure the staff identified for the observations process are highlighted in every handover
How to prepare patients and staff	• create an inventory of required items and quantities • create a plan for restocking of documentation • address the preparation needs of patients and staff

Create your new design

Complete your new design process map by continuing to use Toolkit tool no. 8. Using your team's expertise, and the discussion around the examples, you will generate a number of exercises that will need to be completed to implement your new design for safe and supportive observations.

Current state:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Process steps |

| | | | | | | | | | | Concerns |

Future state:

| 1 | 2 | 4 | N | 7 | 10 | New process design |

↑
New process step

| | | | | | | Actions to create new process design |

Create your plan for the implementation of your newly designed observation process

Use Toolkit tools 11 & 12 (Cost/Benefit Analysis, Module Action Planner sheets) to create your implementation plan. Display the plan by putting your completed Module Action Planner sheet in a prominent position on the ward.

Use your judgement to prioritise within each triangle and then list the problems.

Create a SMART target for your reliability score

If you have not already done this, refer to the Knowing How we are Doing module and the section on how to set your SMART target for your observation reliability.

| |
|---|
| **Simple** |
| **Measurable** |
| **Aspirational** |
| **Realistic** |
| **Time Bound** |

Create a standard

In addition to your implementation plan, you should create a standard operating procedure for the new observations process. This is a simple exercise that clearly communicates the new way of working. It has the added benefit of helping to set the standard for new, bank or agency staff.

Keep your standard operating procedure somewhere it is easy to access and visible to the staff who need to work with it.

Standard operating procedure on display

Standard times
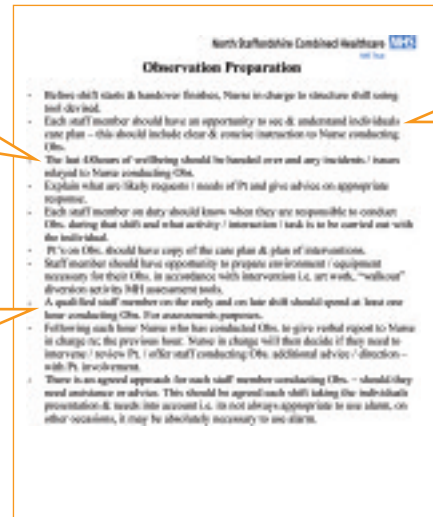
Roles and responsibilities

Reminder about process changes

New procedure can be formally documented once everyone has agreed

*this standard has been created by a particular ward and is not general. The frequency and other standards are specific to your ward. You need to define a standard specific to your wards' requirements.

Location of documentation

You should consider the following factors when deciding where documentation should be stored. Use these principles in conjunction with guidance in the Well Organised Ward module to look at how documentation is located:
• frequency of use
• how many documents

Preparation of patients
Make sure that patients know what to expect and why the observation is being carried out. Explain what will happen and the documentation that will be used.

Preparation of staff
To ensure that staff are confident in carrying out observations, make sure that they know the standard operating procedure, that they are familiar with the documentation and understand the reason for observing each individual under their care.

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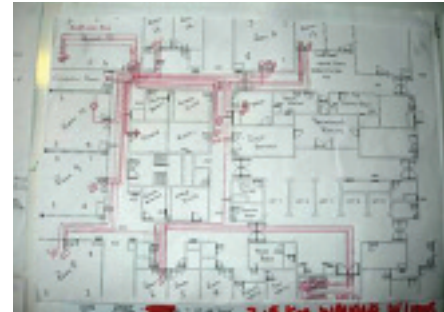
Plan - milestone checklist

Move on to 'Treat' only if you have completed ALL of the items on these checklists

Checklist	Completed ✓
1. Create implementation plan for new observation process.	☐
2. Create SMART target for patient reliability score.	☐
3. Create standard operation procedure.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focused on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

North Staffordshire Combined Healthcare NHS

This booklet aims to provide you with information about local mental health services and support groups.

We're here to help
Local services that support mental well-being

ALL STAFF

Have you handed your personal alarm back?

How to Stop
WORRYING

Productive Mental Health Ward
Supportive Observations
notes (care plans + obs sheets) revi...

level of obs = 19 95%
Summary completed = 10

PILOT DOCUMENTATION

BARNSLEY PRIMARY CARE TRUST

LEVEL-ONE/TWO SUPPORTIVE OBSERVATION ROTA

Patient's Name .... Unit No. ....

Consultant .... Date ....

Key Worker .... Legal Status ....

