Everything You Wanted to Know About Seclusion and Restraint Reduction but were Afraid to Ask

Preventing Violence, Trauma, and The Use of Seclusion and Restraints In Mental Health Settings
Outline

- The Six Core Strategies
- Seclusion Prevention Tools
- The Pilot Project Statistics
- Staff Feedback
- The Milieu
- Patient Perspectives
Funded By

This pilot project was generously funded by the Research and Workplace Innovation Program of the Workers Compensation Board of Manitoba.
SIX CORE STRATEGIES

1) Leadership and Organizational Change

2) Using Data To Inform

3) Workforce Development and Training

4) Seclusion and Restraint Prevention Tools

5) Consumer Involvement in Inpatient Programs

6) Debriefing Activities
Leadership and Organizational Change

Leadership and Organizational Change includes:

Creating a vision, living the organizational values, using human technology, using data to inform, and valuing exemplary performance.
Seclusion/Restraint Prevention Tools

Recognizing the applicability of crisis prevention to service settings and the importance of prevention strategies. Making environmental changes that incorporate sensory modulation and sensory/comfort rooms.
Staff become familiar with the concept of risk assessments and the role they play in helping to prevent injuries. This includes the perceived lack of individualized care, rigid use of the medical model, and high routinized staff tasks.
Workforce Development

Outlines the new and changing roles of staff amidst the cultural change as well as providing staff with fundamental opportunities to education and training to meet workforce objectives.
Debriefing Activities

Tools designed to rigorously analyze a critical event, to examine what occurred and to facilitate improved future outcomes given the similar circumstances.
Staff learn to appreciate the rationale behind self-help and peer support and their key role in seclusion and restraint reduction efforts.
SO WHY DO WE WANT THIS?

Obligation to treat patients using the least restrictive means possible
Coercive or traumatizing settings do not foster hope, healthy relationships, prosocial behaviours or trust
Risk management issues related to both patients and staff (Litigation, WCB claims, PTSD)
Evidence based research drives change in clinical practice (Can’t ignore the obvious)
Consistent with the WRHA mission and philosophy
AND

To promote recovery/hope models rather than custodial care
To promote better relationships with patients and families
To practice to full professional scope
Recognition that there has to be a better way to serve our patients
To define work as “Treatment Based” rather than “Punitive” as seen by some of our patients
To diminish opportunities related to retraumatization of patients
Setting the Stage

Work from the premise that seclusion will not be used

- No longer have the standard order of “Seclude and Restrain prn”
- Meet the patient being admitted at the entry point (Usually the E.R. in our case)
- Patients don’t change into hospital clothes on admission
COLLABORATIVE HEALTH PLANNING MEETING

Name ___________________________
Dr.’s Name ___________________________
Primary Nurses’ Name ___________________
Mental Health Act Status _______________
My Goals for Hospitalization are __________________________________________________________
____________________________________________________________________________________
My Medication(s) I will be taking are _______________________________________________________
My Current Privileges are _______________________________________________________________
Privileges I would like are _______________________________________________________________
Group/Recreation Activities I Enjoy are ______________________________________________________
____________________________________________________________________________________
My Anticipated Discharge Date is _________________________________________________________
Important things the team should know about me are __________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Important people in my life are
Name __________________   Phone _____________________

The PY3-South staff work as a multidisciplinary team with emphasis on recovery in a collaborative, therapeutic setting. As a member of our healthcare team you are encouraged to share your thoughts and feelings about your care in a respectful manner. The above information may change at times to reflect your recovery during this hospitalization. We as a team are committed to working with you to achieve your goals during this hospitalization in a violence and abuse free setting.
DEFINING IMMINENT DANGER

What is imminent danger?
There are several definitions related to imminent danger depending on context.
Occupational Safety and Health Administration (OSHA) defines it as “…any condition or practices in any place of employment which are such that a danger exist which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated…”

What are the requirements of imminent danger?
Death or serious injury must be threatened.
The threat must be immediate or imminent.
There must be a reasonable basis for this concern.

How can I identify imminent danger?
Typical considerations to find imminent danger include the person’s apparent intent to cause great bodily injury or death, the device used by the person to cause great bodily injury or death, and the person’s opportunity and ability to use the means to cause great bodily injury or death.

So what does this mean to me, a healthcare employee on PY3-South?
To follow the premise that seclusion is used as a last resort of care provision in emergency situations, such as, a serious threat of extreme violence in which one can reasonably presume great bodily injury or death, this then becomes at least in part the criteria for seclusion. For greater clarity the following two examples are provided.

An upset and agitated patient picks up an apple off the counter and throws it forcefully against the wall across the room and then yells, “I hate this place.”
A patient picks up a pool ball while playing pool and forcefully throws the ball across the room in the vicinity of a co-patient and yells, “The next ones going to be to your head.”

In the two examples, a projectile is thrown forcefully towards a target. While both require immediate intervention to deescalate the agitated patient, only the second example meets both the definition and the requirement of imminent danger.

