Reducing the need for seclusion and restraint on an inpatient neurobehavioral unit

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Disclaimer

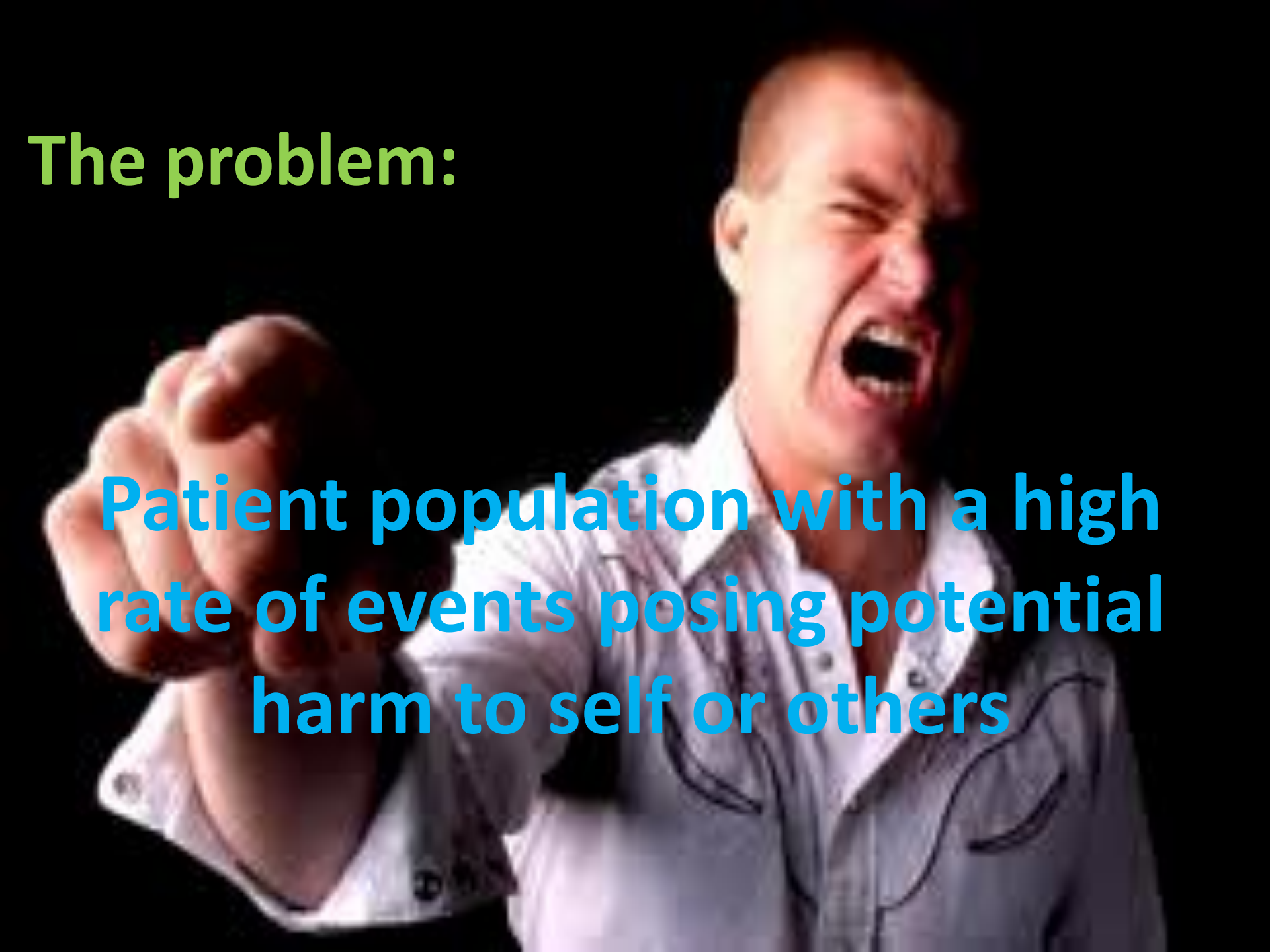
Rolf B. Gainer, PhD has a business relationship with Brookhaven Hospital through Rehabilitation Institutes of America.

Matt Maxey, RN, BSN, CBIS is employed by Brookhaven Hospital.

