PHYSICAL HEALTH OBSERVATIONS POST RAPID TRANQUILISATION EPISODES

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AIM

Improve recording of physical health observations post Rapid Tranquilisation by 80%, through the use of a standardized paper form, over a 10 week period.

INTRODUCTION

Physical Health observations required post administration of Rapid Tranquilisation have not been consistently recorded across several wards in the Charity. This is not in line with the local policy on Rapid Tranquilisation and with NICE guidelines.

An internal audit result showed a lack of consistent monitoring and recording of Physical Health observations (both contact and non-contact) post Rapid Tranquilisation in 80% of cases.

Two divisions have been involved in the project, both having wards with the highest use of RT in the Charity.

OVERALL FINDINGS

Discrepancy between time of incident from incident report and the form time.
Missing information and not all form headings completed.
Confusion around information recorded.
No time attributed to the observations taken.
Staff feedback: very few staff questionnaires completed (total 8) with a range of comments in terms of clarity, usefulness and suggestions for change.

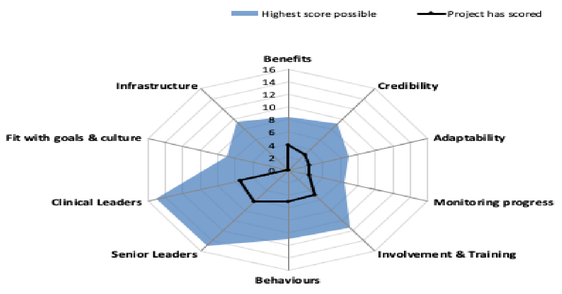
SUSTAINABILITY

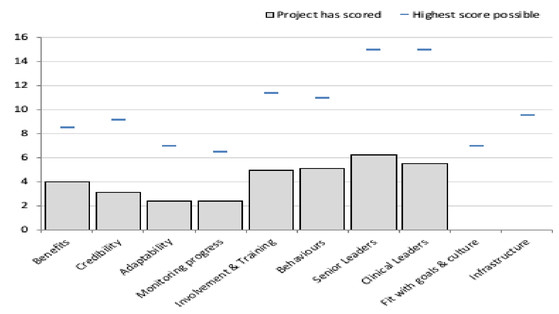
The NHS Sustainability model was used for the two divisions involved. Score of 72% obtained.

NHS Sustainability Model: Scoring

Domain	Category	Highest score possible	Project has scored	Score gap
Process	Benefits	8.5	4.0	4.5
Process	Credibility	9.1	3.1	6.0
Process	Adaptability	7.0	2.4	4.6
Process	Monitoring progress	6.5	2.4	4.1
Staff	Involvement & Training	11.4	4.9	6.5
Staff	Behaviours	11.0	5.1	5.9
Staff	Senior Leaders	15.0	6.2	8.8
Staff	Clinical Leaders	15.0	5.5	9.5
Organisation	Fit with goals & culture	7.0	0.0	7.0
Organisation	Infrastructure	9.5	0.0	9.5

	Score gaps
Infrastructure	9.5
Clinical Leaders	9.5
Senior Leaders	8.8
Fit with goals & culture	7.0
Involvement & Training	6.5
Credibility	6.0
Behaviours	5.9
Adaptability	4.6
Benefits	4.5
Monitoring progress	4.1