Imminent danger is by most accounts, truly subjective in nature. One person may feel extremely threatened in a situation while another person may not feel that same intensity of threat. Above all, one must always consider their personal safety and that of others and error on the side of caution when in doubt. “It is better to be safe than sorry.”
Welcome to PY3-South “A VIOLENCE AND ABUSE FREE WARD.”

This form will allow you to suggest calming strategies IN ADVANCE of a crisis. It will allow you to list things that are helpful when you are under stress or are upset. It will also allow you to identify things that make you angry. You and your team members can enter into a “partnership of safety” using this form as a guide to assist in your treatment plan. Our goal is to work with you to maintain your safety and the safety of others. To provide safe quality care to yourself and the other people around we are asking you to commit to doing everything possible to avoid putting staff in an unfortunate position of having to restrain or seclude you. In turn, staff have agreed to explore all possibilities with you to avoid seclusion and restraint. WE ARE COMMITTED TO PROVIDING CARE TO YOU IN A DIGNIFIED, RESPECTFUL MANNER.
1. What are some of the things that may trigger your stress? Check as many as apply:

No input into decisions
Somebody taking my things
Being touched
Being isolated
Bedroom door open (or closed)
Comments about my family
Particular time of day (when______)
Time of year (when____________)
Loud noises/Yelling
Being around men, women (circle one)
After my family visits
Specific person (who______)
Anniversaries (dates______) Not being listened to
Observing others out of control
Being teased
Not getting what I want
Others (please list)
2. Calming Strategies:

Please indicate (5) activities that have worked for you, or that you believe would be the most helpful. If there are other things that work well for you that we didn’t list, please add them in the box marked “Other”. We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you’re here.

Listening to music   Exercising   Reading a book   Pacing in the halls
Wrapping in a blanket   cold compress (to forehead)   Writing in a journal   Drinking a beverage   Watching TV   Dark room (dimmed lights)   Talking to staff   Medication   Talking with peers on the unit
Reading the Bible or other religious/spiritual readings         Calling a friend or family member   Writing a letter
Voluntary time in the quiet room/comfort room   Hugging a stuffed animal   Taking a shower or bath    Doing artwork (painting drawing) Going for a walk with staff (once you have privileges)
Other?
(Please list below)

____________________________________________________________________
Helpful Medications:

We may be required to give you medications if other measures do not help you to calm down. In this case, what medications have been especially helpful to you? Please describe:

______________________________________________________________________________________________________________

Not Helpful Medications:
Are there any medications that are not helpful? What and why?

______________________________________________________________________________________________________________

Have you ever been physically restrained or held?
Yes  No

Have you ever been given medication against your will?
Yes  No

Have you ever been secluded against your will?
Yes  No
In the event that you can not control hurting yourself and/or others, these are methods that we may use. If that were to be necessary, what would be your preference.

- Quiet room
- Physical Restraints/Seclusion
- Medication restraint

If you are secluded/restrained, is there someone you would like notified?

Yes  No

Name and phone number of person to be notified.

________________________________________________________________________________________________________________________

THE STAFF OF PY3-S APPRECIATE YOUR COMMITMENT IN MAKING YOUR HOSPITALIZATION A SECLUSION FREE/RESTRAINT FREE STAY. WE WILL WORK COOPERATIVELY TO ACHIEVE THIS GOAL AND TO MAKE THIS HOSPITALIZATION A POSITIVE EXPERIENCE FOR YOU.

______________________________________________________________

Patient

____________________

Date

______________________________________________________________

Staff

____________________

Date
Patient Name__________________
Date and time of seclusion______________________
Duration of seclusion _____________________

We regret that staff felt it necessary to seclude you. Your thoughts and suggestion are important to prevent it from happening again. Please complete this form (staff will assist you) so that we can as a team review this event and make changes to avoid use of seclusion in the future.

Why do you think the seclusion happened?
________________________________________________________________________________________________________________________________________________________________________________

What in particular made you upset or angry?
________________________________________________________________________________________________________________________________________________________________________________

When you got upset or angry what did you do?
________________________________________________________________________________________________________________________________________________________________________________

When you got upset or angry what did staff do?
________________________________________________________________________________________________________________________________________________________________________________

What could you do differently when you get upset or angry to prevent seclusion?
________________________________________________________________________________________________________________________________________________________________________________

What could staff do differently when you get upset or angry to help you?
________________________________________________________________________________________________________________________________________________________________________________

Did you and the staff use your Personal Safety Plan? ______________
(Yes/No)

Do we need to change your Personal Safety Plan to add things you or the staff might do differently to avoid further seclusion episodes? ______________
(Yes/No)
PY3-South Formal Seclusion Debriefing

NAME: ________________________ NAME: ________________________

Time of seclusion initiation __________ Time of seclusion discontinuation __________

Total duration of seclusion (in minutes)______________

What was the imminent danger? ________________________________________________________

What triggered the incident? _____________________________________________________________
__________________________________________________________________________________