Time Observed	Allocated Nurse	Observations/Comments

Treat

Treat

What are we testing?
• have we increased reliability?
• completeness
• accuracy
• timeliness
• patient experience
• staff experience

Before the test starts ensure that:
• a plan for auditing is in place
• all staff understand what the changes are
• reliability data is available to all ward staff

During the test:
• while testing this out for the first week, audit daily - this is the key to understanding whether your changes are improving the reliability of care
• film the new safe observations process to check what the new process looks like
• take baseline measures
• provide opportunities for suggestions and improvements
• implement simple solutions quickly

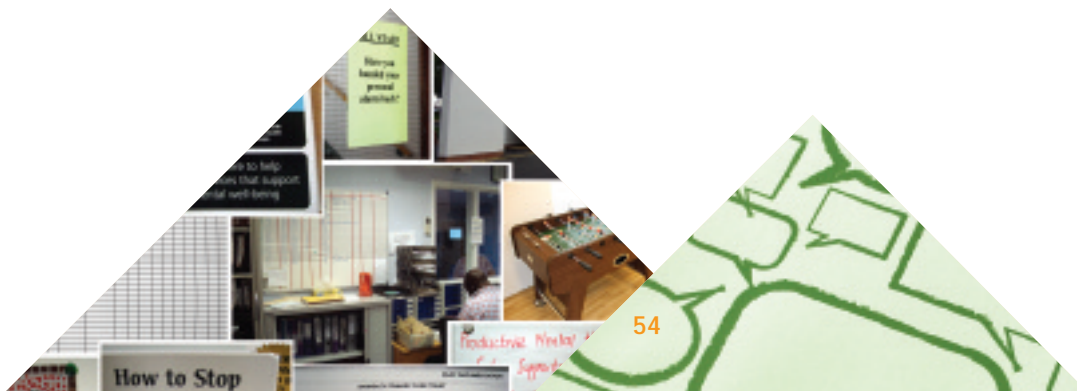*Don't wait until the end of the test - if ideas emerge midway, try them out!*

Treat - milestone checklist

Move on to 'Evaluate' only if you have completed ALL of the items on these checklists

Milestone checklist	Completed ✓
1. Test period decided.	☐
2. All staff informed.	☐
3. Try out (test) the new observations process.	☐
4. Observation process timed.	☐
5. Reliability audits completed.	☐
6. New safe and supportive observation process photographed and videoed.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focused on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Evaluate

Step 1 - collect information

A) Gather the data:
- what were the reliability audit score results?
- what was your team's adherence to the standard operating procedure?

B) Talk to staff:
- was the person chosen to do the observations appropriate?
- did the staff member feel confident to carry out a safe and supportive observation?
- did the staff member's knowledge and understanding increase?
- was any time wasted during observation?
- was the ward well prepared?
- did all patients receive observations at the correct time?
- did patients receive appropriate observations in accordance with the MDT's treatment plan?
- what interruptions were there?

B) Talk to patients:
- did the observation feel less intrusive?
- did they find observation a valuable part of their treatment?
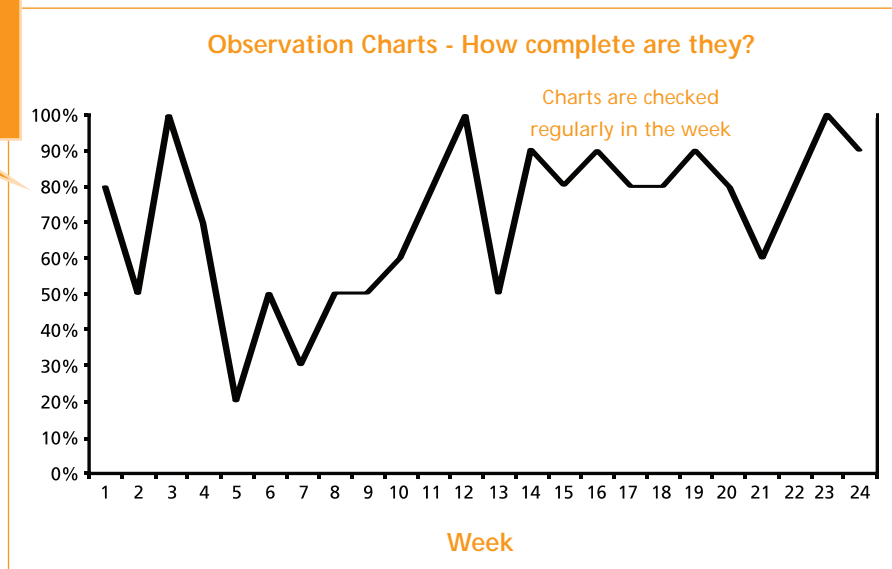- did they know why they were being observed?

Step 2 - analyse information - 1

Plot the audit results on a run chart and display on the weekly review meeting board

Did the changes make an improvement?
• did the reliability improve compared to before the changes?
  ○ if not, why not?
• were there fewer errors/omissions (detail from the reliability audit sheet – specific observations need more work etc)?

Refer to the Knowing How we are Doing module for tips on how to discuss results.

Observation Charts - How complete are they?

Charts are checked regularly in the week

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Week

Step 2 - analyse information - 2

Did the changes make it more efficient?
- how much did the reliability of the observations round increase?
- did you achieve the objectives of improved patient safety, timely observations and improved patient experience?
- did the quality of direct care time improve?

