

# SAMHSA SIG Grant

## Kentucky Call to Action:

**Kentucky Seclusion and Restraint Reduction Project (KSRRP):  
Creating a Violence-Free & Coercion-Free Mental Health  
Treatment Environment**



Central State Hospital  
Pilot Facility

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### Lessons Learned

October 1, 2004 – September 30, 2007

# Partners with the KSRRP Initiative

- Kentucky Department of Mental Health and Mental Retardation Services (KDMHMRS)
- University of Kentucky College of Nursing
- National Alliance of the Mentally Ill (NAMI)
- Kentucky Consumer Advocate Network (KyCAN)
- Central State Hospital
- Western State Hospital
- Eastern State Hospital
- Appalachian Regional Hospital Psychiatric Unit
- Kentucky Correctional Psychiatric Center

# Evidence-Based Practice



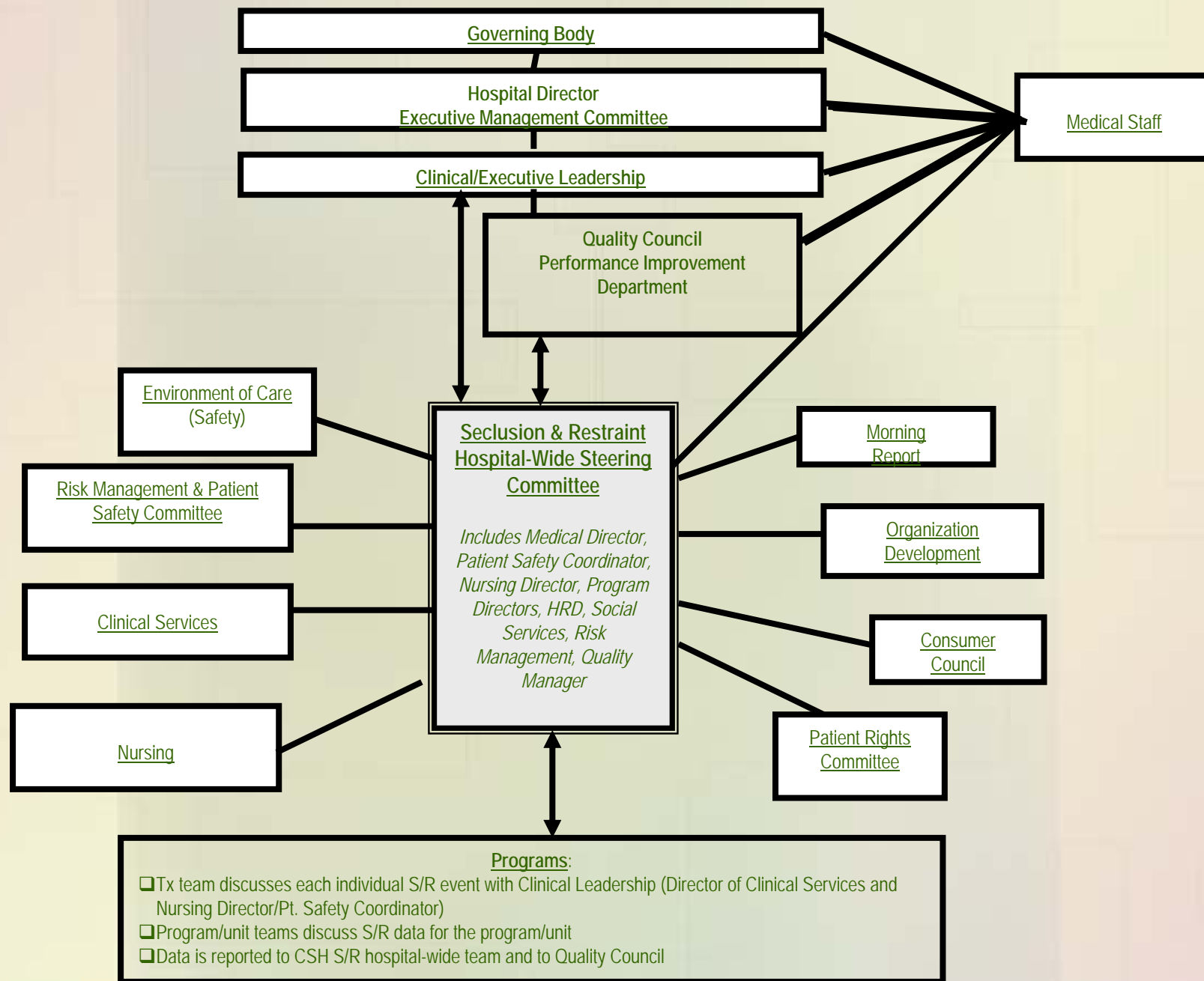
## Definition:

The conscientious, explicit, & judicious use of current best evidence in decision making. It customizes worker experience with various forms of evidence to the specific problem/situation under investigation.