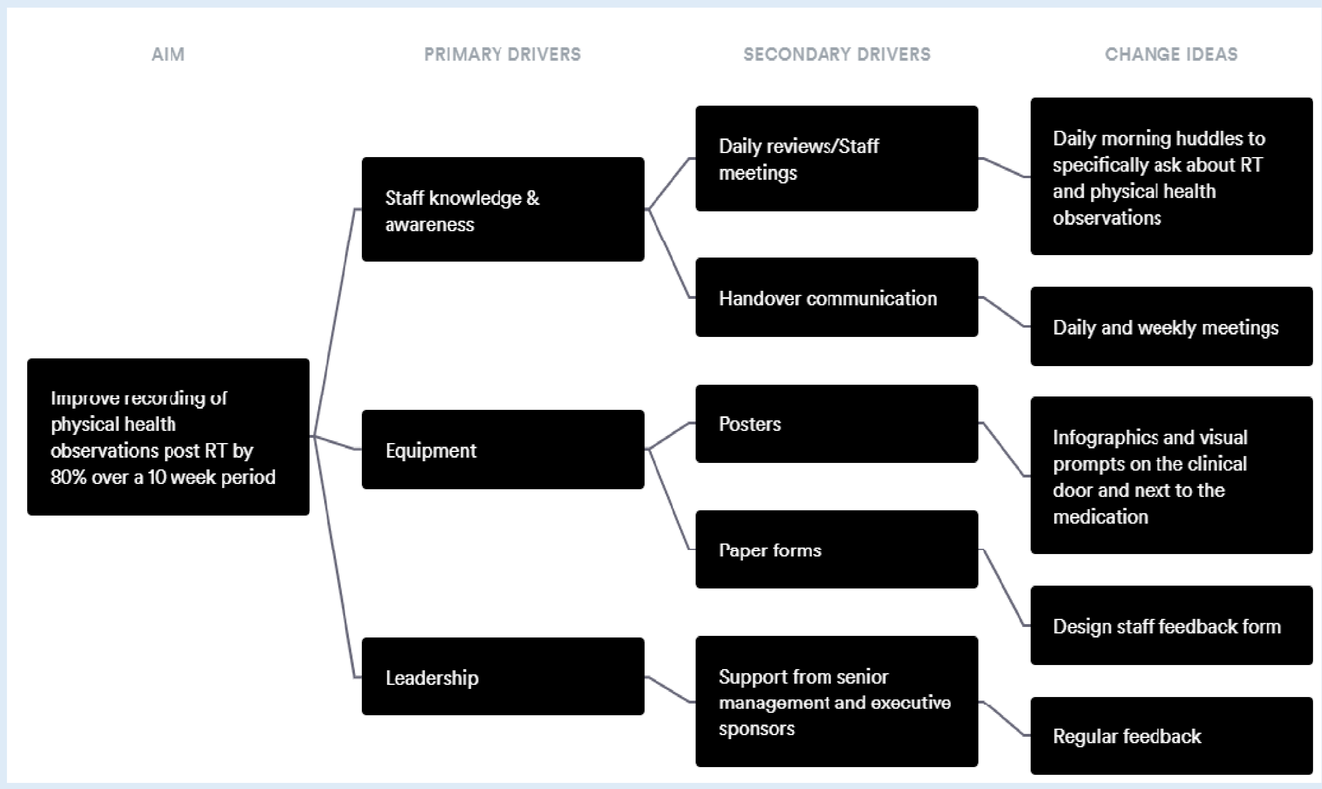


SCALABILITY

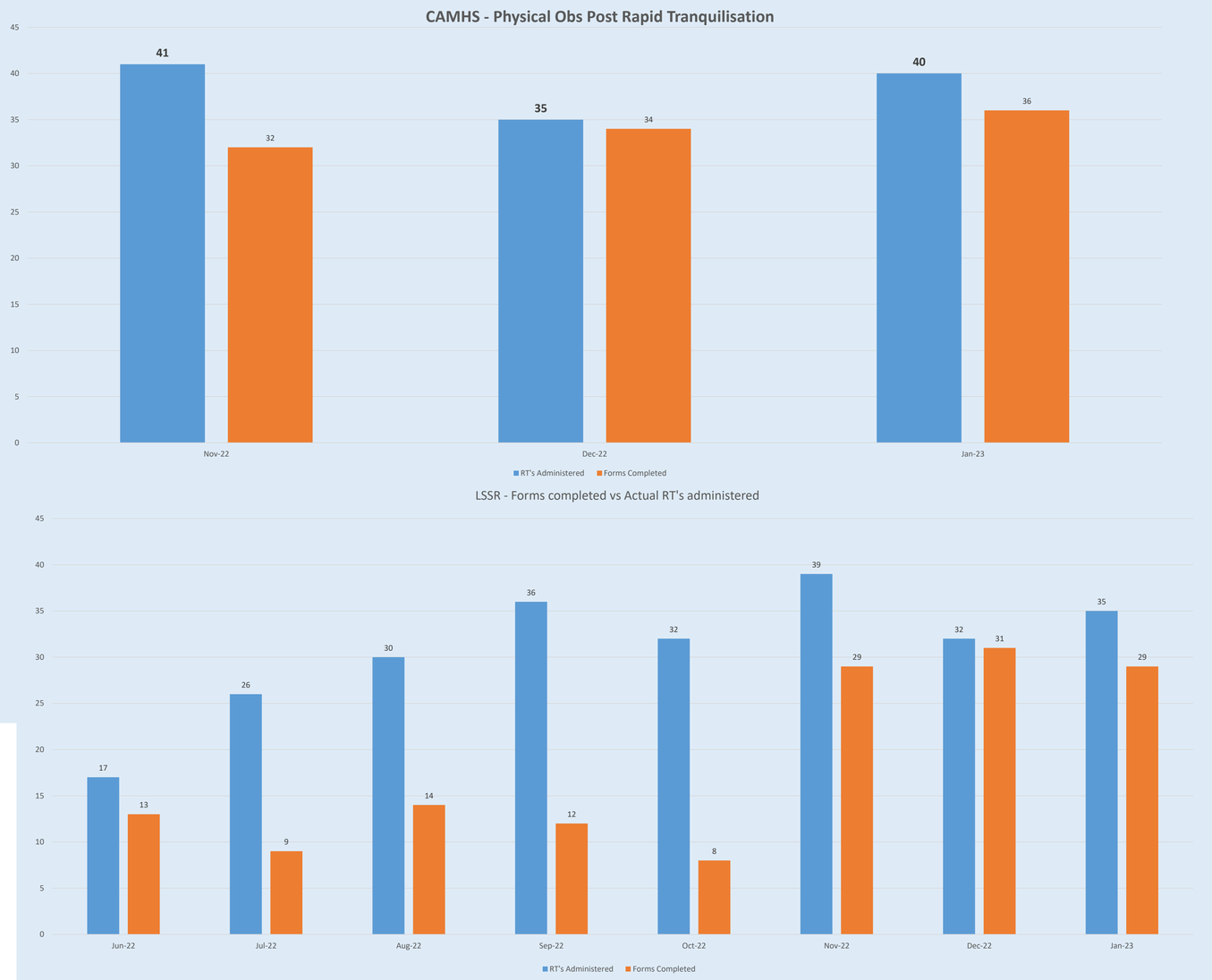
Considerations given to local leadership buy in and commitment.
Information sessions for staff.
Roll out to all wards in the Charity.

METHOD

Driver Diagram



RESULTS & MEASURES



Quantitative measures	Qualitative measures
Weekly audits and review of data	Questionnaire to measure staff response to the form and its usefulness
Number of forms completed vs RT episodes	

Process Measures	Balancing measures
Paper format	Recording of RT and what constitutes RT
Electronic format (in progress)	

CONCLUSIONS and NEXT STEPS

1. Update the current Policy and Procedure to incorporate the paper form and its electronic version.
2. Pilot use of the electronic format in one of the divisions that has already used the paper format.
3. Use paper format in all other divisions.