

**IMPLEMENTING A SINGLE TEAM MODEL OF CARE ON A MEDIUM
SECURE INTENSIVE CARE UNIT: AN EVALUATION OF A SIX MONTH PILOT
PROJECT**

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Abstract

Aims

To evaluate the impact on staff and service users of the introduction of a single team model of care on a medium secure intensive care unit (MSICU).

Methodology

The service evaluation encompassed retrospective analysis of clinical data concerning service user characteristics, therapeutic engagement, violent incidents and the use of seclusion. Data on levels of staff sickness and injury were also collected. Comparisons were drawn between the six months pre- and post-introduction of the new model, in addition to a cross sectional survey of stakeholder attitudes.

Results

Analysis revealed significant reductions in violent incidents and nursing shifts lost to injury subsequent to the introduction of the model. There was no difference in the frequency of seclusion use, or nursing shifts lost to sickness. Attitudinal surveys revealed overwhelming support for the model amongst the staff working on the MSICU. Particular benefits were stated as including greater consistency of care, improved morale and confidence amongst staff, improved multidisciplinary communication and a greater perception of safety. Surveys of staff attitudes elsewhere within the Clinic revealed a growth in support for the model, although this was from a very low baseline level. Concerns were raised about the impact on continuity of care and loss of 'host team' input into clinical decisions whilst patients were on the MSICU. Patients themselves did not express these concerns, although most of their positive comments were related to the physical environment. Acute and rehabilitation ward staff indicated strong support for the model and expressed a desire for a similar model to be introduced on their units.

Conclusions

The single team model was proposed and accepted as the permanent mechanism for management of the MSICU. Implications for the workload of the team are discussed, as is the extent to which the model may be generalised to other units and services. Ongoing evaluation is recommended.