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## Integrated Care Pathway for Patient Safety Procedure

<b>Introduction and Aim</b>	
The Aim of the ICP is to accurately identify patients at risk of harm and upon identification increase the use of therapeutic interventions that reduce that risk whilst maintaining their dignity, respecting their rights and freedoms and engaging them in the decision making process. The method also supports a standardised procedure for the admission/transfer process	
<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• Empower patients to make decisions through every step of the pathway.</li> <li>• Complete a structured assessment of risk.</li> <li>• Make an accurate and collaborative determination of the level of risk.</li> <li>• Make a shared decision about whether to increase the intensity of interventions.</li> <li>• Plan and implement safety interventions (eg level of observations).</li> <li>• Regularly review the effectiveness of the intervention.</li> <li>• Exercise timely and safe judgement in the discontinuation of these interventions.</li> </ul>	
<b>Scope</b>	
This procedure applies to all of our staff working in Hafan y Coed Adult Mental Health Unit including those with honorary contracts.	
<b>Equality Impact Assessment</b>	An Equality Impact Assessment has not been completed.
<b>Health Impact Assessment</b>	A Health Impact Assessment has not been completed.
<b>Documents to read alongside this Procedure</b>	Observation and Enhanced Engagement Procedure Mental Health Clinical Risk Assessment and Management Policy Operational Policies for Crisis Assessment Ward, Locality Wards and Psychiatric Intensive Care Unit.
<b>Approved by</b>	Mental Health Policy Group Mental Health Clinical Board Quality & Safety Committee

<b>Accountable Executive or Clinical Board Director</b>	<i>Mental Health Clinical Board</i>
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**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

**Summary of reviews/amendments**

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	7/4/2016	16/06/2016	New document

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## 1. Introduction

1.1 This procedure supersedes the previous Integrated Care Pathway. The original pathway needed development due to changes in the model of care delivery and the introduction of new systems (eg PARIS).

1.2 Whilst a number of characteristics of the original pathway remain intact, there have been a number of significant changes to the process. These changes have been developed with considerable input from inpatient nurses who will use the system.

1.3 This Pathway will be followed for all patients who are cared for on the Crisis Assessment Ward, the Three Locality Wards and the Psychiatric Intensive Care Unit.

## 2. Aim

2.1 The Aim of the ICP is to accurately identify patients at risk of harm and upon identification increase the use of therapeutic interventions that reduce that risk whilst maintaining their dignity, respecting their rights and freedoms and engaging them in the decision making process. The method also supports a standardised procedure for the admission/transfer process.

## 3. Objectives

3.1 The objectives of the pathway are to:

- Empower patients to make decisions through every step of the pathway.
- Complete a structured assessment of risk.
- Make an accurate and collaborative determination of the level of risk.

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- Make a shared decision about whether to increase the intensity of interventions.
- Plan and implement safety interventions (eg level of observations).
- Regularly review the effectiveness of the intervention.
- Exercise timely and safe judgement in the discontinuation of these interventions.

#### 4. Procedure

4.1 Nurses should use the ICP for:

- All admitted or transferred patients.
- Inpatients for which there has been a change in presentation.
- Where there are environmental changes that may affect a particular patient (for example a person is admitted to the ward who poses a risk to another patient).

4.2 There are three main sections of the pathway, these are:

- **An admission/transfer checklist**
- **A PARIS based ICP assessment**
- **A Patient Engagement and Safety Record.**

4.3 **Admission/Transfer Checklist (see appendix 2 and 3).**

All patients admitted or transferred to adult inpatient mental health wards should start the care pathway at this point. These checklists are in paper format and should be filed in the front of the patient's case notes on completion. The admitting nurse should complete the document with the patient where appropriate. The admission Checklist (appendix 2) should only be used on the Crisis Assessment Ward or the PICU (in the case of new admissions). If the patient is being

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transferred from ward to another then the Transfer Checklist (appendix 3) should be used.

