

Approaches to Restraint Reduction

Professor Joy Duxbury

University of Central Lancashire



Issues

- Rate and variation in restraint and seclusion practices is largely influenced by environmental and contextual factors (Nijman et al., 1999, NICE 2005).
- These include unclear local policies and guidelines, overcrowding, poor ward design, low or inflexible staff numbers, inexperienced staff, poor staff retention, poor information sharing and service-user acuity.
- Meanwhile, the development of aggression and violence in mental health patients is linked to certain characteristics among staff, including negative interactional styles, provocative or authoritarian behaviour, and poor communication skills.
- A substantial body of evidence indicates that many seclusion and restraint episodes may be preventable if these factors are addressed.
- Any restraint reduction plan therefore must be multi-factoral in its approach and ambition and based upon knowledge of the environment, individuals involved, context, assessment and based upon the relevant information

Overarching Reduction Approaches

1 Six Core Strategies©

- Developed in America
 - Prevention-oriented and trauma-informed care framework.
 - 4 year implementation project
 - Huckshorn 2004, 2006
1. Define and articulate a goal for the reduction of restraint.
 2. Reflecting upon the use of restraint and personal communication styles (Root Cause analysis)
 3. The use of measures (surveys) to ascertain needs and challenges with regards to aggression on the wards.
 4. Consumer Roles in inpatient settings (advance directives)
 5. Workforce Development- (trauma-informed care)
 6. Debriefing Techniques

Reported success

- Reduction in use of S/R up to 75% with no increase in injuries to staff or consumers (Lewis et al 2009, Wale et al., 2011).
- Significant reductions in staff turnover and related costs (LeBel & Goldstein, 2005; Regan et al 2006; Paxton, 2009; Sanders, 2009).
- Decrease in staff injuries, absenteeism, and retraining costs (LeBel, 2011; LeBel & Goldstein, 2005; Paxton, 2009).
- Increased staff satisfaction and staff retention were also reported by facilities that successfully reduced S/R (LeBel, 2011; Regan et al., 2006; Sanders, 2009).
- Reduced length of stay (NASMHPD, 2011; Thomann, 2009); decreased medications (Barton et al., 2009; Smith et al., 2008); and reduced rehospitalization (LeBel, 2011; LeBel & Goldstein, 2005; Paxton, 2009).
- Increased satisfaction with care has also been reported (LeBel, 2011; Murphy & Bennington-Davis, 2005).

2 No Force First Recovery Innovations 1990

- The use of seclusion and physical restraint is viewed as a practice incompatible with the vision of recovery
- Began NFF in 1999 at two crisis centers to completely eliminate the practice of seclusion and restraint.
- Strategies included strong leadership direction, policy and procedural change, staff training, consumer debriefing, and regular feedback on progress.
- Existing records indicated that over a 58-month follow-up period (January 2000 to October 2004), the larger crisis center took ten months until a month registered zero seclusions and 31 months until a month recorded zero restraints.
- The smaller crisis center achieved these same goals in two months and 15 months, respectively.

No Force First Steps to Reduction

- Make public NFF policy
- Define use of force or coercion as a treatment failure
- Have an active programme to eliminate/avoid use of force
 - Staff training in de-escalation
 - Debriefing
 - Critical incident review
 - Performance improvement programme that includes tracking and reporting of all types of coercive intervention
- Use of advance directives, active outreach, peer support
- Use involuntary inpatient treatment only for those who present a real danger to self or others
- Adopt programmes that encourage risk sharing partnerships as opposed to risk management control
- Promote service user driven and self directed education and advocacy programmes
- Train others in NFF including police, security, families, and carers

(Ashcraft et al, 2008 2012)



3 SAFEWARDS

- Package
 - Positive words
 - Talk down
 - Know each other
 - Discharge messages
 - Bad news mitigation
 - Reassurance
 - Mutual help meeting
 - Clear mutual expectations
 - Soft words
 - Calm down methods

- RCT of interventions designed to reduce conflict and containment on inpatient wards. It was carried out on 30 wards
- The experimental arm reduced both to a statistically significant degree.
- Bowers L (2014) Safewards, JPMHN





REsTRAIN YOURSELF

Implementing the Six Core Strategies© UK to reduce
harm as a result of the use of physical restraint



Overview

- The project involves rolling out a restraint-related patient safety initiative called 6CS-UK and implementing a robust approach to improving quality and patient safety.
- The team will measure the harm caused by restraint, and other outcomes such as ward atmosphere, and patient and staff relationships and experience. Participating teams will learn from best practice and share ways of overcoming barriers and implementation.



Primary aim

The aim is to facilitate a 80% reduction in physical restraint across 8 different Mental Health Trusts in the North West of England.

- The North West of England averaged 1221 restraint episodes in 2012, compared with a national average of 455.
- Findings suggest that these Service Users experienced significantly greater amounts of prone restraint and restraint related injuries- than the national average.

