



# Environments for the Reduction of Restraint & Seclusion

John J. Madden Mental  
Health Center, Hines IL

May 7, 2007



# Facility History

John J. Madden Mental Health Center – Hines, IL

- Madden opened its doors in June of 1967 as a “Zone” center, part of the mental health facility reform movement of the early to mid-sixties.
- Originally servicing up to 320 children & adults on a 32 acres campus, Madden’s census has declined as all state facilities have. The current budgeted capacity is 175 with a daily census between 130 and 145.



# Current History

- Conversion to acute care in May of 2005.
- Creation of Centralized Intake Unit for inpatient admissions in the Chicago Metro Area.
- Governor's Hurricane Katrina Relief site in September through December on 2005.

# Demographics of Service--FY '06

- Total Admissions (all civil) -- 3,914
  - Note: 34% of **all** State Admissions
- First Admissions -- 1,664
- Re-admissions -- 2,250
- Live Discharges --3,907

# Service Data

FY 2006 Service Data	Total	White	Black	Hispanic	Native American	Asian	Other
Madden MHC	3,914	822	2,469	543	3	49	28
percentage		21.0%	63.1%	13.9%	0.1%	1.3%	0.7%
Department Total	11,568	5,293	4,722	1,254	16	165	118
percentage		45.8%	40.8%	10.8%	0.1%	1.4%	1.0%

# Baseline vs. Present

**Rate \* Based Episodes / Patients / Hours of Restraint and Seclusion Use  
10/03 thru 9/30/06**

<b>Witnessing cont'd</b>	<b>Baseline</b>	<b>Witnessing initiated</b>
<b>R &amp; S</b>	<b>10/1/03 - 9/30/04</b>	<b>10/1/04 - 9/30/05</b>
<b>Episodes</b> *Per 1000 pt days	<b>10</b>	<b>5.66</b>
<b>Patients</b> *undup pts restrained / pts served)	<b>7%</b>	<b>6.1%</b>
<b>Hours</b> *Per 1000 pt hours	<b>.82</b>	<b>.23</b>

# Average Monthly Rates

	Client Injury Rate	Seclusion Hour Rate	Restraint Hour Rate	Combined Hour Rate	Patient Seclusion Rate	Restraint Patient Rate	Combined Patient Rate	Pt Related Staff Injury Rate
<b>Baseline Year</b>	<b>0.37</b>	<b>0.14</b>	<b>0.83</b>	<b>0.97</b>	<b>1.60</b>	<b>6.85</b>	<b>8.45</b>	<b>1.12</b>
<b>Grant Year 1</b>	<b>1.14</b>	<b>0.19</b>	<b>0.36</b>	<b>0.55</b>	<b>1.56</b>	<b>3.58</b>	<b>5.14</b>	<b>1.17</b>
<b>Grant Year 2</b>	<b>0.13</b>	<b>0.12</b>	<b>0.34</b>	<b>0.46</b>	<b>1.02</b>	<b>2.33</b>	<b>3.36</b>	<b>1.20</b>