4.4 The admission checklist should be completed within the first four hours of admission/transfer. A staff member should be allocated the responsibility for overseeing the process and handing over any uncompleted tasks. Any tasks not completed should be reflected in the initial PARIS case-note and the reason for any variance given. Any tasks missed for any reason should be completed as soon as practicable and documented on the sheet when completed.

#### 4.5 ICP Decision Making Tool (see appendix 1).

This tool is found in the clinical information tab on PARIS and should be completed on any new admission/transfer and whenever there is a change in risk – whether an increase or decrease. By completing this tool, the nurse is able to evidence the involvement *of* and their engagement *with* the patient in devising and implementing a plan of care to ensure the patient’s safety and/or the safety of others.

4.6 Most questions within the tool require the nurse to answer “Yes” or “No”. Where “No” has been selected, a free-text box opens up which requires the nurse to provide a rationale for this decision.

4.7 Completion of this will inform the patient’s intervention planning, thereby enabling the nurse to use evidence based interventions to positively manage this risk within the nursing intervention plan.

4.8 It is essential that the tool is used when any decision is required in response to a change in a patient’s risk status. For example this could include an improvement in presentation and the decision to reduce the level of observations from “intermittent” to “general”.

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#### 4.9 Patient Engagement and Safety Record (see appendix 4).

This paper sheet will be filed in patient's case notes when complete.

4.10 Observation of patients serves to meet the following objectives;

- to reassure patients that we have their safety in mind
- to identify the location of patients and potential hazards,
- to observe the patients behaviour and identify behaviours that are predictive of impeding violence, self harm or absconding,
- to identify thoughts and emotions associated with impending violence, self harm or absconding,
- to alert the shift care team of changes in the person's health or hazards identified in the environment.

#### 4.11 Levels of observation.

Levels of observation will be implemented in accordance with the Observation and Enhanced Engagement Procedure. A Record of Patient Engagement and Safety Record will be recorded (see appendix 4).

### 5. Training and Implementation

5.1 Nurses will be trained in the use of the new process in one hour teaching sessions delivered by Advanced Nurse Practitioners and Practice Development Nurses prior to its launch. Following launch the process will continue to be taught within the Nurse Foundation Programme.

5.2 The process will be implemented in April 2016.

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## 6. Audit and Review

6.1 Compliance with the process will be continually audited during the first six months of operation with a full review in October 2016.



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## **Appendix 1**

### **PARIS Based ICP document – to be filed in clinical information tab.**

NB where “No” or “Not applicable” is selected a drop down box should allow free text for the user to enter why these options have been selected.

#### **To be updated on every admission/transfer or where there is a change in risk status.**

Completed Admission/Transfer Checklist (admission/transfer only).

Yes  No  Not applicable

Ensured Risk Assessment/Management plan is updated.

Yes  No

Ensured CPA1A is up to date.

Yes  No

Assessed Staffing Levels and escalate as necessary.

Yes  No

Completed Pat-E-Bac.

Yes  No  Not applicable

Completed WAASP.

Yes  No  Not applicable

Current or pre-existing physical condition or injury that effects mobility or independent function? Yes  No  {If Yes pop up “please refer to Physio/OT/Both”}

Does the person have a history or identified risk of falls?

Yes  No  {If yes Pop up: “complete Falls Risk Assessment. If Identified risk ref to physio”.

Assessed ward environment for risk.

Yes  No

Involved the patient in decision making.

Yes  No

Considered the patients strengths and abilities in managing their own safety.

Yes  No

Considered the patient’s personal risk factors and preferences (refer to the patient’s relapse prevention plan, crisis plan and advanced directives).

Yes  No

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Completed nursing intervention plan with the patient.

Yes  No

Ensured nursing intervention plan addresses risk factors including levels of observations.

Yes  No

Completed case-note confirming that all steps of pathway have been completed.

Yes  No



Level of Observations implemented:

Special  Close  Intermittent  General  [Free Text Box: Reasons for observation levels]

Level of Observations has been discussed with the following members of the MDT: {Free Text Box}.