Were there any antecedent behaviours demonstrating escalation (if so what were they) __________
__________________________________________________________________________________

Describe alternatives tried from Patient Safety Plan prior to seclusion ________________
__________________________________________________________________________________

Check other interventions attempted
___ Explored HALTT (Are you Hungry, Angry, Lonely, Thirsty, Tired)
___ Activity change ___ Offered quiet space
___ Sensory intervention ___ Remove from environment
___ One to One intervention ___ Offered prn medication

Other __________________________________________

What might be done differently next time? What if we… _________________________________

As a result of this debriefing, what changes will be made to the treatment plan and/or the patients
Personal Safety Plan? _______________________________________________________________

* This process should coincide with the use of the PY3-S Patient Debriefing and comment form *
Patients are not Aggressive if They are Sedated!!!

True statement
- Monitoring the use of prn medications is as important as monitoring WCB indicators

- To date, there has been a 20% decrease in the use of intramuscular prn medications that we traditionally use. Haldol, Ativan

- Acuphase use is almost nonexistent
Do these strategies compromise staff safety?

The short answer is: There is no compromise in staff safety!!!!

The long answer (which is pretty short) is that staff injury rates have decreased dramatically. WCB compensable time loss is at a historic low.
## Total Injectable Med Use PY3-S

### And

### Seclusion and Duration Pre/Post PY3-S and St. B

<table>
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<tr>
<th>Variables</th>
<th>Before Intervention (04/2008-03/2011)</th>
<th>After Intervention (04/2011-03/2012)</th>
<th>Increase rate</th>
<th>p-value</th>
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<td><strong>Medication Use (PY3S)</strong></td>
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<tr>
<td>LORAZEPAM 4 MG/ML INJ</td>
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<td>9.8(5.7)</td>
<td>-15.7%</td>
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<td>LORAZEPAM 1-2 MG TAB</td>
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<td>215.7(91.3)</td>
<td>6.2%</td>
<td>0.66</td>
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<td>HALOPERIDOL 5 MG/ML INJ</td>
<td>11.7(7.4)</td>
<td>9.1(7.4)</td>
<td>-22.3%</td>
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<td>ZUCLOPENTHIXOL 50 MG/ML INJ</td>
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<td>6.2(5.4)</td>
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<td><strong>Seclusion Incidents (PY3S)</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Total Number</td>
<td>18.1(7.3)</td>
<td>8.8(5.4)</td>
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<tr>
<td>Duration</td>
<td>13409(7665)</td>
<td>2200(2424)</td>
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<td><strong>Seclusion Incidents (St Boniface)</strong></td>
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<tr>
<td>Total Number</td>
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<td>4155(3143)</td>
<td>5707(3022)</td>
<td>37.4%</td>
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The Six Core Strategies Work

This is evidenced informed practice that can work on wards such as a high risk for violence Mental Health ICU setting, but can be successfully implemented in any other type of Mental Health setting. It is unquestionably cost effective on a multitude of levels.
Staff Descriptions for the Six Core Strategies

- Common descriptions included patient-centered, safer, kinder, gentler, compassionate, recovery focused, or trauma-informed care.
- “Working with the patient to figure out individualized ways to de-escalate and determine triggers to make them feel safe as a lot of patients do not feel safe in seclusion.”
Positive Changes

- “Before people were secluded at the drop of a hat because we assumed that the person would escalate and would become critical. Now we assume that we can de-escalate.”

- “A shift in thinking in the way we treat patients and view illness. The focus of care is holistic instead of sedate, medicate, discharge.”
“Patients feel an increase in safety. By working on prevention, like the safety plan, we relay that safety is important.”

“Patients are allowed to be ill without being punished for their symptoms and the way their display of behaviors.”
The Agitated Individual

“Staff are more aware of who they are, their strengths and weaknesses and when we need to listen”.
The Vulnerable Individual

- “All the staff are dealing with the agitated patient, we need more bodies to keep the vulnerable person safe”.
- “Now they are scared of patients throwing chairs, but they used to be scared of the staff opposing limits and wrestling patients into the back”.
Staff Divided

- **Nursing Staff:**
  - **Empowerment**
    - “More freedom and comfort to advocate for the patient and what they need”.

- **Paraprofessional Staff:**
  - **Burnout**
    - “There is a pressure to go above and beyond, which can go beyond your own safety and comfort zone”.

Changes to Ward Rules

- “There are less conflicts and arguments over outdated ward guidelines”.
- “Before the rules were black and white, now there are shades of grey. With the varying rules staff are unsure of where they stand”.
The Milieu

- It is a “milieu of care and compassion versus control and subversion”.
- The unit has been transformed to promote a sense of safety and provide alternatives to seclusion and room rest.
The Relaxation Room

“It helps me to relax and feel at home.”
The Spa Tub
Patient Perspectives

- “I don’t feel like a caged animal”.
- “I feel like I am apart of a partnership with the nursing staff”.
Questions?
Thank-You.