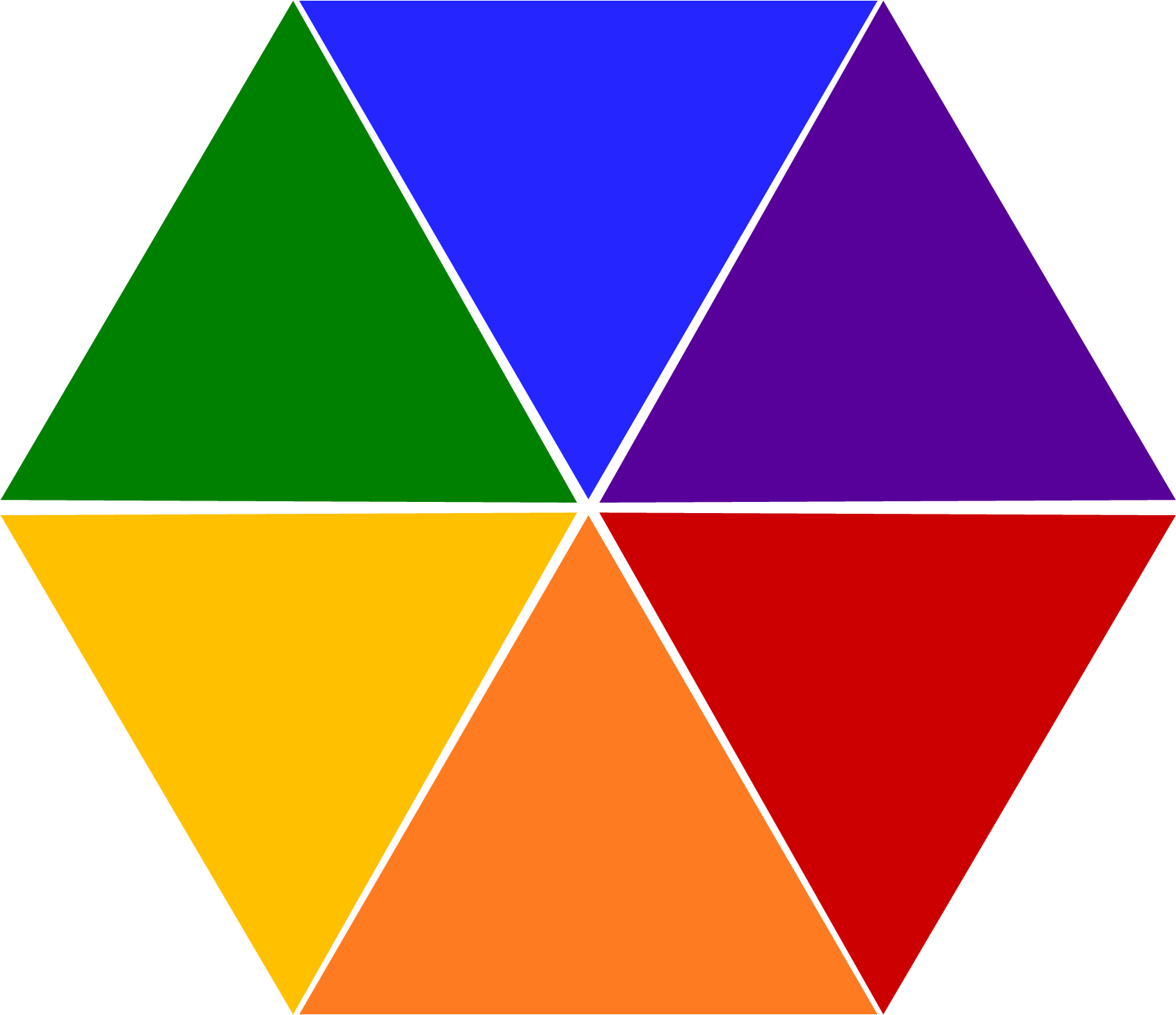


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| Overview: Safewards Model  Safewards in Emergency Departments - Trial |

Safewards is a model that aims to improve safety for both patients and staff, with a focus on reducing **conflict** (anything that could be harmful for a patient, staff or others) and **containment** (restrictions placed after the conflict event).

Safewards was developed in the UK. It has a strong and growing evidence base from around the world and here in Victoria. It includes an exploratory preventative model and ten interventions.

Staff and patient modifiers in the Safewards model identify opportunities to prevent conflict and containment or reduce its impact. The Safewards interventions provide practical ways to use these modifiers. The interventions are actions that are taken to increase safety and mutual support for staff and patients.



Safewards flashpoints

**Flashpoints**

Flashpoints are times or situations when things could go wrong. They arise out of the originating domains, and they’re like ‘triggers’ or ‘tipping points’ that signal and precede potential conflict.