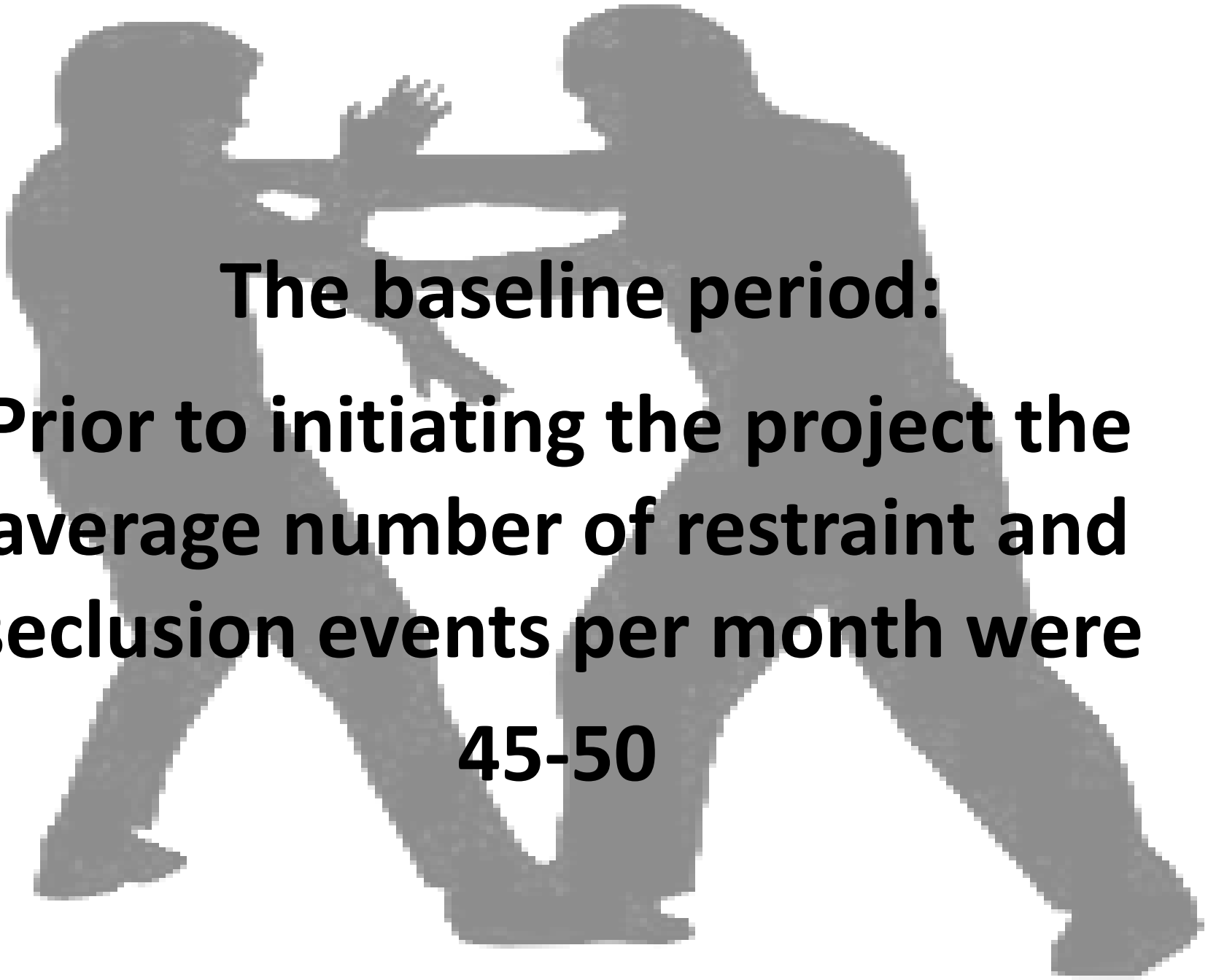
The authors receive payment from the organization or an affiliated organization. The project to reduce seclusion and restraint on the neurobehavioral unit of Brookhaven Hospital is part of ongoing Performance Improvement activities conducted at the hospital. No grant monies or support for the project has been received from any external sources

Objectives:

- To provide an overview of the project, its scope and methodologies to reduce the utilization of seclusion and restraint practices in an inpatient neurobehavioral unit
- To discuss the significance and role of the treatment culture as a major agent of change
- To discuss the importance of identifying high consumers and promoting the development of alternative treatment strategies


The problem:
Patient population with a high rate of events posing potential harm to self or others