**Client Injury Rate = Injuries per 1000 Patient Days - Medical Intervention and Above (NRI)**

**Seclusion Hour Rate = Seclusion Hours per 1000 Patient Hours (NRI)**

**Restraint Hour Rate = Restraint Hours per 1000 Patient Hours (NRI)**

**Combined Hour Rate = Sum of Seclusion and Restraint Hour Rates**

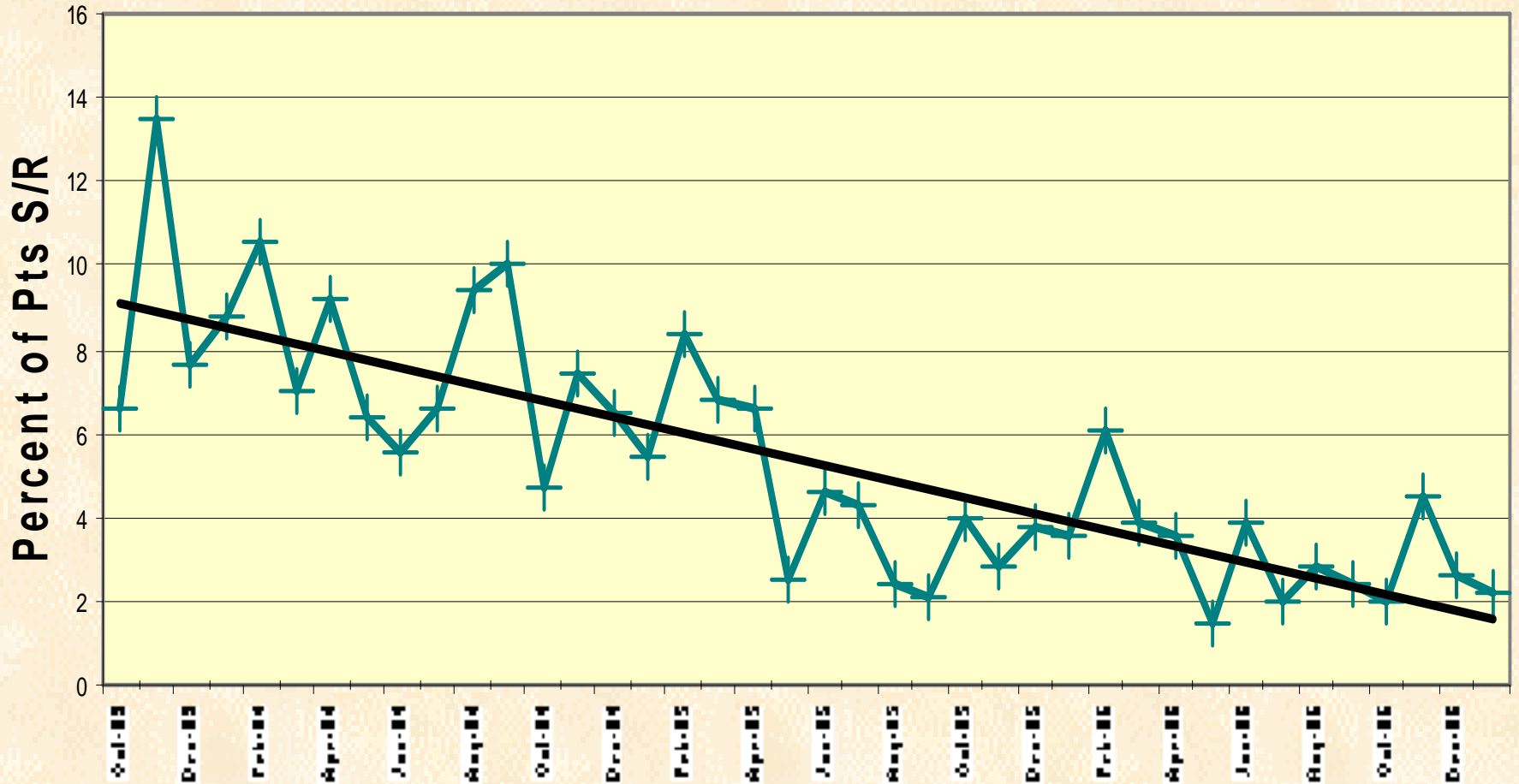
**Seclusion Patient Rate = Unduplicated Number of Patients Secluded (NRI)**

