











Intervention Sheet

	<p>Mutual Expectations</p> <p>Both staff and patients have mutual expectations. Sometimes conflicts are a result of disagreement, confusion, misinterpretation, or miscommunication of these expectations. Each Mental Health and Addiction Program unit is asked to meet with patients and staff and create a visible poster with a list of mutual expectations that apply equally to both groups.</p>
	<p>Talking it Through</p> <p>When attempting to verbally de-escalate a patient, be respectful and empathic while providing them with information. Find a comfortable space to talk, clarify what they are saying, and attempt to resolve any concerns they may have.</p>
	<p>Comfort Methods and Peaceful Spaces</p> <p><i>Includes three components:</i> Comfort Plans, Comfort Items, and Peaceful Spaces. Units focus on effective use of the comfort plans; making comfort cart items available that noted in each patient's care plan (i.e. puzzles, colouring books, music etc.) ; and enhancing spaces on the unit including comfort rooms.</p>
	<p>Know Each Other</p> <p>Staff and patients are asked to share some basic information about each other in order to find common ground. For staff, this includes a unit board that contains the names, positions, photos, and a "get to know me" piece of information.</p>
	<p>Messages of Hope</p> <p>On discharge, transfer, or transition from a unit patients are asked if they would like to leave a visible message of hope on the unit for current or future patients. These messages are displayed in a visible location on the unit and can be viewed at any time by a patient when they are in need of comfort and hope.</p>
	<p>Positive Words</p> <p>Using positive language leads to positive regard for patients. At TOA (Transfer of Accountability), Safety Huddles, and Care Planning meetings staff report using positive language and patient strengths. Staff are asked to use objective language and relate behaviours in the context of the patient's illness.</p>
	<p>Reassurance</p> <p>When a negative event has occurred on a unit, staff are asked to identify those individuals (patients, staff, and visitors) who may need additional support. Staff will consider both those who were directly and indirectly involved in event. Staff will plan to support both individual(s) and the environment as a whole in a proactive way.</p>
	<p>Respectful Limits</p> <p>Staff should be aware of their emotions, body language and tone of voice when having to turn down a request by a patient, or set appropriate limits. When asking a patient to do something or not to do something, be respectful and provide the patient options and choices. Be genuine, honest and empathic.</p>
	<p>Supporting Those Receiving Bad News</p> <p>Patients receive bad news both from outside the hospital and the care team. In order to mitigate the risk of bad news, staff identify and report patients who have received bad news or will be receiving bad news at TOA (Transfer of Accountability), Safety Huddles, and Care Planning meetings. The care team then implements a plan to support the patient in a proactive way.</p>
	<p>Community Meeting</p> <p>Each unit is looked at as a community made up of both patients and staff. The goal is to have patients and staff come together at least once a week for a meeting which includes Safewards topics: a round of thanks, a round of news, a round of suggestions, and a round of request/offers.</p>