High frequency and intensity

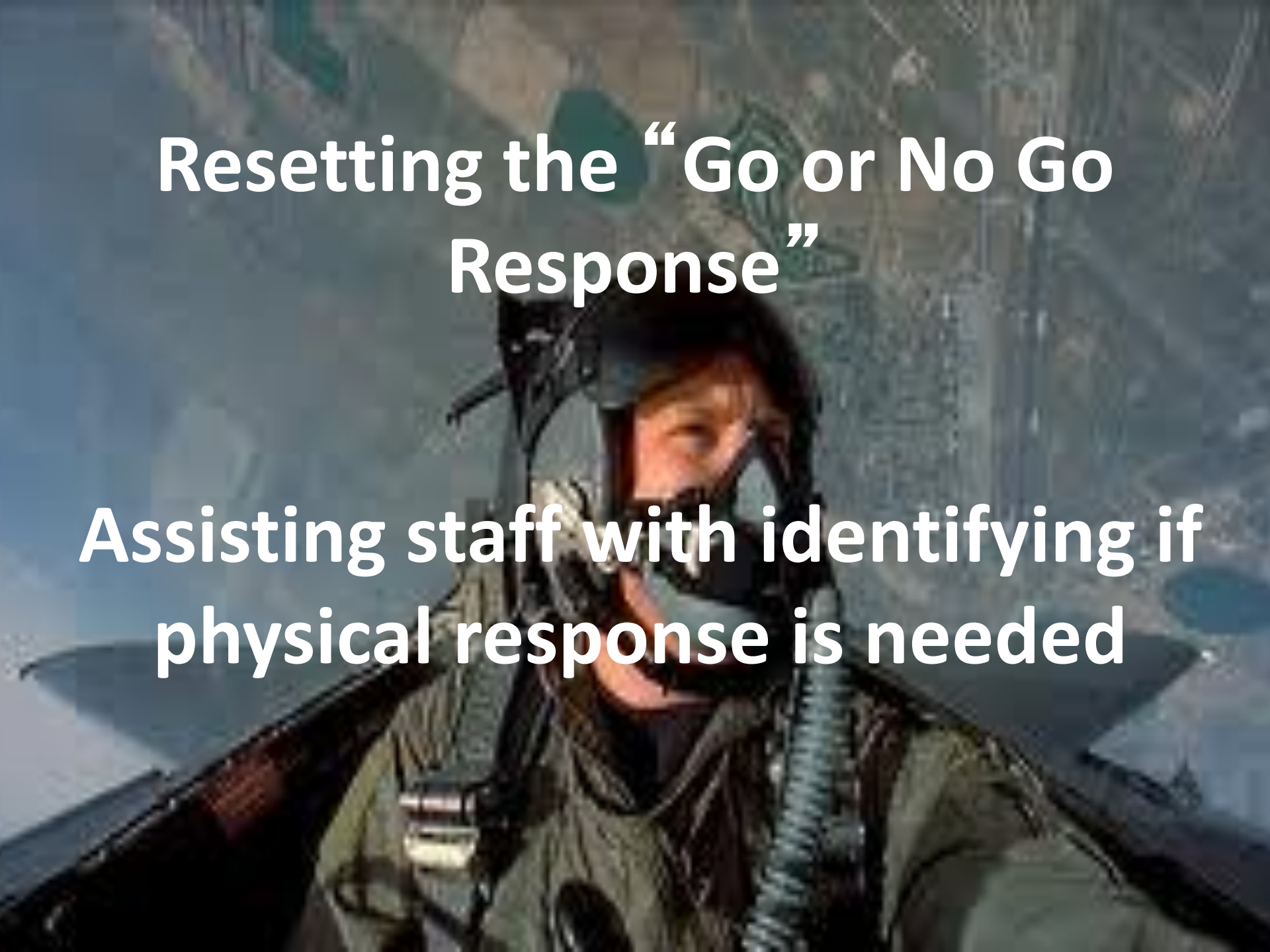


The baseline period:

Prior to initiating the project the average number of restraint and seclusion events per month were 45-50

The project initiative:

To reduce the number and duration of events requiring physical restraint by staff members and placement in a locked seclusion room

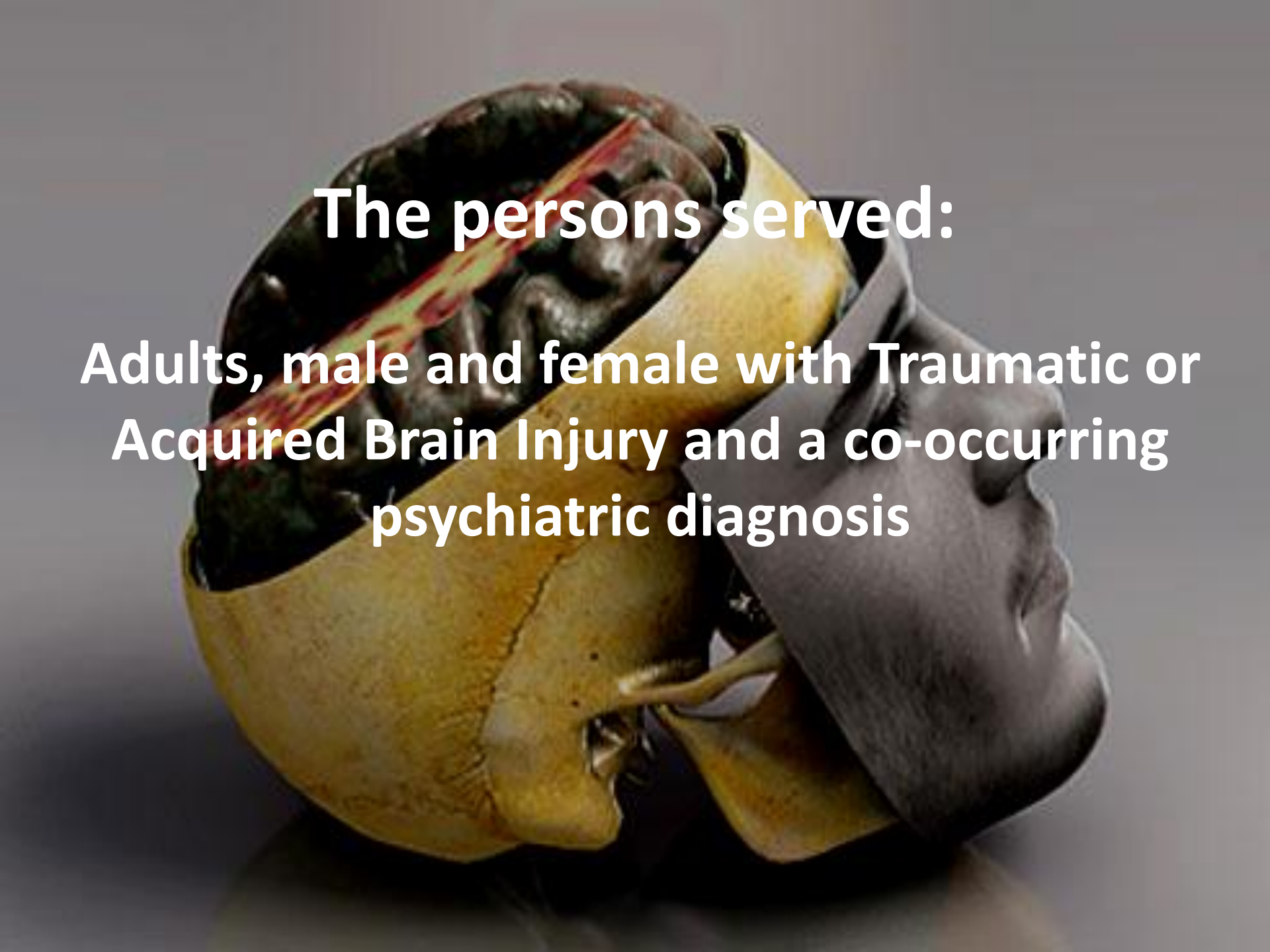


Resetting the “Go or No Go Response”

