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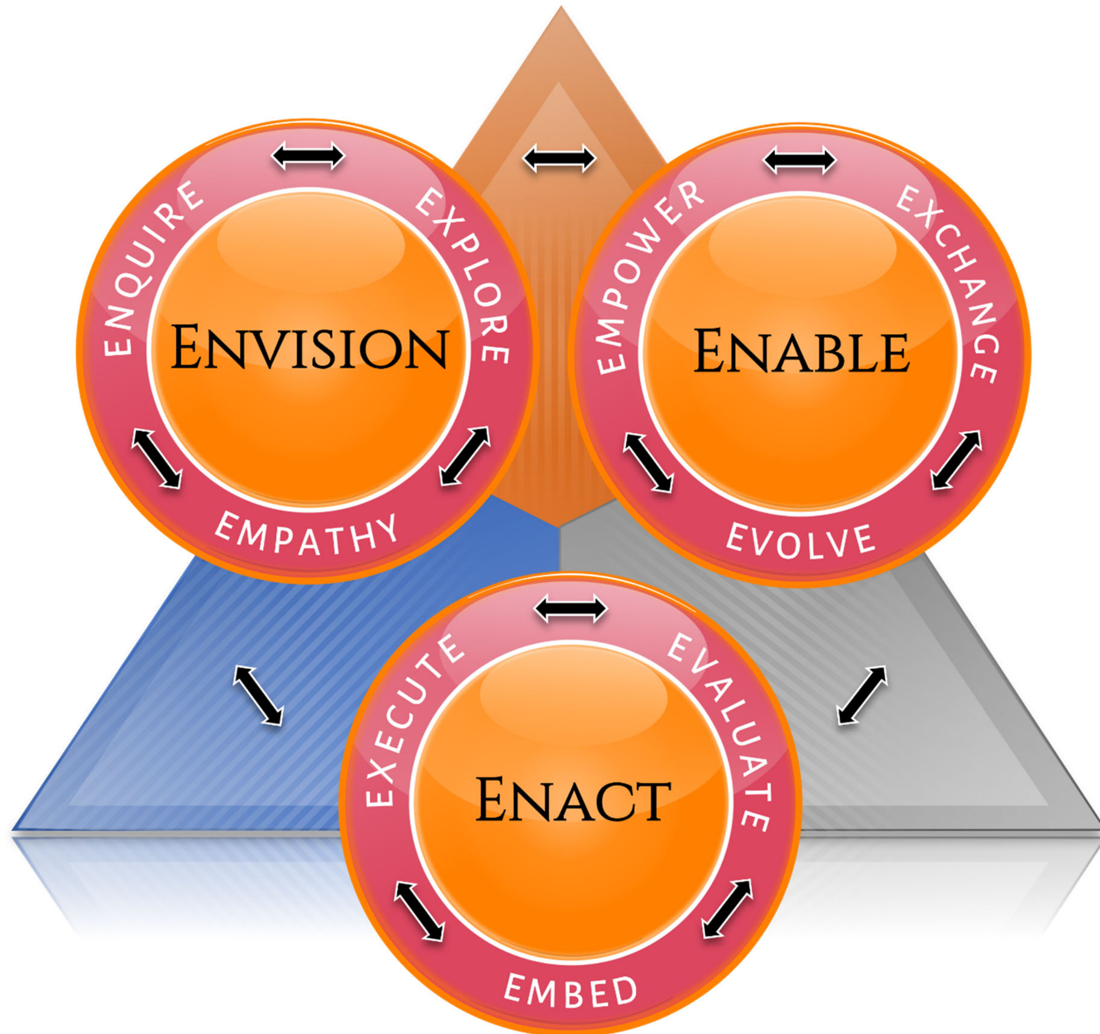
The Complex Intervention: Actions undertaken within the PROCESS leadership framework, PROGRESS governance framework and innovative 1-2-7 safety planning

The 3X3 PROCESS Leadership Framework



Envision (Enquire – Explore – Empathy): *Compelling narrative for change*

The Envision phase centred on winning the hearts and minds of staff.

