Implementing Positive Approaches to Behaviour, De-escalation and Disengagement Training.

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Introduction: The World Health Organisation (WHO) states up to 38% of health care workers experience physical violence (WHO, 2023). Critical Care patients are predisposed to developing delirium or impaired cognitive function. Acute brain injury impacts patients' irritability and impulsive outbursts leading to challenging behaviour (Headway 2023). This results in potential violence and aggression, increasing risk to staff (Lozzino et al 2015). By reducing factors that exacerbate delirium, this will enhance patient and staff safety (Aren and Christensen 2009).

University Hospital Southampton (UHS) is a teaching hospital whose Critical Care department is composed of 4 units, Neuro ICU, General ICU, Cardiac ICU and Surgical HDU. There is a variety of clinical practices in behaviour management and a lack of specialist training for staff to be able to recognise behaviours that challenge and techniques to manage them. Staff are at risk of being verbally and physically abused with the potential for psychological and physical harm (MAYBO 2023). This highlighted the need for a consistent approach to ensure staff safety and reduce restrictive practice to patients.

Objective: To review practice and management of patients across all units who display challenging behaviour, violence and aggression. Then look to deliver a training programme that equips staff with strategies to manage behaviours within the complex critical care setting. This is required to prevent harm and distress to both staff, patients and their families.

Amount of challenging behaviour incidents in Critical care across 6 months (June 21- November 21)
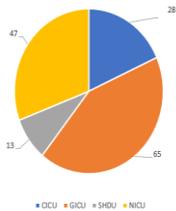
Methodology: Data was collected and analysed from incident reports across critical care. This showed that there were 153 challenging behaviour incidences recorded in 6 months. However significant under reporting was identified. Data also demonstrated the impact this had on staff, both physically and from a wellbeing perspective. Trust stakeholders were identified, results were presented to them and the executive trust board. With their support we approached the identified UHS training provider (MAYBO) for bespoke training in the critical care environment.

Examples of Types of Injuries to staff (August 2021- August 2022)
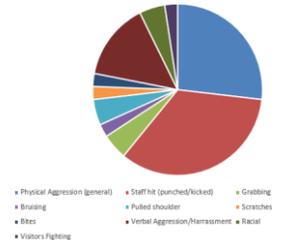
Results: Working in conjunction with MAYBO, a training need analysis was undertaken. This allowed a bespoke train the trainer programme to be developed and delivered to 8 critical care nursing staff. These staff then devised a training strategy to deliver a programme to all critical care registered nurses, healthcare assistants and the multidisciplinary team. This comprised of a two day taught programme, with pre course information sent out to the staff explaining the potential for physical and psychological triggers on the day. All staff will be expected to sign a pre-course declaration of good health and asked to read the pre course information provided by MAYBO. The aim was to train 424 staff in 12 months.

Findings:
- In the first 6 months 170 staff have been trained, this will increase towards the end of the year as multiple cohorts will be being delivered alongside each other.

- Staff course evaluations are positive with 95% of staff rating the course Good to Excellent

- The course needs to be constantly monitored and adapted as the needs of the cohorts will change. This can be physical needs or emotional and psychological support during training.

- Planning, room bookings and organisation is key to smooth implementation.

Course Evaluations
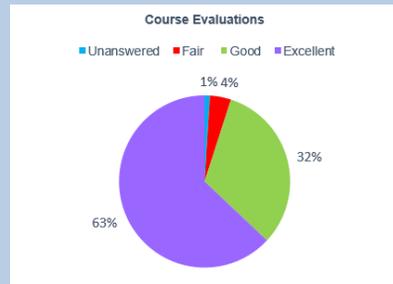
Staff Feedback:

"How to interact with confused/aggressive patients in a safe, appropriate and lawful way!"

"Effective and efficient way of challenging behaviour be it patients or relatives whilst maintaining professionalism and ensuring safety of both parties"

"We don't need to hurt a patient to protect ourselves; there is always a safer and lawful way of doing things; communication is key"

"Safe measures to use in challenging behaviour patients/clients"

Conclusion and Key Points:

- Staff are receiving training in positive approaches to behaviours, safe de-escalation, disengagement and personal safety. This ensures staff are consistent in their approach when managing challenging behaviour in a safe, effective, appropriate, and lawful way (MAYBO 2023). This demonstrates improved patient and staff safety in line with the current national agenda.

- Evidence shows from incident reports that staff are utilising the tools taught in the training package. However, at this time the amount of incidents and types of injuries have not yet been reviewed. It is hypothesised that injuries to staff have been reduced however this will be reviewed over time.

- Trainers selected with relevant experience of the areas staff are being trained for, has proven to be more effective. Enabling participants to talk through real experiences within their own departments.

- Following local success implementing are plans to set up a network working party sharing practice and provide peer support. Practice will need to be continuously reviewed to ensure training has been embedded in the culture of critical care. There will be a rolling yearly full programme for new starters and annual refresher training once all staff have been through initial training.

References
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