Assisting staff with identifying if physical response is needed

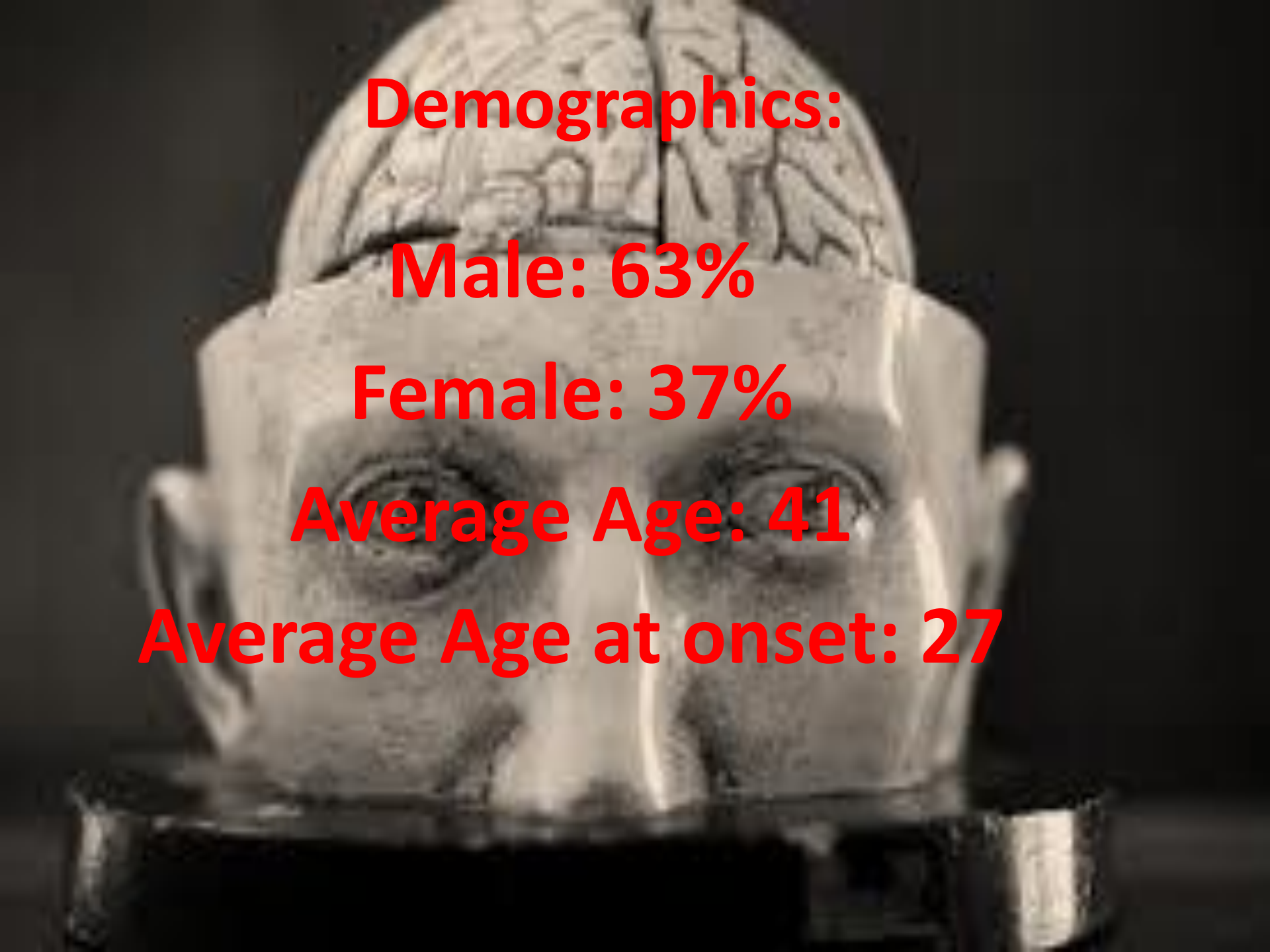

Reframing aggressive behavior
Understanding how our response may sustain or foster aggression


The setting:
A 28-bed inpatient neurobehavioral rehabilitation with a secure environment



The persons served:

Adults, male and female with Traumatic or Acquired Brain Injury and a co-occurring psychiatric diagnosis


Demographics:
Male: 63%
Female: 37%
Average Age: 41
Average Age at onset: 27

OVERVIEW

- **Our Goal: To Reduce Restraints**
- **Our Plan: Implement Change Agents**
  - **Create a program CPI-Response Team**
  - **Improve/enhance CPI training**
  - **Utilize post-event reviews**
- **Results: Decreased R/S & Injuries**

Goals for the ORGANIZATION:

- Move to a "Zero Restraint" culture
- Enhance patients rights
- Decrease workplace injuries
- Comply with regulatory standards

Goals for PATIENTS:

