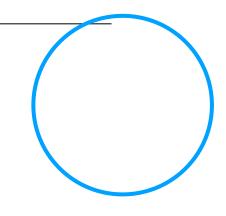


Prevention is better than cure

(Desiderius Erasmus)

REDUCING RESTRICTIVE INTERVENTIONS
Lisa Spong







- Summarise strategies to reduce restrictive interventions in the workplace.
- Consider individual goals for reducing restrictive practice.
- Locally discuss strategies to assist with ongoing reduction of restrictive practices.



Restrictive Interventions

Any intervention that is used to restrict the rights or freedom of movement of a person.

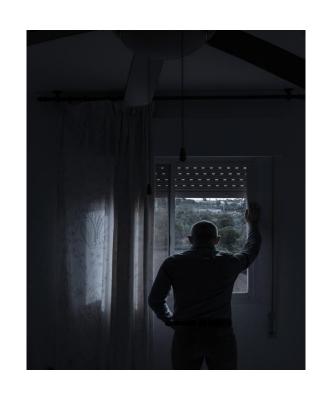
A restrictive intervention may only be used after all reasonable and less restrictive options have been tried or considered and have been found to be unsuitable.

To prevent imminent and serious harm to the person or to another person.

Why use restrictive practice?--

People have reported feeling:

- > defenseless
- > humiliated
- > fearful
- > worthless
- > traumatized
- distressed
- ➤ loss of dignity
- triggered by childhood memories of abuse/assault



System interventions are essential



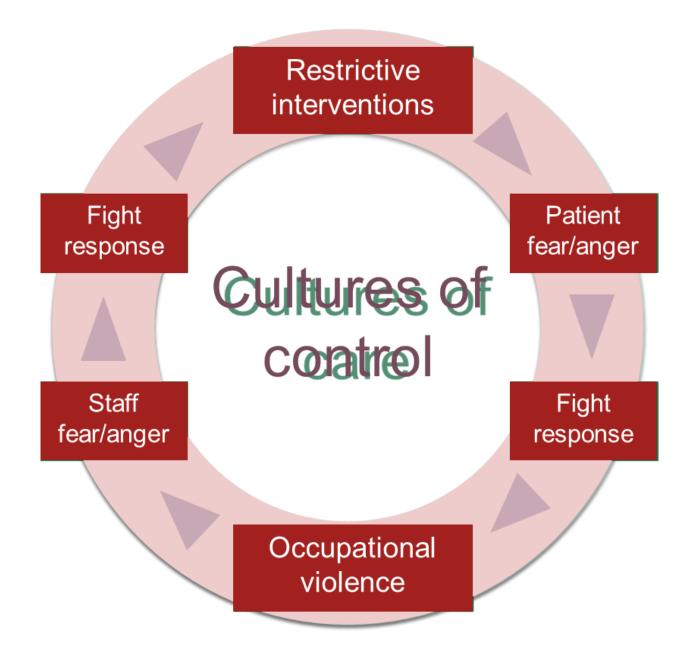
Myth Busting

"There can be no justification for the sustained and repeated use of the restraint of vulnerable people whilst services continue to neglect to embrace strategies, which can reduce the reactive and uncontrolled use of such approaches."

"The risk exists for both the person exposed to physical restraint, and also staff who implement the use."
(Duxbury 2015)

Evidence supports that most circumstances when restrictive practice is deployed are avoidable.

(World Health Organisation 2017)



"every system is perfectly designed to achieve exactly the results it achieves" (don Berwick)

Culture of Reducing RI's

- Leadership establish a leadership team
- Orientation for staff, family, person being admitted to the establishment
- Clinical Reviews of restrictive interventions process after any event/incident.
- Inform local actions that may be taken to ensure optimal outcomes for all adopt an ethical decision making process
- Assist the development of systemic understanding of elements of RI's evidence based proactive and preventative responses
- Development of standards, guidelines, practice directions or advice adopt approaches that support risk assessment
- Training/education directed towards reducing use of RI's informal and formal approaches
- Collaboration
- System evaluation and quality improvements use local data
 - Identify what it is you'll measure
 - Share the data
 - Set new expectations

Reducing Restrictive Interventions

You change what you measure!

Strategy 1. Leadership towards organisational change.

Strategy 2. Full inclusion of lived experience.

Strategy 3. Using data to inform practice.

Strategy 4. Workforce development.

Strategy 5. Use of seclusion and restraint reduction tools.

Strategy 6. Debriefing techniques.



NATIONAL TECHNICAL ASSISTANCE CENTER

Creating Violence Free and Coercion Free Mental Health Treatment Environments for the Reduction of Seclusion and Restraint

Six Core Strategies for Reducing Seclusion and Restraint Use©

Draft Example: Policy and Procedure on Debriefing for Seclusion and Restraint Reduction Projects

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Six Core Strategies for Reducing Seclusion and Restraint Use®



Six Core Strategies[©] service review tool

Zealand adaption - 2nd edition

palancon

Impacting Factors - Safewards Model__/

Patient Community

Patient characteristics

Regulatory framework

Staff team

Physical environment

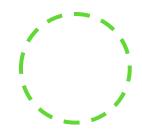
Outside hospital



Definition:

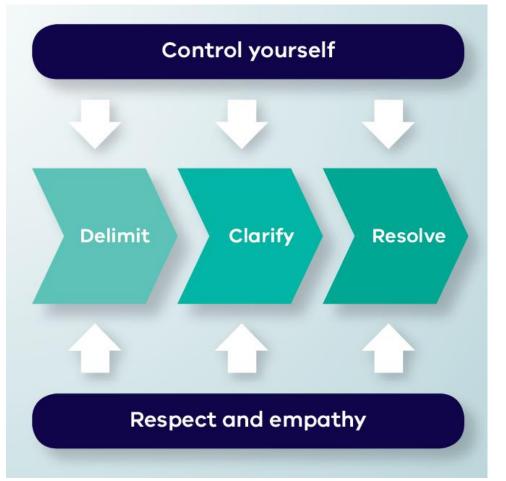
Social and psychological situations arising out of features of the originating domains, signaling and preceding imminent conflict





How we approach people impacts the outcome.

