REDUCING RESTRAINTS AND SECLUSION IN AN ACUTE AGED PERSONS MENTAL HEALTH UNIT

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1992 – Australia became a signatory to the UN principles for the protection of individuals with mental illness

2005-the use of R&S in public mental health services became an Australian National Safety Priority

Chief Psychiatrist of Victoria together with Victorian Quality Council & Quality Assurance Committee conducted a pilot project on Adult Mental Health Sites.
CURRENT TRENDS IN S/R DATA

  
  - approximately 10% of patients continued to experience seclusion
  
  - 2 in 100 inpatients had at least 1 episode of physical restraint as part of their inpatient mental health care
POSITION STATEMENTS

• National Mental Health Consumer & Carer Forum (2009)
  - Clear that S & R should be eradicated from use within Australia’s Mental Health Services

• Cochrane Collaboration Review Paper (2009)
  - No support for the therapeutic use of S & R in clinical practice in Mental Health Services
  - Excluded S & R practices in managing elderly confused individuals with wandering behaviours & falls risk
MULTIDISCIPLINARY WORKING PARTY

QUALITY PROJECT WITH THE AIM OF ACCESSING CURRENT TRENDS AND PRACTICES AROUND S & R ON THE UNIT

SOUTHWARD

AGED PERSONS MENTAL HEALTH INPATIENT UNIT

PETER JAMES CENTRE, EASTERNHEALTH
SOUTHWARD, PETER JAMES CENTRE
EASTERN HEALTH
AGED PERSONS MENTAL HEALTH SERVICES

EH – 1 OF THE LARGEST METROPOLITAN HEALTH SERVICES IN VIC

GEOGRAPHICAL OUTREACH OF ABOUT 2800 SQ KM & A POPULATION OF AROUND 800 000 PEOPLE.

SOUTH WARD IS AN ACUTE AGED INPATIENT MENTAL HEALTH UNIT WITH 30 BEDS (LARGEST IN VICTORIA)

CATERS FOR A POPULATION OF AROUND 110 000 PEOPLE OVER THE AGE OF 65 YEARS
METHOD

WARD RECORDS

RECORDS PROVIDED TO THE CHIEF PSYCHIATRIST’S OFFICE IN VIC

RANDOM AUDIT OF PATIENT FILES

BRIEF NURSING STAFF SURVEY

INTERVIEWS WITH UNIT MANAGER & CLINICAL DIRECTOR
OBSERVATIONS FROM WARD RECORDS

- Dementia leading diagnosis of patients secluded
- Ave length of seclusion about 2.58 hrs with an overall range of 0.15-11.00 hrs.
- Once secluded, likely for patient to be secluded twice more
- Specific behaviour leading to seclusion, previously exhibited and a reason for admission
- Trends when seclusion is more likely – weekends and after hours
OBSERVATIONS FROM WARD RECORDS

- Behaviour charts used mainly as observational & recording tool rather than a proactive management tool
- Lack of clinical reasoning for individual behaviour management protocols
- Lack of documentation to show a less restrictive option had been trialled
- Absence of documentation around particular incidents and/or procedures at the end of the seclusion period
Figure 1: Total number of Seclusion and Restraint Procedures
Figure 2:

Total number of Patients Secluded and Restrained
I. Leadership Initiatives

- Communication book for updates
- Open door policy for staff to meet with Unit Manager or Clinical Director
- Unit manager evaluates staff & provides mentoring and support to address lack of skills
- Adequate pool of regular nursing staff
- Safe Training Methods
- Accountability & Debriefing processes following S & R
ii. Documentation

- Adequate behaviour history taken at admission
- Behaviour charts drawn to inform staff of particular behaviours
- Specially designed forms at weekly ward rounds with multidisciplinary staff input
- Medication changes recorded in both drug charts and progress notes
iii. Multidisciplinary Staff

- Both medical & multidisciplinary staff input into behaviour management strategies
- More senior OT appointed to manage regular ward program (March 2010)
- Multidisciplinary staff involvement in ward program
- Increased interaction between staff & patients creating a more therapeutic culture on the ward
iv. Physical Environment of Ward

- 2008 – 2009 major building renovations
- More natural light, open areas, more exits to garden area
- Nursing station strategically placed with a visible window
- A library corner & a separate TV area
- Male & female patients have rooms along different corridors
- Enlarged dining area
- Multi-purpose activities room
DISCUSSION

- Leadership from senior management crucial

- All 4 major factors occurred concurrently which has precipitated a marked difference

- Our strategies very much aligned with recommendations from the final report of the Creating Safety Project
Recommendations


Dec 2009

1. Leadership & Organizational Support
2. Involvement of Multidisciplinary Staff
3. Compliance with Legislation & guidelines
4. Rigorous Review and Audit Processes
5. Involvement of Consumers and Carers
6. Systems Improvement
7. Improving the Physical Environment & Therapeutic Milieu
8. Training Staff with a Prevention & Early Intervention Framework
9. Sustaining Practice Change Over Time
DISCUSSION

- Staff are also stressed as a result of S/R procedures
- Mentorship important in creating greater cohesion
- Regular review & audits important
- S/R in older people creates greater harm than therapeutic benefits.
Acknowledgements

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MULTIDISCIPLINARY WORKING PARTY

CLINICAL DIRECTOR, UNIT MANAGER & STAFF COMMITTED TO MAKING A DIFFERENCE ON SOUTHWARD
References


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