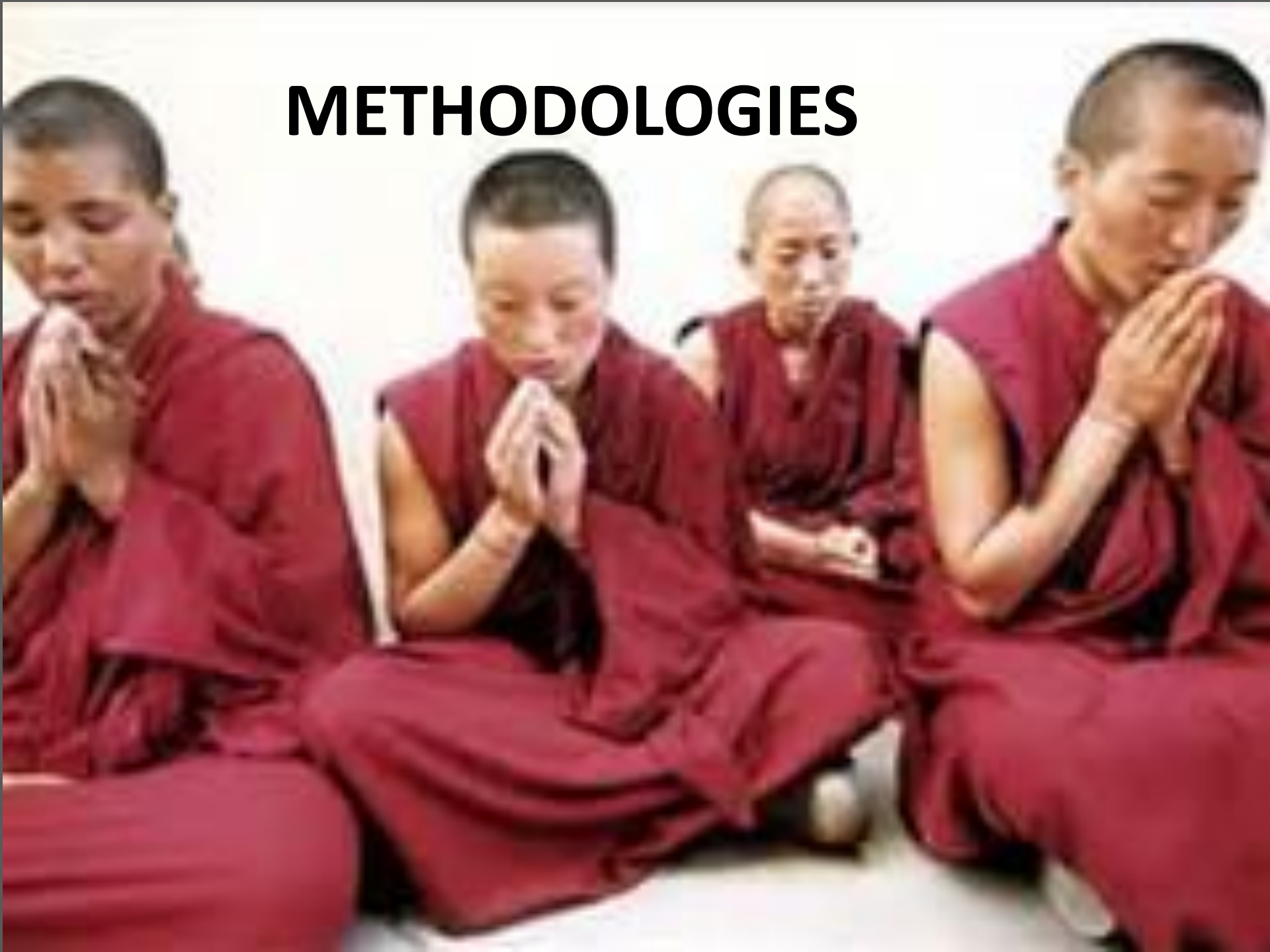
- Increase opportunities to alternative programs
- Improve safety and quality of life
- Promote greater independence with positive support

Goals for STAFF:

- **Increase** use of alternative program strategies
- **Decrease** event frequency and duration
- Provide ongoing training

- Decrease workplace injuries

METHODOLOGIES



METHODOLOGIES

- Developing Response Teams comprised of highly trained staff
- Restructuring CPI training
- Initiating Event Reviews for all response calls, including those events which did not require restraint

CREATING A PROGRAM:
CPI-Response Team

Create response teams made up of highly trained responders to attend to all events.

Response Team Strategies

- Response Teams are activated to areas where assistance is needed through an intercom system.

Response Team Strategies

By using response teams, we reduce the number of individuals participating in a behavioral event.

