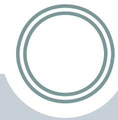
REDUCING RESTRAINTS AND SECLUSION IN AN ACUTE AGED PERSONS MENTAL HEALTH UNIT



PROFESSOR KURUVILLA GEORGE
(DIRECTOR OF MEDICAL SERVICES AND AGED PERSONS MENTAL HEALTH)
MR KEN PFUKWA
(UNIT MANAGER, SOUTHWARD, APMHS)
DR HEMALATHA SIVAKUMARAN
(CLINICAL ACADEMIC PSYCHOLOGIST APMHS)

BACKGROUND

- 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

- Australian Council of Healthcare Standards Clinical Indicator report for Aust & NZ (2001 -2008)

- 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 110000 PEOPLE OVER THE AGE OF 65 YEARS

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

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 a 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

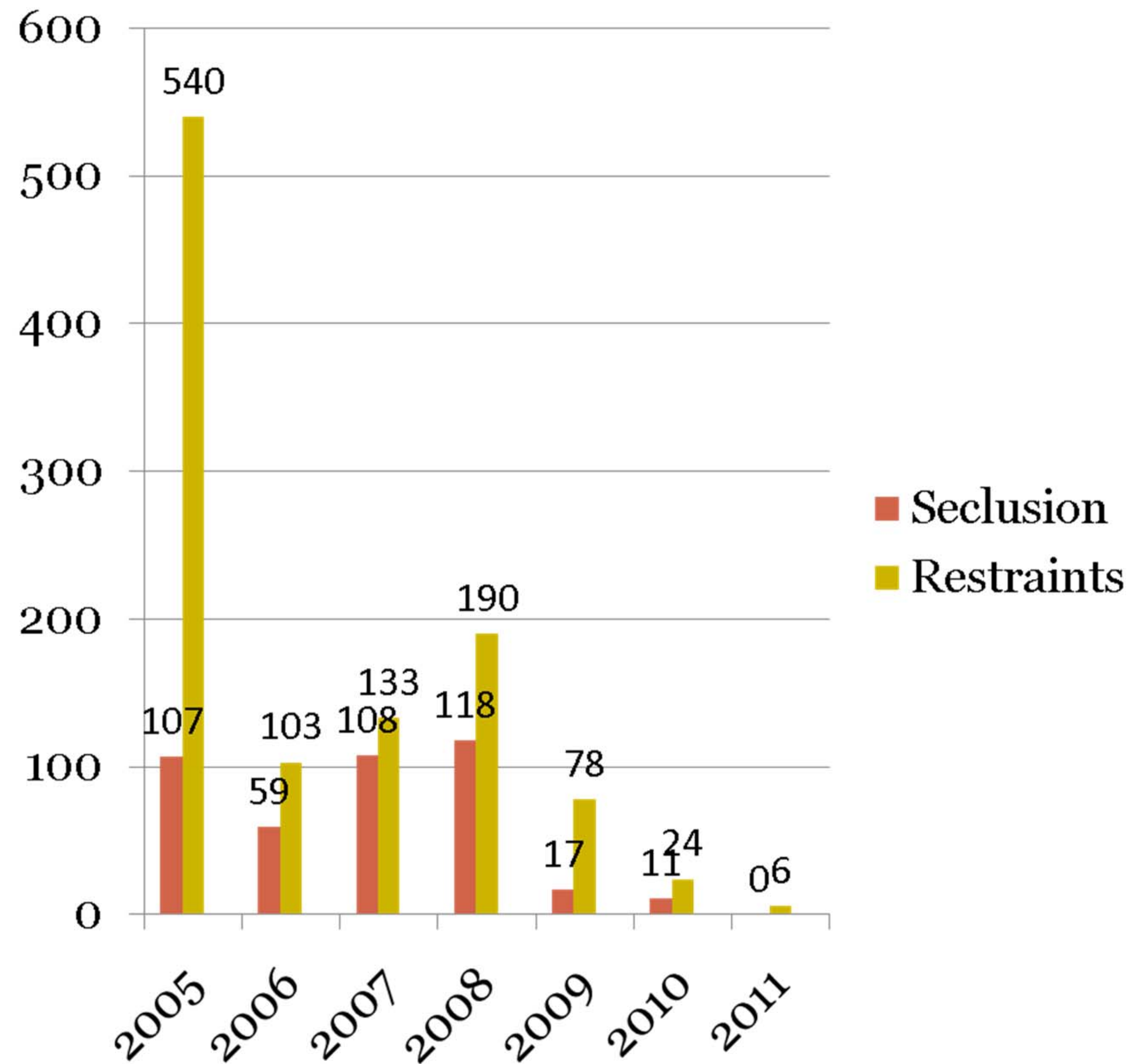
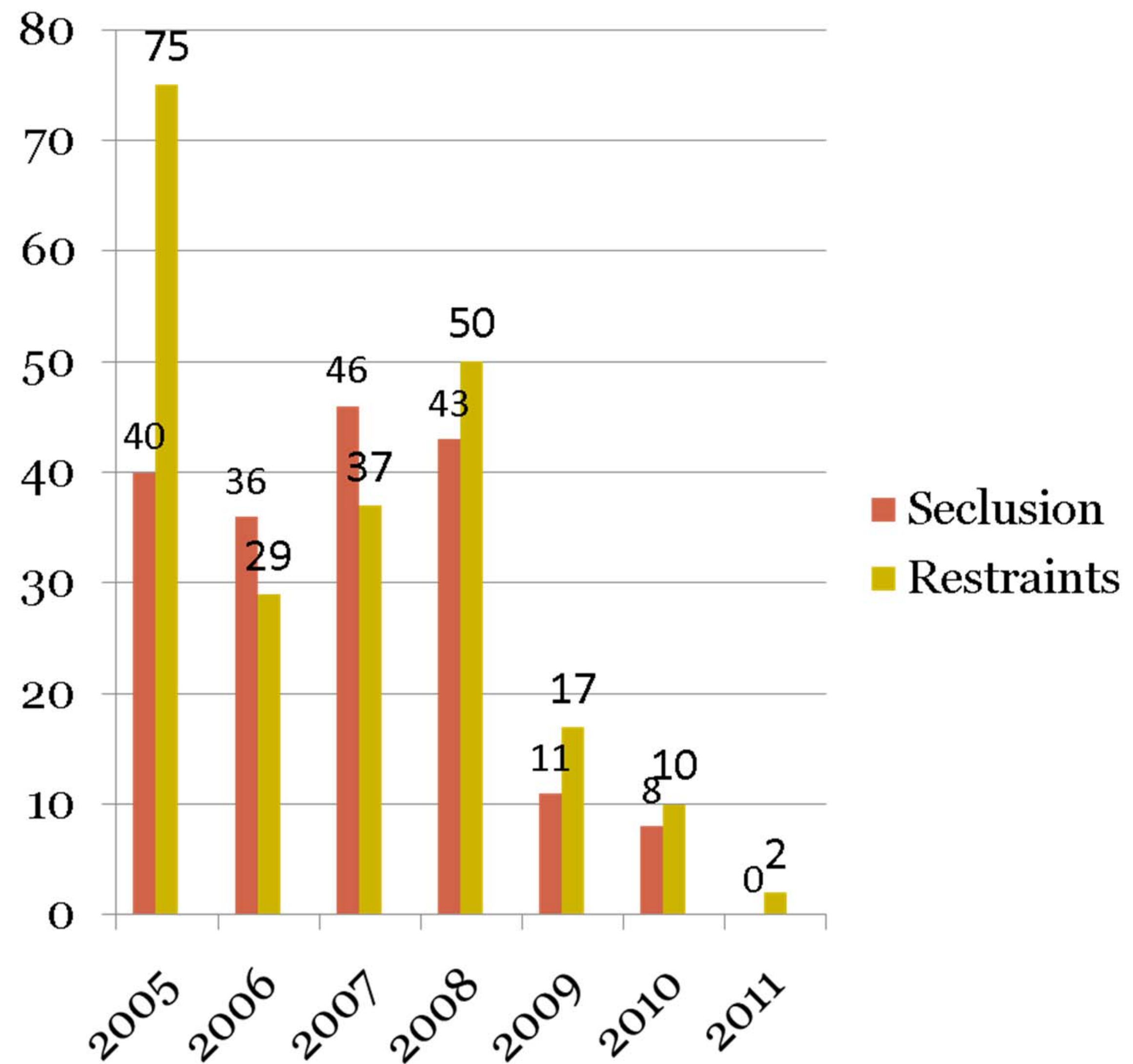


Figure 2:

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

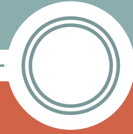
- Both medical & multidisciplinary staff input into behaviour management strategies
- More senior OT appointed to manage regular ward program (March 2010)
- Multidisciplinary staff involvement in ward program
- Increased interaction between staff & patients creating a more therapeutic culture on the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

Creating Safety-addressing Restraint and Seclusion Practices Project Report

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 then therapeutic benefits.

Acknowledgements

EXECUTIVE MANAGEMENT AT PJC

MULTIDISCIPLINARY WORKING PARTY

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

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