Pass planning - Promoting Positive Pass Experience and Reducing Risk

S-03

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Introduction

Working in collaboration with the Scottish Executive Scottish Patient Safety Programme (SPSP) initiative and focusing on the Communications in Transitions work stream, we have identified that passes home are often unrecognised, unsupported periods of transition. The combination of improving yet not fully recovered mental health along with increased motivation and improved insight can trigger increased suicidal intent (1). We aim to reduce the risk of self-harm/suicide through robust pass planning and carer involvement and have created a tool to support this.

Methodology

A motivated team came together to look at ways of reducing the potential risk to patients who were on pass from hospital. From looking at existing literature the team noted little work had been published on pass planning. Using their past clinical experience and current knowledge base the team agreed to design a pass planning booklet. This booklet works through several areas the team and current inpatient identified as potential areas of concerns. The concept of the booklet covers

- Identification of concerns regarding going on pass and a formulation of a crisis care plan.
- Consent for the nursing team to involve family/carers in passes and update emergency contact details.
- Written plan by the individual and Named Nurse of activities the patient hopes to achieve on pass – goals for recovery
- Assessment by individual and named nurse regarding how confident the person feels about leaving hospital and identify/address vulnerabilities

Aims/Objectives

We aim to ensure pass planning is fundamentally underpinned by robust MDT risk assessment and that family and carers are fully aware of specific risks and agreements of the pass. Effective pass planning and carer involvement in this process should reduce the risks to patients whilst on pass and promote a positive pass experience (2). Successful passes should lead to successful discharge and reduce the rate of re-admission.

Results/Outcomes

Patients who have been involved in pass planning have reported,

- A reduction in their anxiety
- Feeling more prepared for pass
- Reassured the ward staff are still available
- Better prepared for discharge
- Joint working with community teams and allied professionals.
- Fluid transitions from admission to pass then discharge.

"Pass planning focuses on strengths, not weaknesses and links in with the recovery approach, SPSP workstream and exciting new working groups in relation to 7 day discharge."

Ward 9 staff

"I have used the pass planning document with my patients and have found it very helpful in that it helped me and my patient focus on what information is needed to help facilitate a beneficial time at home prior to discharge. I also found it very helpful as a teaching tool when working as a mentor."

Staff Nurse Frances McCluskey

"I feel more confident for patient passes being successful as identifying purpose for the pass, supports for the patient whilst on pass and contact numbers for the ward to discuss any concerns while out on pass. It also highlights any perceived issues with regards to medications prior to leaving the ward."

Staff Nurse Fiona Hunter

References:


In-text citation: (1)


In-text citation: (2)