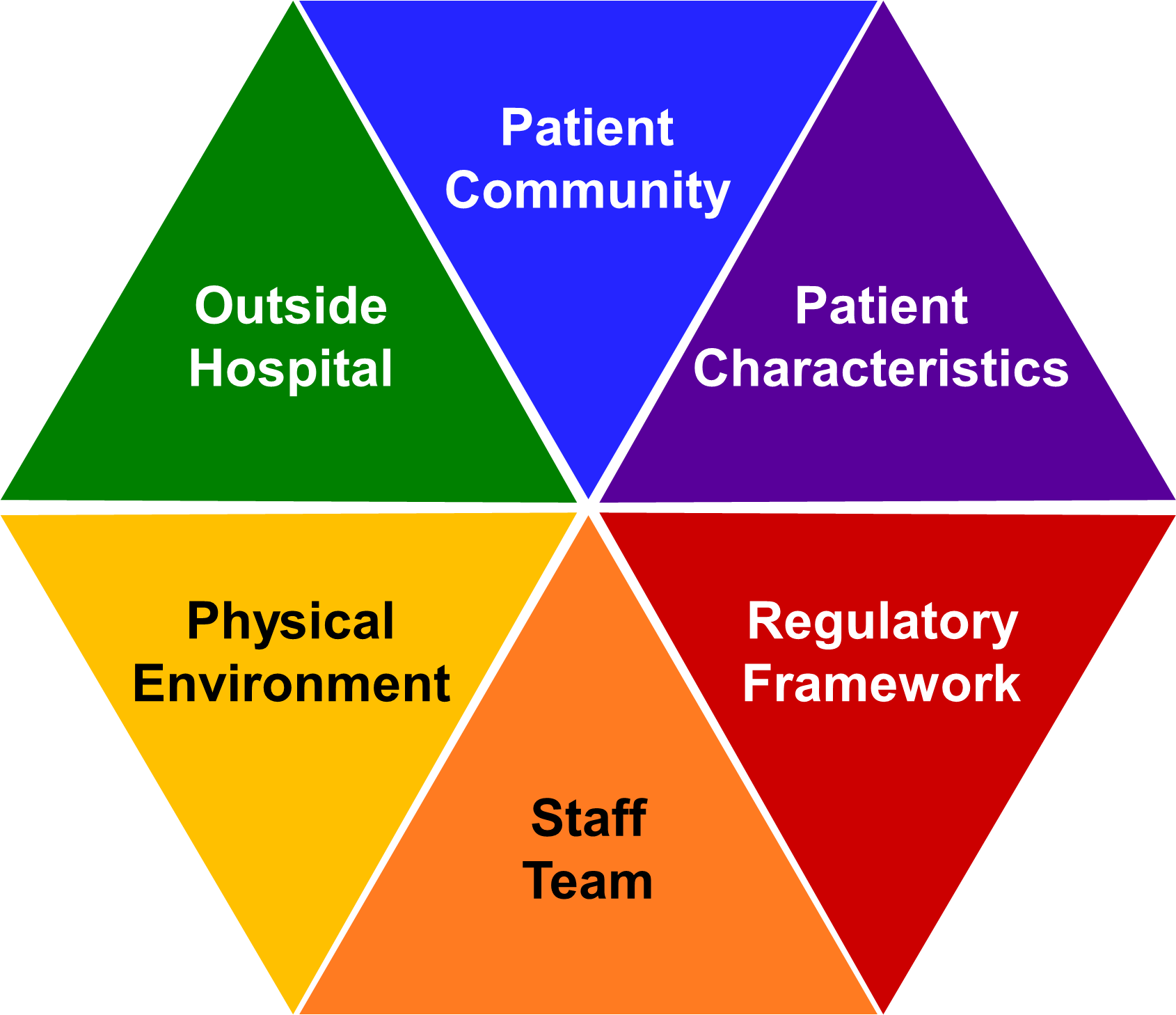
Staff can prevent flashpoints by understanding and responding to domains before there is a problem.

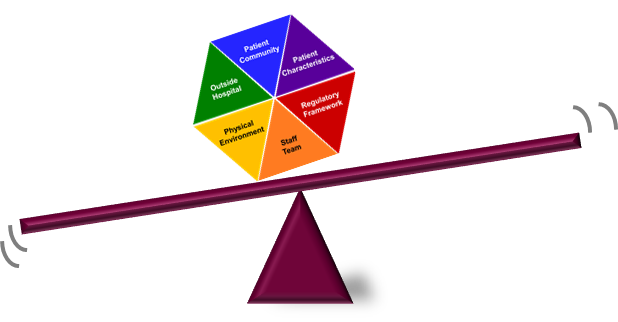
Staff can reduce the likelihood of conflict by how they respond to flashpoints. Even if conflict occurs, staff can learn and use strategies other than restrictive interventions.

**Originating domains**

There are six originating domains, and they represent different aspects of the emergency department that can affect conflict and containment (see below). Research tells us these domains can create potential flashpoints.