- The newly appointed (01/07/2019) PAH leadership team engaged the workforce in appreciative enquiry; "what's working well," and "even better if…".

- The delicate balance of risk and recovery that professionals had to strike in their practice was explored with empathy and sensitivity.
- On a foundation of four months of daily conversations, over 150 staff members came together and gave their suggestions to safely reduce ED ALOS at the annual Refresh event (07/11/2019). These suggestions were crafted into a compelling safety culture narrative that could enable rapid assessment, decision making and safety planning to provide assurance to patients, families, and staff.

Enable (Empower – Exchange – Evolve): *Skills for change*

The Enable phase focused on capacity, capability, and culture.

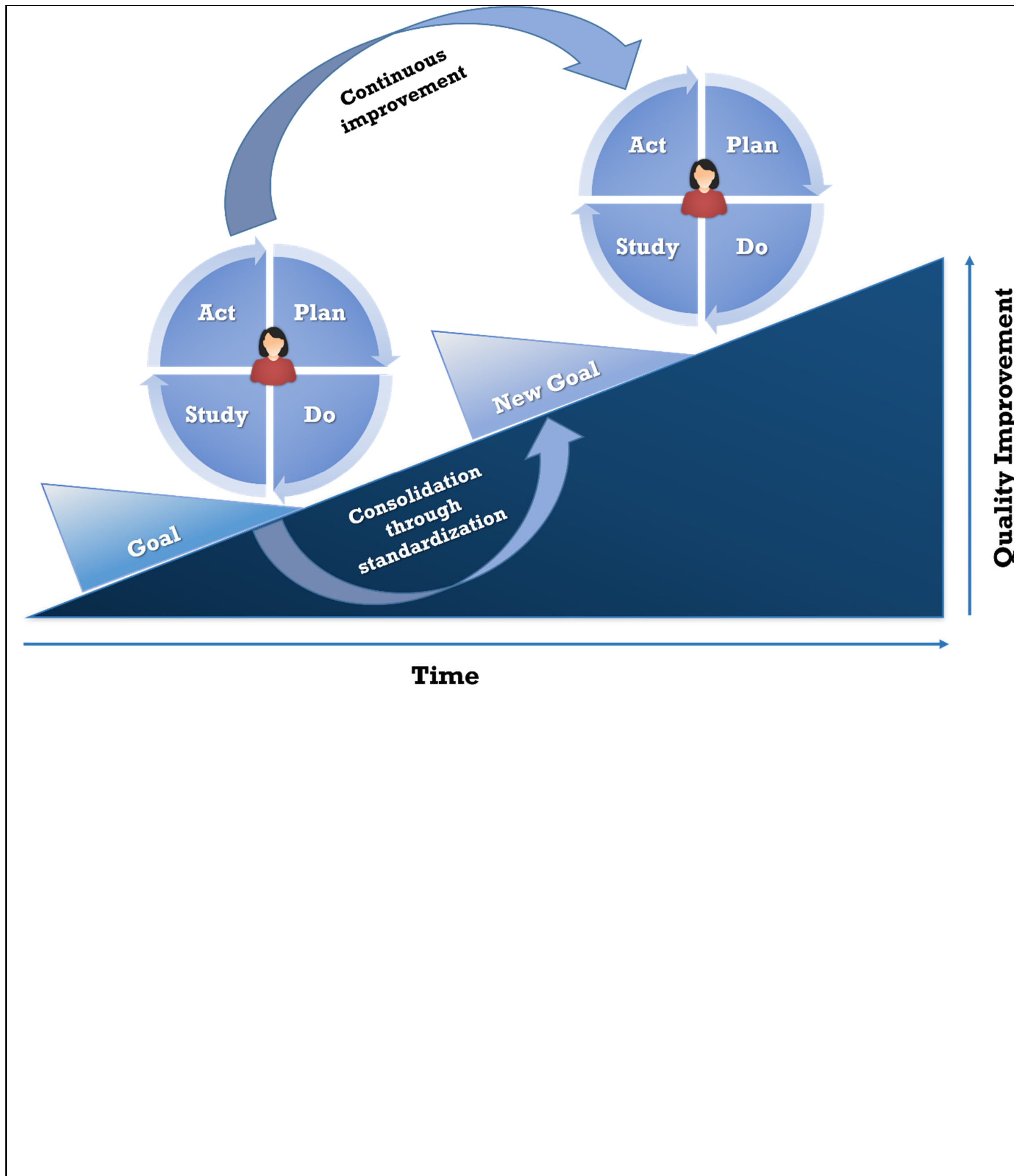
- Significant attention was paid to skills building for practice change and ensuring that staff worked within a culture of future focused care, a future made safer through enhanced safety planning. On 11/10/2019, as part of the World Mental Health Day celebrations, over 200 staff were trained in the PROTECT framework for suicide prevention.
- The principles of recovery-oriented assets based care as laid out in PROTECT were repeatedly reinforced through monthly mortality and morbidity (MNM) meetings by the director of mental health (MKR) at PAH. Starting in August 2019 the MNM meetings were held in the spirit of restorative just culture with the consultant and the registrar cohort receiving monthly presentations on safety formulation and safety planning at the MNM meetings. Given registrars conduct risk reviews on the most complex patients and all presentations are discussed with the on-call consultant, these two groups were vital to reinforce the new mindset of positive risk taking through safety planning.
- Meetings with the leadership of other EDs and follow up site visits provided valuable exchange of innovations and learnings from the successes and challenges of each hospital.
- The enabling environment was reinforced through appointment of a full-time team leader (TM), a clinical nurse consultant, a resident medical officer and a