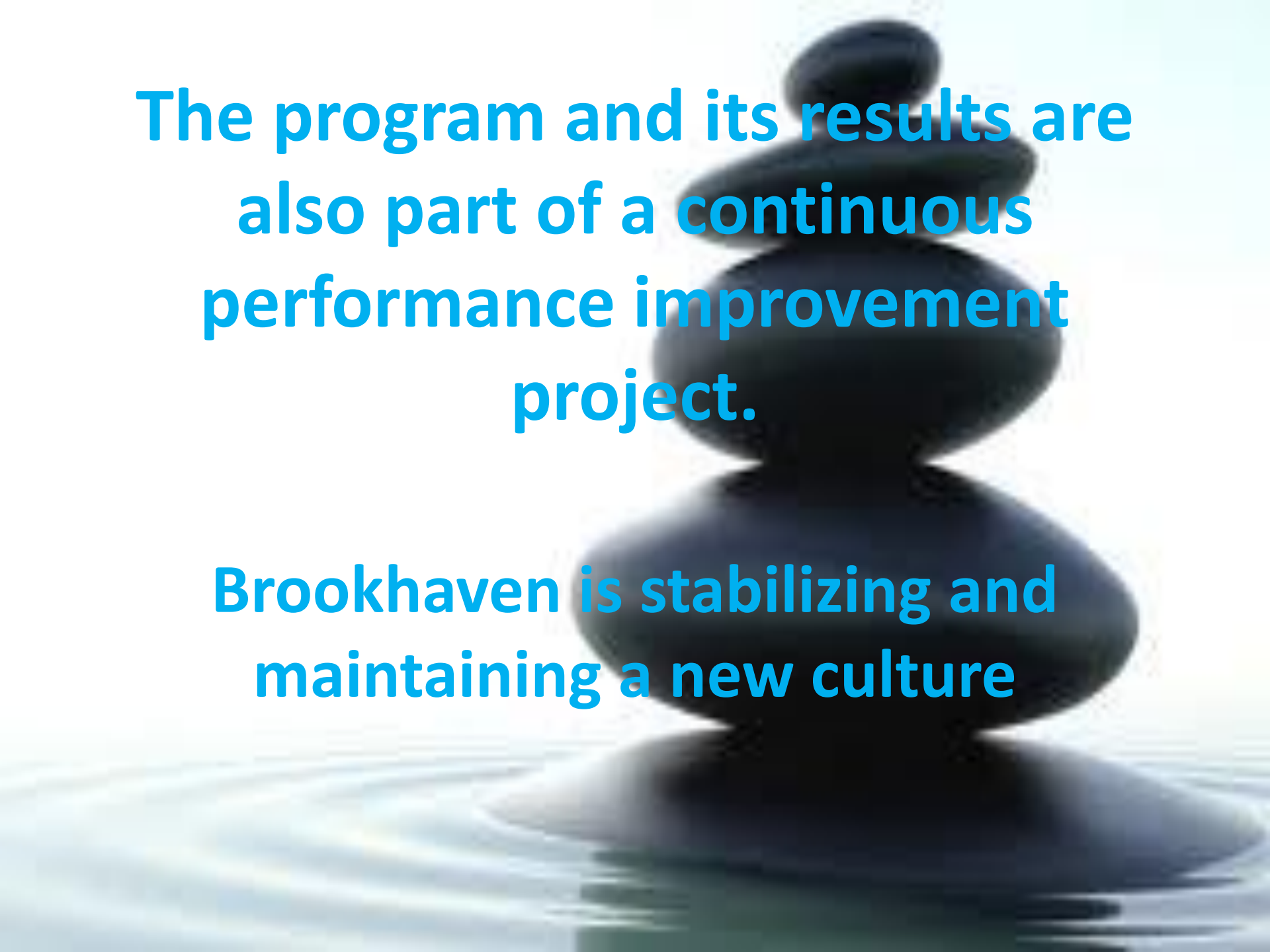
Response Team Strategies

- By reducing the number of responders in a behavioral event, we "remove the audience"
- In turn, we reduce external stimuli.
- Which in turn supports verbal de-escalation by reducing stimuli

Response Team Strategies

- Each restraint or seclusion requires a staff debriefing.
  - **JC, CMS standard (meeting the standard)**

- We conduct staff debriefings on ALL events.
- Especially those that don't end in R/S.
- We learn the most from these.
  - **Exceeding the standards**


The program and its results are also part of a continuous performance improvement project.
Brookhaven is stabilizing and maintaining a new culture

RESTRUCTURED TRAINING

- Increase the quality of training for:
  - CPI-RT members
  - General staff

- Revise restraint training curriculum to better address brain injury issues

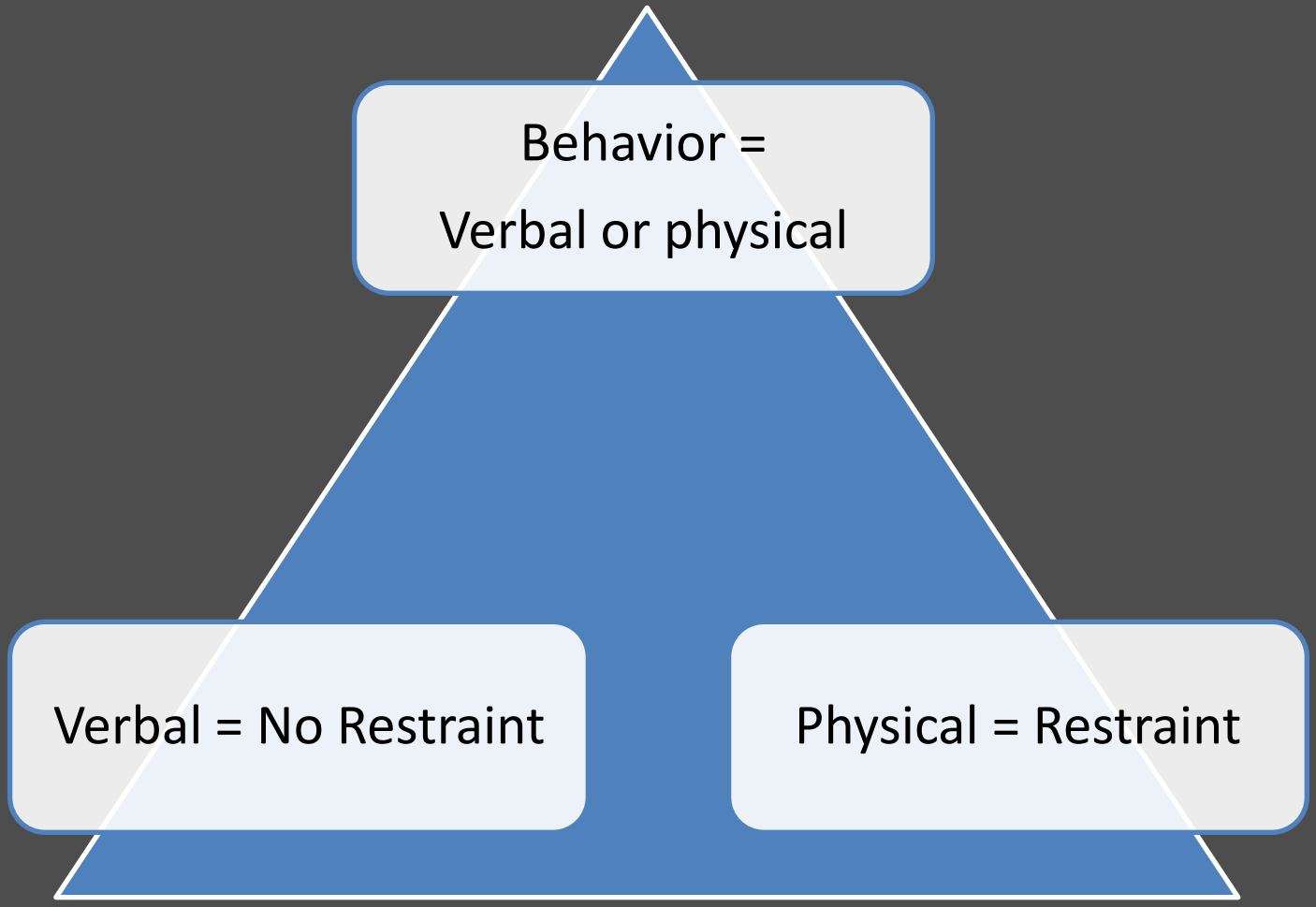
- Increase training opportunities with additional trainers and classes