Discuss the results
Do this in the weekly team meeting to ensure good communication:
- was patient safety improved?
- how did the patient experience change?
- did the number of incident forms relating to observation reduce?
- consider discussing the results at the patient meeting

Evaluate - milestone checklists

Checklist	Completed ✔
1. Talk to staff about the new observation process, record comments.	☐
2. Look at 'before and after' reliability score.	☐
3. Communicate success and identify further improvement.	☐

Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focused on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

The Productive Mental Health Ward Safe and Supportive Observations

How to Stop **WORRYING**

FRANK TALLIS

PILOT DOCUMENTATION

BARNSLEY PRIMARY CARE TRUST

LEVEL ONE/TWO SUPPORTIVE OBSERVATION ROTA

Patient's Name: .... Unit No. ....

Consultant: .... Date: ....

Key Worker: .... Legal Status: ....

Time Observed	Allocated Nurse	Observations/Comments
07:30-08:00		
08:00-08:30		
08:30-09:00		

= 18 ⟩ 90%
= 10 ⟩ 50%
= 18 ⟩ 90%
= 15 ⟩ 75%
= 15 ⟩ 75%

Standard Operating Procedure
Discharge

- Proposed plan started @ admission
- Patient actively involved in writing plan
- Patient is informed re date of discharge
- Patient is given a copy of their care plan on discharge

Quiet Please,

Relaxation Session In

Progress!

60

How can I make it stick?

Monitor and audit continually	• continue to audit charts, at least once a week • address issues in chart completion correctness and process outcome with staff
Ensure leadership attention	• get the observation chart audit done by head of nursing or equivalent once a month • ensure you discuss audit results with ward staff weekly at the review meeting (refer to the Knowing How we are Doing module and Ward Leaders' Guide) • ensure improvements as a result of your changes are made and reduced errors achieved are brought to the attention of senior leadership
Keep improving	• encourage ward staff to continue to find newer and better ways of doing things - it is not about doing this once and then applying standard operating procedures, but rather about improving them continually • consider compiling your standard operating procedures into a ward manual
Maintain the standard	• keep updating and communicating the standard operating procedure as your observations process evolves

The Productive Mental Health Ward Safe and Supportive Observations

Learning objectives complete?

Five objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid opposite. Ask the questions in the first column and make an assessment against the answer guidelines in the second column.

The results of this assessment are for use in improving the facilitation of this module and are not a reflection on staff aptitude or performance.

If all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met.

Note the objectives where the learning has only been partly met and think about how you can change the way you approach the module next time so that the responses are fully met.

It sometimes helps to re-read the module and reflect on the experiences of implementing the module first time round.

Question (ask the team member)	Answers for outcome achieved
Describe the important things to have in place so that observations become more reliable	Amongst other factors: • frequent (weekly) measurement • factors to be measured decided by team • factors being measured put into a standard
Describe how frequent observation audits make improving easier	• highlights the exact parts of the audit the team has room to improve on • need to have more than one reliability score, need the detail so that the team can improve • even if the composite (total) score is low, the team can still see where it is improving and where it can improve more
How do you ensure tasks and activities on the ward do not clash?	• ensure roles and responsibilities are clear during handovers • ensure someone takes the supervisory role on the ward; that person needs to be aware of all activities and then ensure tasks are scheduled so they do not clash
How do standards support the new observations process?	• important tool for communicating • key to sustaining safe and supportive observations process • agreed by the team, not by an individual • record the best known (highest quality) way the team knows for safe and supportive observations process
Where do audits fit into the observations module and how are they used?	• ensures people are carrying out the new observations process • should be quick • based on the standard created by the team • never stop using audits

10 point checklist

Example

	Before starting	After 2 weeks	After 4 weeks	After 8 weeks

The grid to follow allows you to measure your performance against the 10 point checklist for this module. You should shade in the boxes according to your achievement of the measure. Your progress is clearly visible.

You should continue to monitor monthly.

10 point (8 this time!) checklist Safe and Supportive Observations module	Before starting	After 2 weeks	After 4 weeks	After 8 weeks
The responsibility for doing the safe and supportive observations round is defined and understood				
The frequency of safe and supportive observations is based on the patient's condition				
This frequency is clear (eg, in the nurses' office)				
The new process has been documented in a standard operating procedure which is displayed prominently/available in a staff area				
Observation record audits are being carried out at an agreed frequency and number of records				
Observation chart audit data is analysed and fed back to the ward				
Action is taken where the audit achieves less than 100% (eg, through reminders, additional training)				
There is a sustained improvement in the chart audit scores				

How to Stop WORRYING

FRANK TALLIS

PILOT DOCUMENTATION

BARNSLEY PRIMARY CARE TRUST

LEVEL ONE/TWO SUPPORTIVE OBSERVATION ROTA

Patient's Name: .... Unit No. ....

Consultant: .... Date: ....

Key Worker: .... Legal Status: ....

Time Observed	Allocated Nurse	Observations/Comments
07:30-08:00		
08:00-08:30		
08:30-09:00		

Supportive Observations

notes (care plans + obs sheets) rev

= 18 90%

= 10 50%

= 18 90%

e = 15 75%

d = 15 75%

level of obs = 19

Summary completed =

Time clear = 18 90%

Signed = 18 90%

date completed = 16

Quiet Please,

Relaxation Session In

Progress!

Website: For more information please visit www.institute.nhs.uk/productivementalhealthward

Contact the Productive Mental Health Ward team:
productivementalhealthward@institute.nhs.uk