transition coordinator. The new team adopted and adapted the improvement ideas to the needs of PAH, and they have continued to evolve throughout the improvement journey.

Enact (Execute – Evaluate – Embed): *Actionable first steps*

The enact phase involved simple but clearly defined actionable steps and expectations relating to safe patient flow.

- A new consultant (TT) took responsibility for clinical governance of mental health patients at PAH ED (02/12/2019) and rolled out the safety planning module within PROTECT.
- The revamped leadership, role modelled the new mindset and behaviours relating to positive risk and engaged with vigour in the governance processes relating to continuous evaluation of patient flow and embedding of a uniform safety planning language and the practice of offering safety planning as a brief intervention to all presentations.
- All through 2020, safety planning underwent continuous improvement cycles through repeat Plan – Do – Study – Act. A random selection of 10 safety plans were audited each month for quality control. To embed practice change, every 24 hours, an intake review process of the assessment documentation including formal safety plans were completed for all patients by a consultant psychiatrist. Learnings were shared with the team.


Continuous improvement
Act
Plan
Study
Do
Act
Plan
Study
Do
New Goal
Goal
Consolidation through standardization
Quality Improvement
Time

The Five Step PROGRESS Governance Framework

- **Report** (real time reporting of patient flow with daily update of metrics): A dashboard with metrics customised to the service was created to track ED ALOS, patient volume and a range of other measures which impact on ALOS were also closely monitored daily e.g. daily bed turnover, discharges before 12 noon, acute care team caseload.
- **Reflect** (weekly formative discussions to guide progress): A half an hour mid-day Friday meeting was established to discuss issues arising from the week as well as to plan out flow related issues over the weekend.
- **Review** (monthly summative discussion to track progress): Data presented at the monthly review meetings was used to make changes to the process relating to patient flow and patient safety, e.g. assessing patients who were yet to be cleared medically, audits of safety plan, 24 hour phone follow up.
- **Rethink** (quarterly learning events): Quarterly rethink meetings were used to reinforce the principles of future focused recovery oriented care using learning tools learning like the Care Compass, Pain Relief Conversation, DESPIAR map (7,8).
- **Refresh** (showcase event to guide the annual planning cycle): The 2019 end of year refresh event was pivotal in getting across how different services within the system would work towards improving patient flow and reducing ED ALOS.