TRAINING

- **Unify training curriculum to teach material similarly**

- **Evaluate each event through "debriefing" including non-restraint events**

Rule of 2's


Behavior =
Verbal or physical
Verbal = No Restraint
Physical = Restraint

TRAINING:
Responding to Verbal Acting Out

- Recognize that verbal behavior may escalate

and

- A restraint is not required,

and…

What goes up must come down!

TRAINING:
Responding to Verbal Behavior

- Verbal acting out does not require physical force
- The highest level of energy exerted is not sustainable by patient or staff
- Allow the individual the chance to de-escalate without bringing physical force into the equation

Verbal acting out ≠ Restraint

There are only two ways to act out

- Verbal

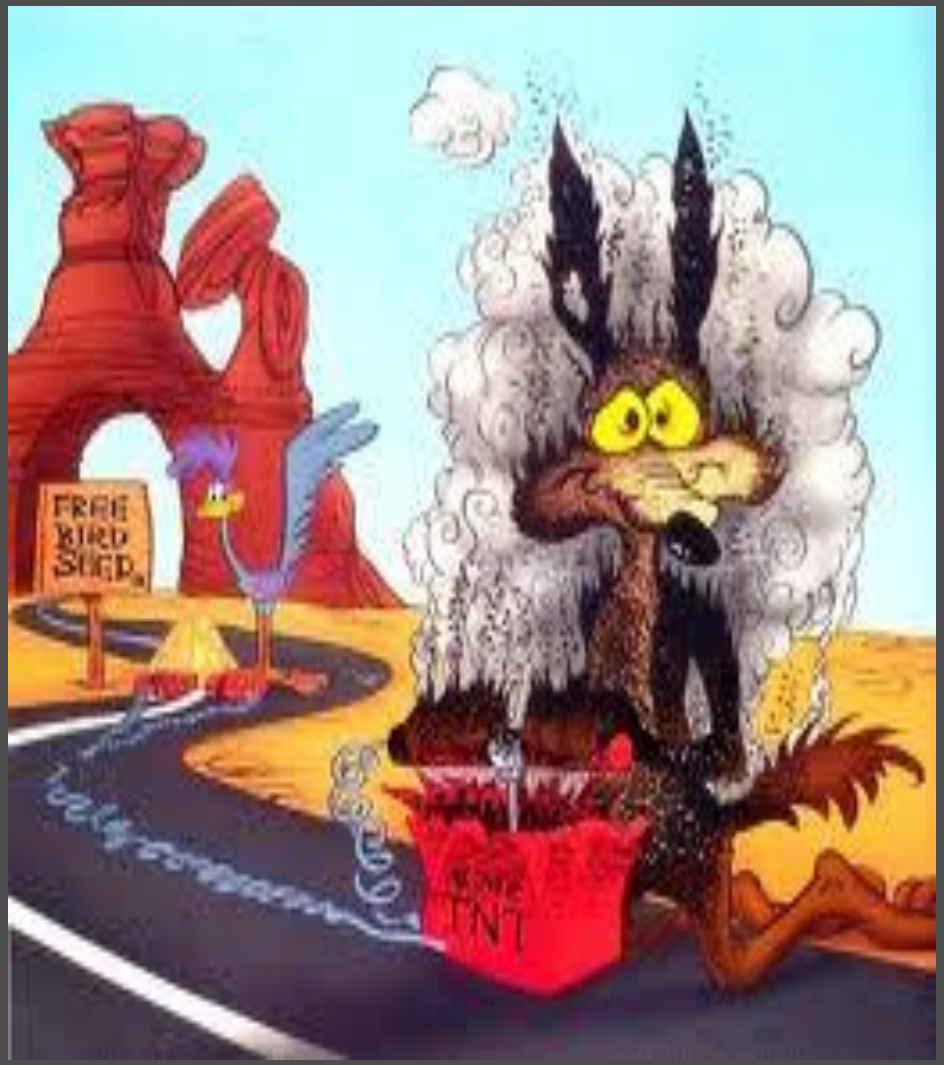
- Physical


Verbal can escalate into physical

TRAINING:
Responding to Physical Acting Out

- When does physical acting out by a patient require a restraint (physical response) by staff?

When its a danger to self or others?