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## Appendix 2



 		Surname: First Name (s): DOB: Address: Postcode: Hospital No PARIS ID: <b>PLACE ADDRESSOGRAPH HERE</b>		
<h1>ADMISSION CHECKLIST</h1> <p>PLEASE COMMENCE ON PATIENT'S ADMISSION AND COMPLETE WITHIN 72 HOURS</p>				
<b>Date of Admission:</b>	/ /	<b>Date of completion</b>	<b>Completed By</b>	<b>Signature</b>
Inform doctor of admission				
Doctor clerk in patient				
Complete admission book				
Orientate to the ward environment				
Patient information leaflet given				
Property book completed				
Cashiers book completed and valuables sent to cashiers (if OOH contact shift coordinator)				
Personal belongings searched as per search policy				
Property disclaimer completed – NB 2 copies				
Restricted items explained				
Items of risk removed and stored				
Baseline physical observations completed and recorded (BP, pulse, temp, SpO2, weight and height)				
Any dependant children identified and child visiting explained				
Referral to children's services if needed				
Inform Health Visitor where applicable				
Allocation of named nurse on PARIS				
Admitted to the ward on PARIS				
Admission case note completed on PARIS – including level of observations				
Patient Profile completed, including ethnicity				
Obtain up-to-date contact details for patient				
Spiritual/cultural/equality needs identified including any dietary requirements				
Carers/Relatives informed of admission – check contact details are up-to-date				
CMHT informed of admission – including Care Co-ordinator where applicable				
Care Co-ordinator assessed within 72 hours				
Medication checked with GP and advised of admission				
Patient informed of Advocacy Support Cymru and contact information provided				
Initial care plans completed				
Patient given copy of care plans				
72 hour care plan review forwarded in diary				
Consent to share information completed on PARIS				
Predicted date of discharge recorded on PARIS				
DSU and MSU obtained and documented				
Patient informed of rights as Informal Patient – if applicable				
<b>Mental Health Act 1983</b>				
Legal status on admission.....				
MHA papers checked by admitting nurse				
Rights documentation explained and copy given to the patient				

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MHA papers taken to MHA office or if OOH to shift coordinator			
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### Appendix 3

  <h2 style="text-align: center;">TRANSFER CHECKLIST</h2> <p style="text-align: center;">PLEASE COMMENCE ON PATIENT'S TRANSFER AND COMPLETE WITHIN 72 HOURS</p>	Surname: First Name (s): DOB: Address: Postcode: Hospital No PARIS ID: <b>PLACE ADDRESSOGRAPH HERE</b>		
	<b>Date of Transfer:</b> /                    /		
Level of observations – to be discussed with nurse in charge			
<b>Responsibilities of Transferring Nurse</b>			
Orientate to the ward environment			
Patient information leaflet given			
Property book completed			
Patient property liability disclaimer signed			
Cashiers book completed and valuables sent to cashiers (if OOH contact shift coordinator)			
Personal belongings searched as per search policy			
Carers/Relatives informed of transfer			
Any dependant children identified & documented			
Is there a safeguarding referral that needs follow up?			
Any dependant pets identified & documented			
Child visiting explained			
Restricted items explained			
Items of risk removed and stored			
<b>CPA and electronic Documentation</b>			
Adult Acute referral opened on PARIS			
Allocation of named nurse on PARIS and their responsibilities explained			
Transfer to relevant RC and ward on PARIS			
CMHT / involved staff informed of transfer (paris notification will suffice)			
1a, 2a, transfer care plan and risk assessment completed on PARIS			
Transfer case note completed on PARIS			
Medication checked and in stock, check depot due date if relevant			
Patient informed of Advocacy Support Cymru and contact information provided			
Consent to share information completed on PARIS			
Consent to share information with local authority, housing & housing related services			
Informed Moving on Team of transfer to hospital if relevant			
<b>Mental Health Act 1983</b>			
Legal status on admission.....			
Have they appealed?			



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## Appendix 5 - Flow Chart for the use of the ICP

