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Reducing the need for restraint and seclusion: Changing the treatment culture on an inpatient neurobehavioural rehabilitation unit

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Objectives: In 2011 a project was initiated to reduce the need for seclusion and restraint on a 28-bed inpatient neurobehavioural rehabilitation unit serving adults with traumatic and acquired brain injury and a concurrent neurobehavioural syndrome.

Methods: The project has three components: establishing an understanding of the incidence and duration of restraint and seclusion events including a review of individuals who were 'high consumers'; re-designing the crisis response training curriculum to focus on the application of alternative strategies and developing specific crisis response teams who were consistently available to respond to behavioural events. The project was conducted within the scope of the hospital's Performance Improvement Committee and the findings were reported to the Professional Staff Committee and governance structure.

Results: At the 2-year anniversary, the project had reduced the restraint and seclusion events frequency from over 100 events per month to an average of 11. The 2-year project review provided opportunities to examine the outcome in terms of the persons served by the programme and the support of behavioural alternatives made available to them to avoid the application of restrictive practices. Additionally, the project included an opportunity to evaluate and revise the training curriculum. Coincidental to the review process, changes in the treatment culture became evident. As the restraint and seclusion events decreased in both frequency and duration, patient participation increased in treatment and pro-social activities on the unit. Additionally, the reduction in restraint and seclusion supported staff members engaging in more productive activities with patients. Overall, the project to reduce the use of restraint and seclusion enhanced the programme by creating new roles for both patients and staff members.

Conclusions: Individuals with a brain injury and concurrent neurobehavioural syndrome are confronted with an environment based on external control. In addition to reducing the reliance on restraint and seclusion, the project initiative created an opportunity to introduce and support alternative responses to patient behaviour by staff members and allowed patients greater access to replacement behaviours. Reducing physical violence and the concomitant controlling responses patients have benefitted from increased access to choices and staff members have been able to forge more productive therapeutic relationships with the persons served to assist them in achieving transferrable rehabilitation outcomes.