A process can make a difference

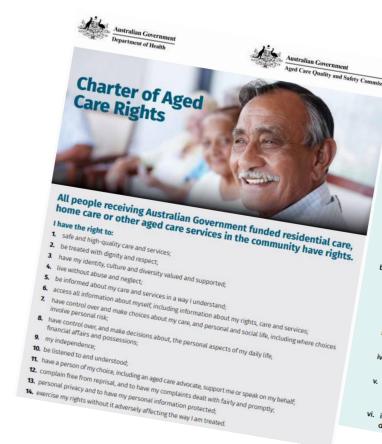








- Do you understand legislation?
- Do you understand policy and protocol?
- What are your responsibilities?
- What is you knowledge of RRI's
 - TIC
 - Recovery
 - Person-centred Care

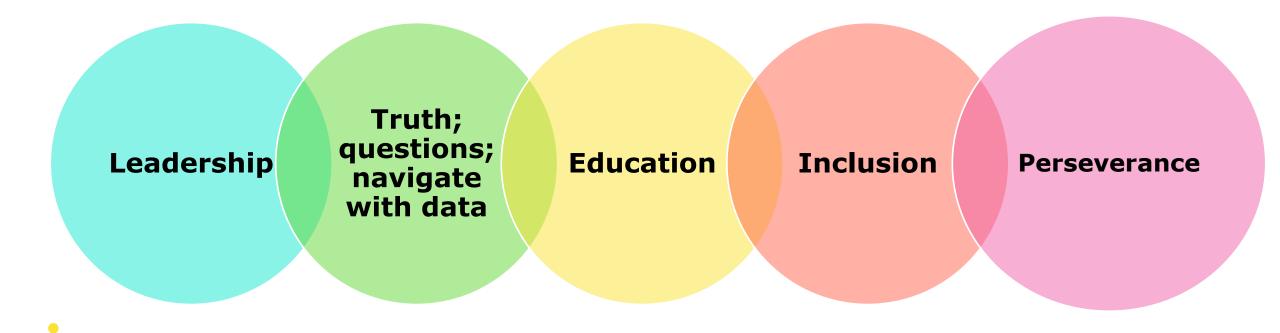


Recommendation 17: Regulation of restraints

- 1. The Quality of Care Principles 2014 (Cth) should be amended by 1 January 2022 to provide that the use of restrictive practices in aged care must be 2022 to provide that the use or restrictive practices in aged care must be based on an independent expert assessment and subject to ongoing reporting and monitoring. The amendments should reflect the overall principle that people receiving aged care should be equally protected from restrictive people receiving aged care should be equally protected from restrictive practices as other members of the community. In particular, restrictive
- i. recommended by an independent expert, accredited for the purpose by the Quality Regulator, as part of a behaviour support plan lodged by the duality negulator, as part of a behaviour support plan look with the Quality Regulator and reviewed quarterly by the expert. with the quarry negulator and reviewed quarterly by the expert, with reports on implementation of the behaviour support plan being with reports on implementation of the denantial support provided to the Quality Regulator on a monthly basis, or
- when necessary in an emergency to avert the risk of immediate physical harm, with any further use subject to recommendation by physical narm, with any lumier use subject to recommendation by an independent expert under Recommendation 17(1)(a)(i), and with a report of the restraint to be provided with reference to the matters in Recommendation 17(1)(b) as soon as practicable after the restraint
- i. as a last resort to prevent serious harm after the approved service provider has explored, applied and documented alternative, evidence-
- ii. to the extent necessary and proportionate to the risk of harm iii. for the shortest time possible to ensure the safety of the person or
- iv. subject to monitoring and regular review (to be stipulated in the behaviour support plan) by an approved health practitioner
- v. in accordance with relevant State or Territory laws and with the in accordance with relevant state or remitory laws and with the documented informed consent of the person receiving care or someone authorised by law to give consent on that person's behalf
- vi. in the case of chemical restraint, if prescribed by a doctor who has













References:

Bowers, L., James, K., Quirk, A., Simpson, A., SUGAR, Stewart, D. & Hodsoll, J. (2015). Reducing conflict and containment rates on acute psychiatric wards: The Safewards cluster randomized controlled trial. *International Journal of Nursing Studies*, 52, 1412-1422.

Victorian Safewards-DHS. https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/safewards

Huckshorn, K.A. (2006). Six Core Strategies to Reduce the Use of Seclusion and Restraint Planning Tool. National Association of State Mental Health Program Directors. Alexandria. VA

World Health Organisation. (2017). Strategies to end the use of seclusion, restraint and other coercive practices – WHO Quality Rights training to act, unite and empower for mental health. Geneva: World Health Organisation; 2017 (WHO/MSD/MHP/17.9). Licence: CC BY-NC-SA 3.0 IGO.

