

***Safety - The safe progress of consumers through all parts of the health care system. Harm is avoided and risk minimised in health care delivery.***

## **Quality Project 1: IMHP Banksia Seclusion Project**

### **Executive Summary**

The Banksia Seclusion Project aimed to reduce risks associated with the use of seclusion of aggressive clients, which may involve physical restraint too. These patients pose a risk of harm to other clients and staff, and the process of seclusion itself involves risk of harm to involved parties. The project has lowered rates of seclusion and improved staff confidence.

### **Background**

The IMHP established a Patient Safety Committee in 2008 to monitor areas of clinical practice where there were identified risks to patients, [e.g. medication errors, clinical incidents by type & outcome, adverse drug reactions, absconding from Inpatient Care, unplanned readmission to a mental health unit within 28 days, seclusion and restraint and complaints.] There have been few adverse incidents, which have been reviewed appropriately to ensure that causal factors were understood and that system improvement occurred. Readmission rates and seclusion rates are benchmarked against Victorian and Children's Hospitals Australasia data.

Inpatient clients with disturbed, agitated and aggressive behaviour may be 'secluded' for their own safety and for the safety of others. This often, but does not invariably, involve the use of physical restraint. A Seclusion Project described below was designed to manage aggression better and minimise the use of restraint and seclusion at Banksia Adolescent Unit. In early 2008, the seclusion rate rose at Banksia Unit and staff were worried by aggressive clients.

### **Project Aims and Outcomes**

While Adult Mental Health Services were specifically funded by DHS Mental Health & Drugs Division to undertake quality projects to reduce rates of seclusion and restraint, CAMHS received no such funding. However, the MH& D Division made resource material available based on work undertaken by the US National Technical Assistance Center (NTAC) of the National Association of State Mental Health Program Directors (<http://www.health.vic.gov.au/creatingsafety/index.htm>).

The Banksia Team used this material to review the practices and procedures being utilised in the unit and to apply a range of strategies to reduce aggression and improve its management. This included identifying indicators of agitation, arousal and aggression; training staff to identify clients at increased risk of aggression; helping clients recognise emotions; monitoring clients more effectively to identify individual triggers; and developing procedures to ensure all treatment interventions were being provided; help clients to self-soothe & regulate their own emotions; identifying and managing environmental risk factors, and listening effectively to client experiences; training staff in de-escalation and using peer support; and helping aggressive clients to withdraw voluntarily to collect themselves and 'de-stress'. This work increased nurse confidence.

The work supplemented Management of Clinical Aggression training, which was developed in the North West Mental health Service of the Royal Melbourne Hospital, and was used in developing the RCH Code Grey Response. This project has been associated with lower seclusion & restraint rates, although the rate rose again in January 2009 when two aggressive clients were admitted. It is not possible to bring these rates to zero, because of the high rate of conduct problems in Victorian adolescents, which is associated with community violence, weapon carrying, substance use, poor emotional regulation, insensitivity to the rights of others and offending.

**Give examples of where your program has improved the quality of care or services provided:**

<p><b>Indicator 12 Seclusion Rate</b></p> <p><b>Definition</b> The product of total seclusion episodes during the reference period divided by the total Occupied Bed Days for this period, multiplied by 100 DHS Target is &lt; 10%</p> <p>16 Admissions during July with 4 seclusion episodes required for the one patient who required a double special due to his high acuity level.</p> <p><b>ACTION:</b> The graph is updated monthly and sent to the IMHP management team</p> <p><b>RISK RATING:</b> <span style="background-color: green; color: white; padding: 2px;">LOW</span></p> <p><b>RCH GOAL:</b> FOCUS ON QUALITY AND SAFETY</p> <p><b>DIMENSION:</b> SAFETY</p> <p><b>DATA SOURCE:</b> Integrated Mental Health</p> <p><b>COMMENTS BY:</b> Pam Marland Decision Support</p>	<table border="1" style="display: none;"> <caption>Seclusion Rate (%) Data</caption> <thead> <tr> <th>Month</th> <th>2009 (%)</th> <th>2008 (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>23</td><td>10</td><td>10</td></tr> <tr><td>Feb</td><td>10</td><td>14</td><td>10</td></tr> <tr><td>Mar</td><td>5</td><td>8</td><td>10</td></tr> <tr><td>Apr</td><td>5</td><td>5</td><td>10</td></tr> <tr><td>May</td><td>0</td><td>5</td><td>10</td></tr> <tr><td>Jun</td><td>10</td><td>5</td><td>10</td></tr> <tr><td>Jul</td><td>8</td><td>10</td><td>10</td></tr> <tr><td>Aug</td><td>8</td><td>8</td><td>10</td></tr> <tr><td>Sep</td><td>5</td><td>5</td><td>10</td></tr> <tr><td>Oct</td><td>0</td><td>5</td><td>10</td></tr> <tr><td>Nov</td><td>5</td><td>5</td><td>10</td></tr> <tr><td>Dec</td><td>5</td><td>5</td><td>10</td></tr> </tbody> </table>	Month	2009 (%)	2008 (%)	Target (%)	Jan	23	10	10	Feb	10	14	10	Mar	5	8	10	Apr	5	5	10	May	0	5	10	Jun	10	5	10	Jul	8	10	10	Aug	8	8	10	Sep	5	5	10	Oct	0	5	10	Nov	5	5	10	Dec	5	5	10
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Outcome – What happened, what was great about it?	Evaluation method – how do you know it worked?	Evidence
<p>The use of seclusion remains relatively low in Banksia and nurses are more confident in managing aggression.</p> <p>However, there has been considerable staff turnover. We are currently recruiting new staff, including a Nurse Unit Manager, psychologist and social worker.</p>	<p>Seclusion and restraint rates are monitored and sent to the Chief Psychiatrist Office each month.</p> <p>An increase in the use of seclusion was noted in January 2009, associated with the admission of two aggressive clients, who challenged each other. However, nurses are more confident in managing clients.</p>	<p>Rates are below target levels and are low compared to benchmark rates in Victoria.</p>
<p>(2) IMHP Incident rates are monitored through Riskman &amp; reviewed at the Patient Safety Meeting 2 monthly. Episodes of clinical aggression occur on an intermittent but regular basis in Banksia Unit and Community Team waiting areas. These are reviewed by the Banksia team to identify the factors involved and address possible systemic issues.</p>	<p>This process has led to the following outcomes:</p> <ol style="list-style-type: none"> <li>i. Management of Clinical Aggression training for all IMHP staff.</li> <li>ii. Code Grey exercises for all IMHP areas.</li> <li>iii. Alarm / Alert systems have been introduced to all IMHP areas.</li> <li>iv. A Professional Development and training schedule that includes a MoCA update / refresher session.</li> </ol>	<p>PD Attendance OH&amp;S Reports PD Schedule</p>

**Current Improvement projects planned or underway:**

What are you going to improve?	Proposed Evaluation Method (how will you know it has worked?)	Who is responsible?	By When
IMHP Guidelines for prescribing and recording medication in development by Consultants.	Medication recording is being standardised and will be monitored	Drs Ric Haslam and Bob Salo	By December 2009