Strategic Directions in Minimizing the Use of Restraint and Seclusion

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Ontario Shores at a Glance

- Teaching hospital specializing in comprehensive mental health care and addiction services
- 1,300 employees; 326 inpatient beds; over 55,000 outpatient visits
- Provide Recovery-oriented care to a wide range of services: Adolescents to Geriatrics
Background

- Hospital divestment in 2006
- Strategic Plan Development and Future Vision setting
- The “Shared Journey” Experience
- Identifying the need for:
  - Accurate data collection
  - Oversight and monitoring
  - Understanding local practices
Why is this important?

- Significant negative impact as a result of use of restraints
  - Trauma
  - Patient injuries, including death
  - Increase staff injury
  - Increase staff absenteeism
  - Decrease job satisfaction
  - Increase costs

- No controlled studies exists that evaluate the value of seclusion or restraint in those with serious mental illness

- There are reports of serious adverse effects for these techniques in qualitative reviews
Ontario Shores’ Multifaceted Approach: *Six Core Strategies*

1. Leadership commitment
2. Use of data
3. Workforce development
4. Prevention tools
5. Consumer collaboration
6. Debriefing
Leadership Commitment

• Direction and vision set by Board of Directors and Senior Management
  – New policy 2012
  – Strategic Action Plans year over year
  – Quality Improvement Plans
  – Recovery Rounds
  – Corporate Balance Scorecard
  – Mental Health and Addictions Quality Initiative scorecard
# Use of Data

## Restraint and Seclusion Dashboard

**Report Period:** 2015-04-01 00:00:00 through 2015-04-02 23:59:59

### Program & Unit

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<th>Program &amp; Unit</th>
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<th>Seduction Incidents</th>
<th>Seduction Hours</th>
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### Patient Info

- **Patient Name:**
- **MRN:**
- **Account #:**
- **Admission Date:**
- **Discharge Date:**
- **Registration Status:** ADM
- **Program:** ARP
- **Location:** YNG ADLTS
- **Sub-Location:** YATS-PICA
- **Gender:**
- **Age:**
- **Attending Provider:** MD, FRCP.
Using Real Time Data to Drive Quality Improvement

Restraint and Seclusion (R&S) Minimization is a key initiative of the organization.

- Started January 2017, twice a day alerts that pull data directly from EMR to indicate
  - Patients currently in restraint or seclusion
  - Most responsible physicians
  - How long the patient has been in restraint or seclusion
  - The time of last review

- Actioned by mgmt., physicians and other clinicians
- Foster a culture of transparency, interdisciplinary communication and shared accountability

Confidential – Not For Distribution – for committee assessment or evaluation to improve quality of healthcare.

There are 2 incidents of Mechanical Restraint or Seclusion currently.

ADOL EDU: AH in Mechanical Restraint since: Jun 24 2017 12:02PM (21 hrs) (Last Review: Not Reviewed) (MRP: Pinhas, Leora MD, FRCPC)


The report can be accessed via the following link: Restraint and Seclusion Current Orders

Confidential – Not For Distribution – for committee assessment or evaluation to improve quality of healthcare.

There are 0 incidents of Mechanical Restraint or Seclusion currently.

The report can be accessed via the following link: Restraint and Seclusion Current Orders
Workforce Development

- Philosophy needs to live at all levels of the organization
  - Philosophy statement
  - Job posting
  - Interview questions

- Recovery Education

- Recovery Champions

- Implementation of Safewards throughout the organization
What is Safeways?

- UK developed model grounded in Recovery Principles

- Evidence to show a reduction of violence within adult psychiatric inpatient settings

- Provincial support for a roll out to Forensic inpatient Programs

- Ontario Shores implemented in all inpatient programs (phased in over a period of two years (2015-2017))
What is Safewards?

- Set of ten interventions that have been proven to reduce conflict of “flashpoints” in an inpatient setting that may lead to aggression and/or containment

- Enhancing “relational security” with concrete interventions that staff can utilize

- Safeward “champions as well as on-line modules
Safewards

- “Know Each Other Profiles” encourage staff & patients to share non-personal information about themselves which can be helpful in finding areas of common interest and conversational topics to engage in. This facilitates conversations between staff and patients, promoting relationship building and making conflict less likely.
Forensic focused research (Ministry of Labour grant)

Research findings:

- 18.75% decrease in aggressive incidents.
- 30% increase in the use of Safewards aligned interventions e.g. emotional support.
- 11.76% decrease in incidents of seclusion. If outliers are removed: 26.4% decrease.

Significant increase in staff support for non-physical management strategies e.g. de-escalation.

Significantly higher levels of perceived safety on the unit.

Stress levels comparable to general population.
Safewards and Restraint and Seclusion
Restraint and Seclusion Prevention Tools

• Need to emphasize a proactive rather than reactive approach

• Use of assessment and other clinical tools/processes to support prevention
  – Mental status assessment
  – Risk assessment tools
  – Recovery Plan
  – Crisis Prevention Plan
  – Rapid Rounds
  – Safety huddles
  – Recovery Rounds
Recovery Rounds

- Restraint and Seclusion Daily Data

- Recovery Rounds (SMT, Professional Practice, Peer Support)

- Round on units with patients in restraint and seclusion

- Elevate the importance of restraint and seclusion prevention and Recovery-oriented care through witnessing of the events by leadership

- Implemented an after-hours process
Consumer Collaboration

- Just do it!
- Shared decision making
  - Client participation needs to be part of everyday practice
  - Benefits include: increased client satisfaction, improved relationships between client and health care provider, treatment adherence, satisfaction with treatment, biomedical outcomes and increased sense of empowerment and hope
- Appreciate and acknowledge clients and carers as ‘expert by experience’
  - Include them within organizational decision-making
- Recruiting a consumer to support the facilitation of Ontario Shores’ Crisis Prevention and Intervention training
- Peer Support Specialist on Recovery Rounds
Debriefing

• Patient debriefing is offered to each patient who has experienced restraint or seclusion

• Debriefing is offered to staff involved in the restraint and seclusion process

• Area where we have further opportunities to advance our work and analyze the data to inform our support strategies to patients and staff
Next Steps

QIP Working group activities include:

• Oversight and accountability after hours/ weekends

• RCA process established for longer stay seclusions and/or frequent incidents of seclusion

• Appreciative inquiry approach and acknowledgment of clinical teams work toward seclusion reduction

• Standard work and support established with clinical teams for discontinuing seclusions