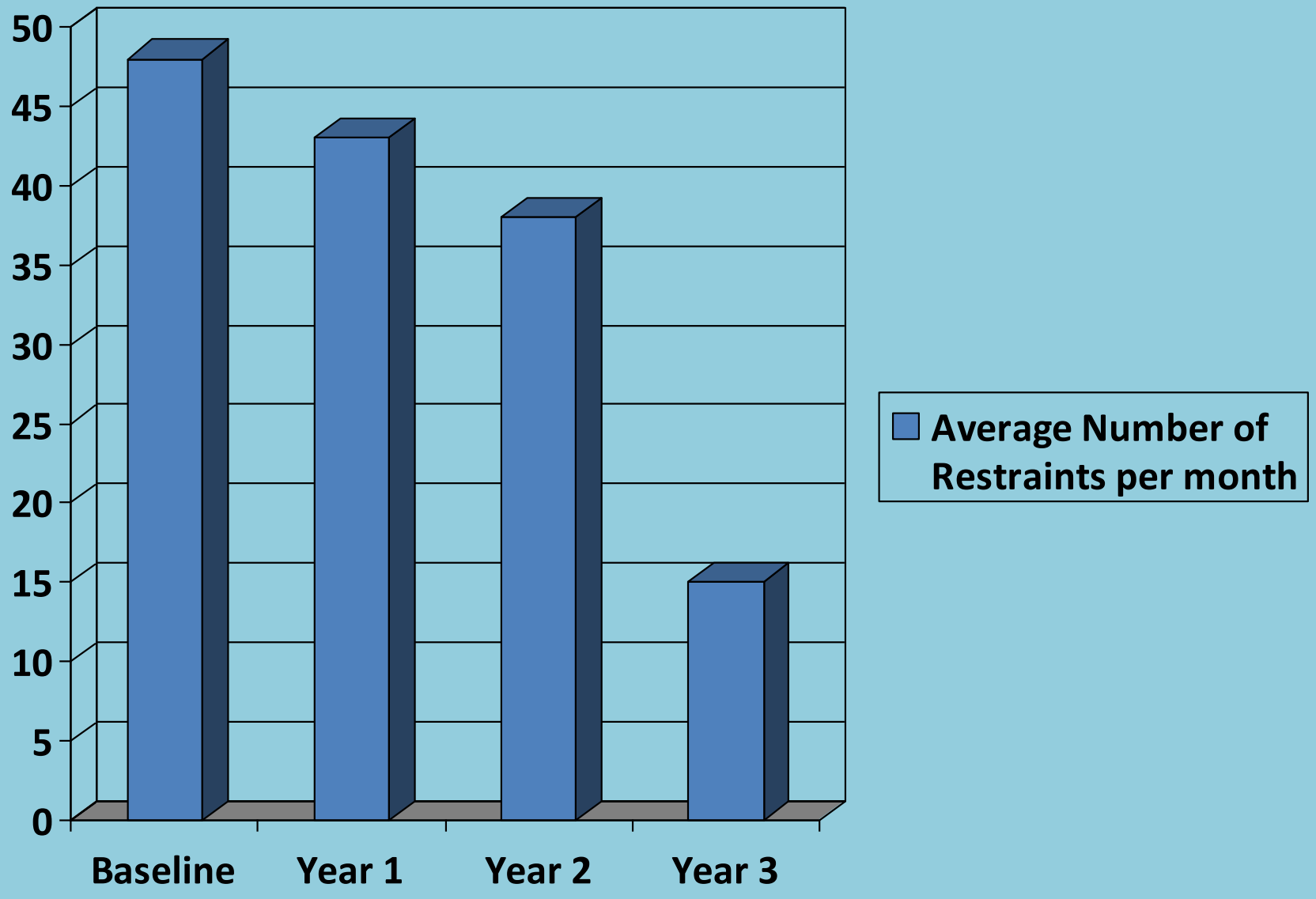
Methods of Measurement

- Implemented logging all events that require an intervention by our response team, regardless of outcome.

- Evaluate event log each month for; Restraints, Seclusions, and those events that successfully resolve without R/S.

Measurement

- Identify “high consumers”
- Identify staff members involved with “high consumers”
- Identify other trends: time of day, types of behaviors exhibited, responses to those behaviors.


50
45
40
35
30
25
20
15
10
5
0
Baseline
Year 1
Year 2
Year 3
Average Number of Restraints per month

Lowering the threshold

- Highly skilled & trained CPI-RT members respond to events

- Resetting the response behaviors of those staff on the CPI-RT's

Moving towards “Zero”

- Re-establishing specific responses for specific behavior.

- Providing alternatives to staff and thus creating alternatives for patients


Attaining durable results by conducting event reviews and incorporating examples of success in future training

Maintaining forward momentum through staff recognition

Summary

Our Goal: To Reduce Restraints

Our Plan: Implement Change Agents:

-Create a program CPI-RT

-Improve CPI training

- Post event reviews

Results: Decreased R/S & decreased injuries

STANDARDS OF CARE

- **CMS issued regulations on restraints in 2006:**

Face to face evaluations by an LIP during a restraint became a requirement

- **JC issued standards on restraints in 2009:**

Standards regarding the appropriate use of restraints and seclusions, as well as conducting debriefings

- **ANA issued a position statement in 2012:**

Reduction of patient restraint and seclusions in healthcare settings

Resources

- American Psychiatric Association, American Psychiatric Nurses Association, National Association of Psychiatric Health Systems. (2003). Learning from Each Other: Success Stories and Ideas for Reducing Restraint /Seclusion in Behavioral Health.
- Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M. & Wallace, F. (2005). Implementation Research: A Synthesis of Literature. Tampa, Fl. University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
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- Roadmap to Seclusion and Restraint Free Mental Health Services. (2005). DHHS Pub. No. (SMA) 05-4055. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
- Traumatic Brain Injury/Brain Injury Association of America. (2006). Reducing Restraint & Seclusion of Individuals with Traumatic Brain Injury. Retrieved from: http://www.brainline.org/multimedia/audio/transcripts/reducing_restraint_and_seclusion.pdf
- www.crisisprevention.com

Questions?

Note: this presentation can be downloaded at www.traumaticbraininjury.net under "Resources"

Thank you!