1-2-7 Safety Conversation (Prompts and Potential Avenues for Exploration)

1-2-7 is a semi-structured conversation with prompts around daily events. 1-2-7 begins with a focus on the first hour post discharge and the pragmatics of what may happen when a person gets to where they stay. It then establishes how the person will occupy themselves over the following two days and if they have the necessary supports. The conversation then turns to how risk may fluctuate adversely over the coming week and

how some of these risks can be addressed. The goal is to identify triggers, early warning signs, internal coping and socialisation strategies (11, 12), reducing access to means (13, 14) and using family (15, 16) and professionals to navigate crisis (17–19). There are 3 prompts for each time frame (1 hour, 2 days and 7 days) and a final catch all question to crosscheck understanding, summarise the safety conversation and end on a message of hope. The questions reveal a lot more than just the literal answer. Staff are encouraged to actively listen for important components of the safety plan, so that they can use the information generated to support guided discovery of unsafe scenarios and coping strategies. The 10 questions and details of potential opportunities for exploration are provided below.

One Hour: **Pragmatics in the Here and Now**

1. How will you get to where you stay?
    a. Willingness to return to place of safety – reveals withheld intent
    b. Ability to get back home – reveals ability to forward plan
    c. Time of day – reveals vulnerability at night and how will they get there
    d. Clues to preferred mode of transport – reveals whether they drive when in suicidal distress
2. What will be waiting for you there?
    a. Reasons for living vs dying – potential triggers and situational problems
    b. Family and their response – relief and welcomed back or judged as being selfish
    c. Aftermath of the suicide attempt – blood, vomit, empty packets
    d. Potential means available at home – steps needed to limit access
3. Have you got the things you need?
    a. Medication and/or script – medication amount, need to visit pharmacy
    b. Next appointment with details – willingness to engage with follow up
    c. Belongings returned – wallet, cards
    d. Mobile Phone – is it charged and do they have credit

Two Days: **Amenities, Time, Company**

4. Do you have access to money, food, and other things you need?
    a. Issues with access to money – food vouchers, soup kitchen
    b. Pay day – increased access to alcohol and drugs
    c. Credit on mobile phone – to get in touch in a crisis and link up with services
    d. Exposure to elements – Heating in winter, hydration in summer, sleeping rough

5. What will you be doing over the next 2 days?
    e. Will they be dealing with situational crisis immediately – What if… scenarios
    f. Structure to the day – identify activities that reinforce reasons for living
    g. Internal coping strategies and distraction strategies – identify 3 strategies
    h. Barriers – what may stop them using the strategies
6. Who will you be with?
    i. Identify socialization strategies – church, yoga, walking group etc.
    j. Family and friends – who is helpful and available day and night
    k. Family and friends – how much do they know, can they share their crisis
    l. Family and friends – can they help limit access to means

Seven Days: **Emergent Risk, Mitigation, Emergency Contact**

7. What would make things unsafe?
    a. Assess insight into dynamic risk – How things might change for the worse
    b. Identify potential situational crisis – "What if…" scenarios
    c. Reinforce triggers and early warning signs
    d. Conversation about monitoring suicidal urges and distress
8. How can we reduce it and make it less stressful?
    e. Reinforce the different strategies that have been identified
    f. Pick the top one of each type
    g. Coproduce solutions for barriers to using them
    h. Appropriateness of different strategies for different levels of distress
9. Who and how will you ask for help at the right time?
    i. Reinforce natural circle of support – who is on speed dial
    j. Reinforce professional circle of support – can they wait for next appointment
    k. Reinforce helpline and emergency numbers – pick at least one, if not three
    l. Reinforce mode of transport to nearest emergency department if necessary