TRAUMA

- Memories of previous violent attacks
- Concerns and ambivalence from staff
- Punishment, panic, fear, hopelessness, anger and frustration
- A sense of injustice which could lead to further aggression and resistance
- Staff members do not listen to and could have helped them avoid being restrained
- Psychological distress for staff

(Lee 2003, Bowers 2003, Duxbury and Whittington 2005, Whittington 2006, Stubbs 2009, Stroud 2010, Pulsford et al 2011, 2012, Gerdt et al In print)



Phases of the project:

- Launch
- Training the trainers
- Rolling out training across participating teams
- Improvement collaborative to support learning, sharing and adoption
- Evaluation.
- Dissemination and networking

THE LAUNCH

www.youtube.com/embed/9fF4z2Mv6Wo



Research design

- This project encapsulates 2 wards (16 in total) within each of the 8 Mental Health Trusts.
- One ward in each Trust will receive the 'REsTRAIN Yourself' training and intervention
- The second ward will act as a paired-matched control ward.
- Pre- and post- tests (approx. 4 months duration) will be made on each of the 16 wards, to determine empirically and ethnographically the efficacy of the 'REsTRAIN Yourself' training (the intervention).



Methods

- Surveys
- Interviews
- Focus groups with trainers
- Rapid Ethnography
 - Focused observations
 - Medication rounds
 - Meals
 - Smoking breaks
 - Activities
 - General observations
 - Staff handovers
 - 15 steps challenge
 - Policies
- Developed to enable a rich and detailed understanding of culture within the constraints of limited periods of data collection and analysis.
- Characterized by initial framing of the areas for examination, by the use of triangulation of methods, (Beebe 1995, Harris et al 1997).



NHS

*Institute for Innovation
and Improvement*

The 15 Steps Challenge for mental inpatient care

The 15 Steps Challenge walkaround



Purpose of 15 Steps

TO

- help staff, service users and others to work together to identify improvements that can be made to
- enhance the service user experience
- provide a way of understanding service users' first impressions more clearly
- provide a method for creating positive improvements in the quality of care through identifying what is
working well on wards and what could be improved – it supports the sharing of good practice and concentrates on some service user experience improvements

Regular use of the toolkit will help develop the overall quality of practice and support wider conversations about what is working well and what can be improved

First Impressions Count

- First impressions give us our initial feeling about any situation.
- When you first arrive on the ward, does it inspire confidence in the care that you or your loved ones will receive?
- What makes service users feel that they will be safe and cared for?
- What does good look, feel, sound and smell like?



**REsTRAIN
YOURSELF**

Implementing the Six Core Strategies© UK to reduce
harm as a result of the use of physical restraint

Four categories

- The 15 Steps Challenge tool asks the team to explore the quality of care under four categories;
 - Welcoming
 - Safe
 - Caring and involving
 - Well organized and calm



REsTRAIN
YOURSELF

Implementing the Six Core Strategies© UK to reduce
harm as a result of the use of physical restraint

RY Intervention

- Training inc TIC focus
- Local steering groups inc service users
- Collecting data on restraint
- Improvement methodology
 - Safety crosses
 - PDSAs
 - Huddles
 - Posters
- My safety plan – Advance Directive
- Comfort tools
- Debriefing tool
- Leadership rounds
- Targeted training
 - PD
 - Self harm

Targeted PDSAs

- Debrief
- Handover
- Safety plans
- Visible nurse
- Mood/information board
- Activities
- Environment
- Protected time
- Targeted training; SH, PD, De-esc

- Consultation closed
- Feedback collated
 - Title
 - Settings inc amb and community
 - What constitutes an incident
 - Cost implication for ED and access to MH practitioners
 - Police involvement
 - Elderly
 - Shared risk assessment
 - Staffing
 - Mechanical restraints
 - RCP and PRN
- Guidelines due out later this year

NICE Guidelines 2015

Restraint Reduction Principles

- Person centered values
- Effective leadership
- Address environmental factors
- Anticipate possible touch points inside and external to care
- Involve and empower service users
 - SU experience monitoring unit or equiv
- Leisure and physical activities
- De-escalation
- Crisis and risk management plans
- Post incident reviews
- Report use of RI
- Routine outcome monitoring – Data informed practice
- Report to board and public

So to reduce restraint

- Yes you need a plan
- Leadership essential
- Involve key stakeholders in aim and/or vision
- Communicate plan
- Have a staged timeline – Rome wasn't built in a day
- Encourage and grow champions with support:
 - A collective
- Have a clear strategy to collect, collate, communicate and use data
- Celebrate progress
- Learn from barriers and facilitators
- Share and disseminate different approaches and plans
- Learn from others



OMG!!
Look at what the cat did!!!

Restraint Reduction Network

<http://restraintreductionnetwork.org>

Please sign up!