**Restraint Patient Rate = Unduplicated Number of Patients Restrained (NRI)**

**Combined Patient Rate = Sum of Seclusion and Restraint Patient Rates**

**Pt Related Staff Injury Rate = All Reported Pt Caused Staff Injuries per 1000 Patient Days Regardless of Treatment**

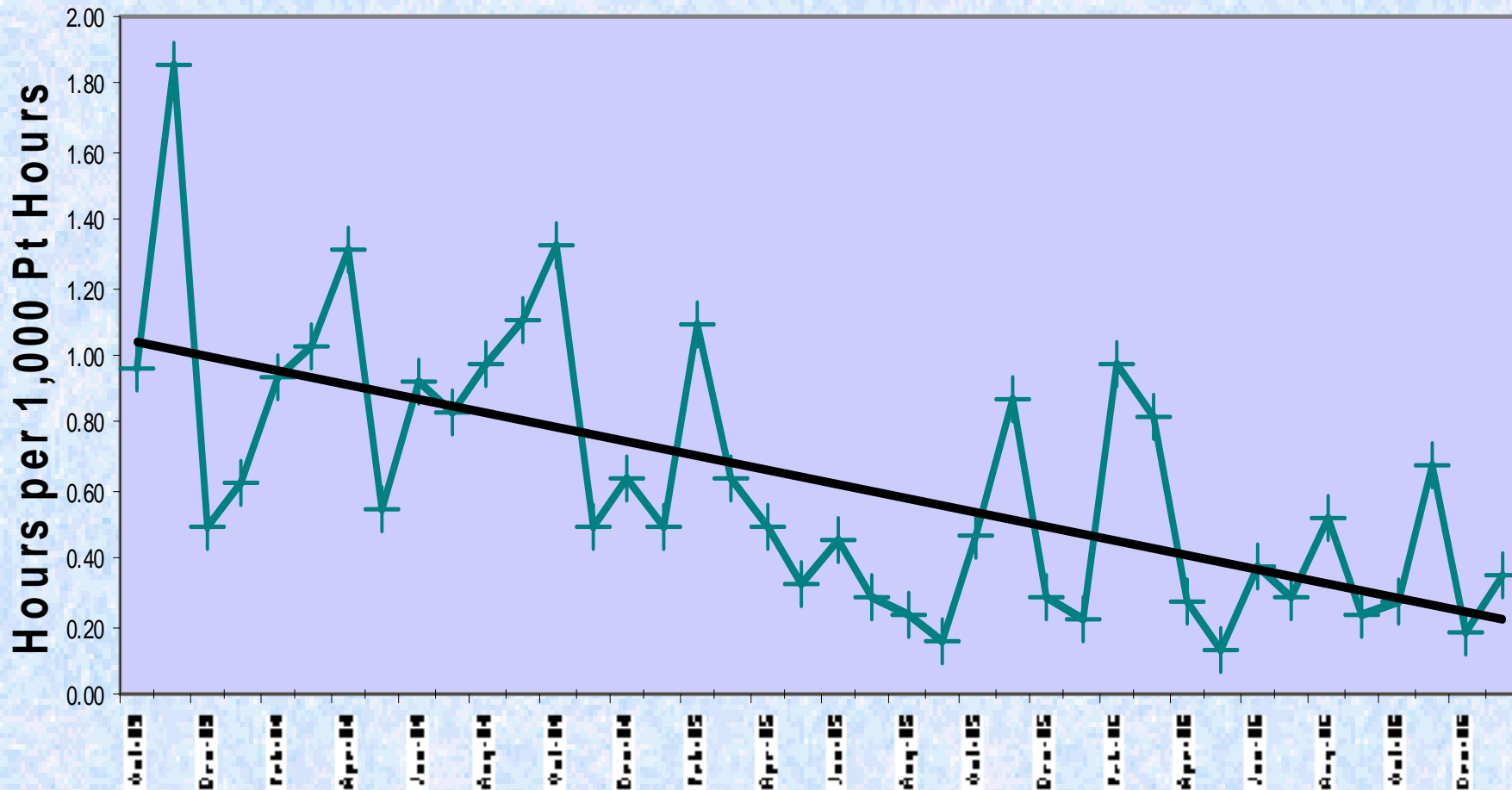
# Combined S/R Patient Rate 10/03 to 1/07



—+— Combined Patient Rate

— Linear (Combined Patient Rate)

# Combined S/R Hour Rate 10/03 to 1/07



—+— Combined Hour Rate

— Linear (Combined Hour Rate)

# Restraint Service Data

## FY 2004 – Baseline Year

<b>Racial Profile</b>	<b>White</b>	<b>Black</b>	<b>Hispanic</b>	<b>Native American</b>	<b>Asian</b>	<b>Other</b>
<b>Admissions</b>	<b>22%</b>	<b>65%</b>	<b>12%</b>	<b>0.2%</b>	<b>0.7%</b>	<b>0.3%</b>
<b>R&amp;S Use</b>	<b>18%</b>	<b>69%</b>	<b>12%</b>	<b>-----</b>	<b>1%</b>	<b>-----</b>
<b>Gender</b>	<b>Male</b>	<b>Female</b>				
<b>Admissions</b>	<b>67%</b>	<b>33%</b>				
<b>R&amp;S Use</b>	<b>70%</b>	<b>30%</b>				

# History of Reduction Efforts

- September of 2004 the Hospital Leadership attended a NTAC facilitated training conference in Springfield IL.
- Focus on Violence Prevention Strategies.
- Upon return, Medical Director challenged staff:
  - Placing patients in restraints makes people unsafe.
  - Most patient & staff injuries are caused during these events.
  - Patient history of physical &/or sexual trauma.
  - Re-traumatizing effects of restraint

# History of Reduction Efforts—Cont.

- Precursors of restraint use:
  - Staff communication of rule(s) or limits, tell patient no
  - Power struggle
  - Environmental limits on freedom of choice.
- Training points absorbed.
  - Need to identify choice/options. Utility for early intervention.
  - Identification of milieu based tools/features for enhancing therapeutic climate.