Final Check: **The Catch All**

10. Is there anything else you want to share, or I should have asked that I haven't?
    a. Reinforce Relational Safety - genuine curiosity and interest in their wellbeing
    b. Reveal withheld intent after deepened rapport
    c. Take time if this question reveals issues not yet identified or addressed

Reinforce reasons for staying safe, their strengths/assets and that there is hope

Top to Tap

Pre intervention (2019):

- Approach was directive, restrictive and deficits focused with the professional playing the role of an expert holding all the expertise.
- Risk management practices were passive, and deficits focused. Patients were kept in ED for repeat 12 hourly assessments till either their distress subsided with the passage of time or a decision was reached to admit to a psychiatric inpatient bed.

Post intervention (2020):

- Approach became one of assets focused guided discovery and co-creation of a recovery-oriented safety plan where expertise is shared between the professional and the person in distress, both working together towards a shared objective of making the immediate future safer.
- An active risk management approach, drawing on the patient's strengths and assets to safety plan and prepare for the future, became the norm. The 1-2-7 safety conversation was used as an enabler to create a written safety plan with emphasis on the person and their families engaging in collaborative communication, themes that are repeatedly highlighted by patients in qualitative studies to reduce restrictive practice (21, 22).

Culture Transition:

- To bring about this shift the delicate balance between risk and recovery, safety and self-reliance was empathically explored with staff at every opportunity using conceptual models like the Care Compass. It was clear that conservative and restrictive practices stemmed from genuine staff concern about patient safety.
- Staff identified with the dynamic nature of risk and took on board that their high-medium-low risk prediction was redundant the moment a patient left the ED. The fluid nature of risk came up repeatedly and practitioners could see that an assessment may provide the promise of help, but not much changes in the person's life.
- Post implementation there was greater emphasis on risk formulation. The DESPAIR (Diagnosis, Entrapment, Suicidal Thoughts and Plans, Past Attempts,

Agitation, Risk Response) framework from PROTECT provided essential information to formulate longitudinal risk (the person's individual risk over time), unaddressed risk (unmitigated risk post-safety planning) and cross-sectional risk (the person's risk in comparison to other patient populations e.g. inpatient, community, primary care). This helped with clinical decision making as an opinion on clear and imminent risk could be clearly established.

- A compelling narrative to consolidate the promise of hope and recovery through a coproduced safety plan was scripted and systematically spread through all staff, particularly those working in ED.

Top Three Practice Changes:

- **Prediction to Prevention:** Given the fluid nature of risk, professionals need to move away from the conventional mindset of risk prediction (high-medium-low) to one of prevention. The goal is to effectively mitigate predictable adverse scenarios as well as identify and modify unpredictable situations that may overwhelm the person over the coming week.
- **Past to Future:** Prevention is a future focused activity, however information gathering in crisis assessments primarily explore the past. This does help understand the future better, but an entirely past focused discussion is inadequate in making the future safer. The future focused time windows of 1-2-7 ensure that the future gets adequate attention. The second shift is in the balance of time spent on the past and the future in crisis assessments.
- **Deficits to Assets:** To make the future safer, professionals need to transition from a deficit to an asset focus. The person needs to draw on their strengths and their natural circle of supports to maintain safety. 1-2-7 supports guided discovery of these strengths and pragmatic coping strategies that they can use in the face of these challenges. It moves professionals from "what's the matter with you" to "what matters to you" (23). Understanding what matters to the person not only provides deep insights into their suicidal distress but also provides reasons for living and allows for safety conversation to end on a note of hope, an antidote against suicide and a vital ingredient for ongoing safety (24).

Through 1-2-7, staff cover all aspects of SAFE (Scenario planning; Access to means; Family, friends and follow up; Emergency plan) as outlined in the PROTECT framework (5). 1-2-7 is a simple, intuitive, and meaningful conversation to support mindset transition from top to tap and practice shift from prediction to prevention, past to future and deficits to assets.