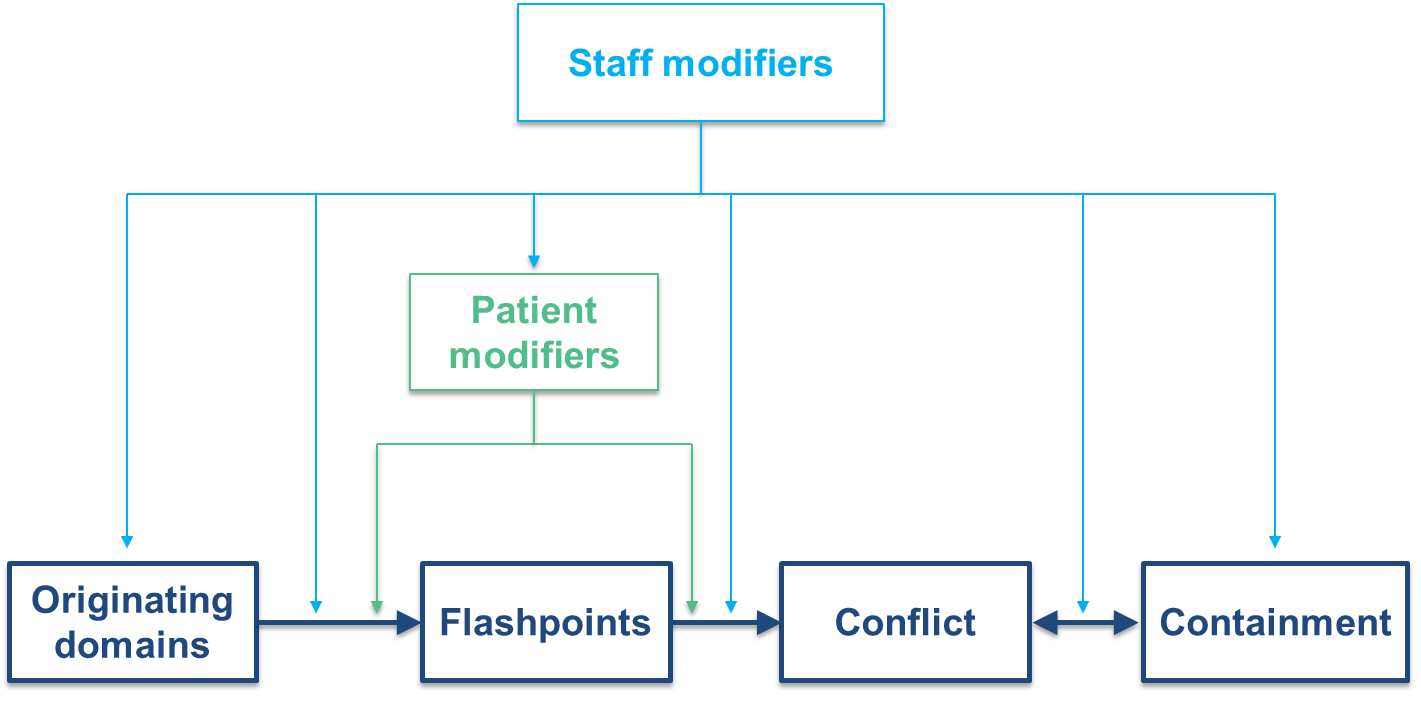
Staff are encouraged to think about the domains for each patient.





Safewards originating domains

*This information was adapted from material developed by Professor Len Bowers, UK.*



The Simple Safewards Model

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| Overview: Safewards Interventions |
| Safewards in Emergency Departments - Trial |

The Safewards model and approach to care identifies these ten interventions as relevant to ED.

Each intervention is explained in more detail on the Safewards Victoria website: [www.health.vic.gov.au/safewards](http://www.health.vic.gov.au/safewards)

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| **Reassurance** | |
|  | Staff touch base with every patient after any conflict and debrief as required. |
| *Reduces a common flashpoint, increases patients’ sense of safety & security* |

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| **Delivering Bad News** | |
|  | Staff proactively plan for the effects of bad news received by patients. |
| *Reduces impact of common flashpoints, offers extra support* |

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| **Respectful limits** | |
|  | Staff reduce the limits faced by patients, create flexible options & use respect if limit setting is unavoidable. |
| *Reduces a common flashpoint Builds respect, choice & dignity* |

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| **Calming Methods** | |
|  | Staff support patients to draw on their own strengths.  *Strengthen patient confidence & skills to cope with distress* |

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| **Talk Through** | |
|  | Focuses on clarifying issues and finding solutions together. Staff work with respect & empathy.  *Increases respect, collaboration & mutually positive outcomes* |

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| **Know Each Other** | |
|  | Patients & staff share some personal interests & ideas with each other, displayed in common areas. |
| *Builds rapport, connection & sense of common humanity* |

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| **Positive Words** | |
|  | Staff say something positive in handover about each patient. Staff take great care with their use of collaborative language, building on the positive aspects of the patient. |
| *Increases positive appreciation & helpful information for colleagues to work with patients* |

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| **Senior Safety Round** | |
|  | Senior nurse checks in with patients to ensure they have been heard and feel safe. |
| *Leader ensures the patient experience has been positive* |

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| **Perception and Awareness** | |
|  | Staff increase their awareness of the patient experience and perception of events. |
| *Minimises potential aggression events and capitalises on patient self-coping and help/protection strategies* |

*This information was adapted from material developed by Professor Len Bowers, UK.*