# Barriers

- Lack of organizational commitment to restraint & seclusion prevention.
- Longevity of the workforce.
- Perceived loss of staff/clinical management discretion.

# Addressing Lack of Organizational Commitment

## ■ Leadership Involvement

- *Creating Health Options Using Consumer Empowerment--CHOICE*

## ■ Core Strategies Employed:

- Leadership toward Organizational Change
- Use of Data to Inform Practice
- Workforce Development
- Use of Restraint & Seclusion Tools
- Consumer Roles in Inpatient Settings
- *Debriefing Techniques*

# Leadership

- Use of witnessing approach to infuse leadership staff into each episode
  - Provide leadership support in regaining the therapeutic milieu following restraint.
  - Leadership input in assessment of individual patients, the milieu and staff development needs.
  - Revise and standardize unit rules to include stress de-escalation, and better choices to manage stress de-escalation, better choices to manage anger.

# Use of data to Inform Practice

- Quarterly ORYX data & data on unit specific R/S use & injury is provided to each unit & Leadership.
- Compare & contrast baseline FY '04 data to present with hospital Management Forum.
- Begin new witnessing and staff/patient debriefing data collection
- Begin documentation of violence prevention efforts
- Compile written summaries of the results of Leadership Witnessing & disseminate to clinical & nursing management

# Workforce Development

- Immerse nursing & clinical management in trauma informed care training – 4/06
- New staff are educated on Madden's Restraint/Seclusion Prevention Plan.
- Raise awareness of “trauma” concepts to enhance staff empathy of patients otherwise viewed as “demanding” or “manipulative.”
- Place CPI Conflict Resolution & De-Escalation Posters on all units in view of staff and patients to reinforce concepts within the milieu.



# Use of Seclusion & Restraint Reduction Tools

- Use of Individual Safety Plans
  - Incorporated last year
  - Patient participation discovered a major variable in use of restraints
- R&S Reduction Training Modules
- Improve “anger management skills” in context of Witnessing Activity

# Consumer Roles in Inpatient Settings

- Set the stage with consistent emphasis on recovery—consumer training, groups, posters etc.
- Recovery specialist focus on the philosophy & practice of recovery concept
  - Running recovery oriented groups
  - Use of Recovery Bulletin Board
- Patient Advisory Council



# Debriefing: Goals of Leadership Witnessing & Debriefing Activity

- To address organizational problems & make appropriate changes
  - Assess what organizational barriers exist to avoiding seclusion & restraint in the future
  - Recommend changes to the hospital's:
    - philosophy, policies & procedures
    - environments of care
    - treatment approaches
    - staff education & training

# Debriefing

- Initiate “post event” when possible
  - include consumer interview
- Formal debriefing the next working day
  - include consumer debriefing (attendance is optional)
- The point
  - respect feeling without sacrificing facts
  - promote critical thinking in a non-punitive environment
  - allow safe discussion of issues, mistakes, misunderstandings
  - encourages problem solving & changes in hospital operations
  - Identify training needs

# Debriefing: Significant Developmental Events

- Initiated October 1, 2004
- Consumers anger management assessment summaries; Consumer debriefing summaries
  - ID new patients become upset & physically agitated because they want to go home -- response: use of 5-day notice as a de-escalation tool (7/05)
  - Review & identify calming milieu features -- relaxation room, “comfort” items
  - Implementation of revised Personal Safety Plan & CHOICE items
  - CPI Drills (9/06) -- goal is to increase use of primary prevention strategies, improve team response skills

# Lessons Learned

- The power of clinical leadership & active engagement in patient treatment to inspire positive change in consumer/patient care.
- The project reinforced an emphasis on data informed decision making.
- The organizational “drag effect” on positive change must be recognized & managed to:
  - “Institutionalize” positive practices
  - Change the culture

# Challenges/Limits

- Actual FTEs have declined since the grant initiative commenced.
  - Despite adding a 28-bed unit
  - Overtime rates have remained high
- Hospital needs more than one recovery specialist position.
- Paper intensive practices distracts from time for treatment and patient support.
- Additional training is needed, particularly on 2nd shift



# Challenges/Limits--Continued

- Need to do a better job on focusing on antecedent behaviors.
- More effectively engage mental health technician staff with each patient.
- Safety concerns.
- Unit/Pavilion physical isolation from one another