(Sackett, et al, 1997)

# Reduction/Elimination of Seclusion & Restraint Initiatives

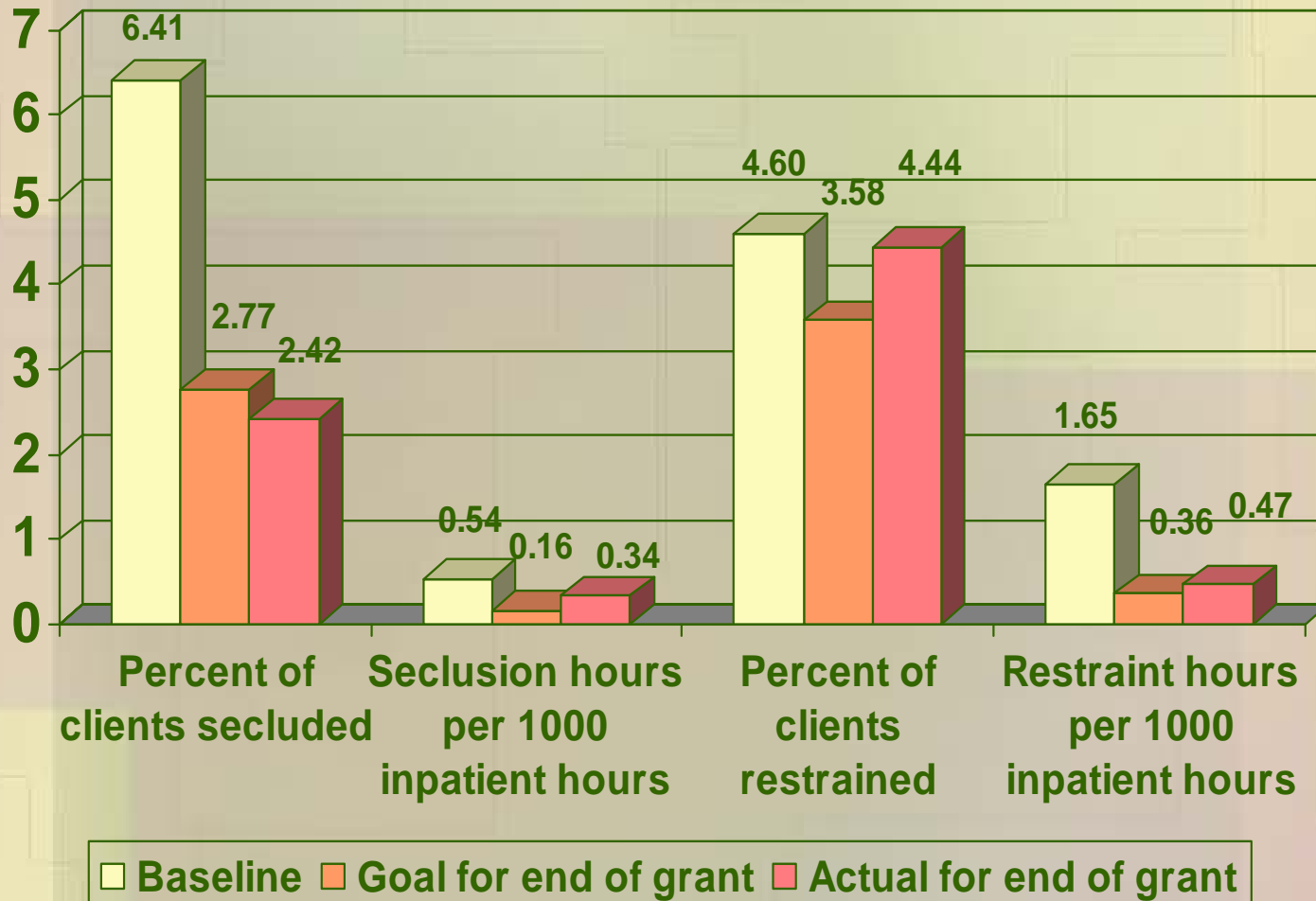
## Integration into the Hospital Structure



# Effective Tools to Reduce the Use of Seclusion and Restraint

- **NTAC Six Core Strategies**
  - Leadership – *Primary Prevention*
  - Use of Data to Inform Practice – *Primary/Tertiary Prevention*
  - Workforce Development – *Primary Prevention*
  - Use of Prevention Tools – *Primary/Secondary Prevention*
  - Support Consumer & Advocate Role in Inpatient Setting – *Tertiary Prevention*
  - Debriefing Tools – *Tertiary Prevention*
- **Roadmap to a Restraint-Free Environment (SAMHSA)**
  - A Recovery based formula for training – *Secondary Prevention*
    - *NTAC trainings*
    - *In-house trainings*
- **Advance Crisis Management**
  - NCI, Personal Safety Plans, Trauma Informed Care, Treatment Plan Updates – *Secondary Prevention*

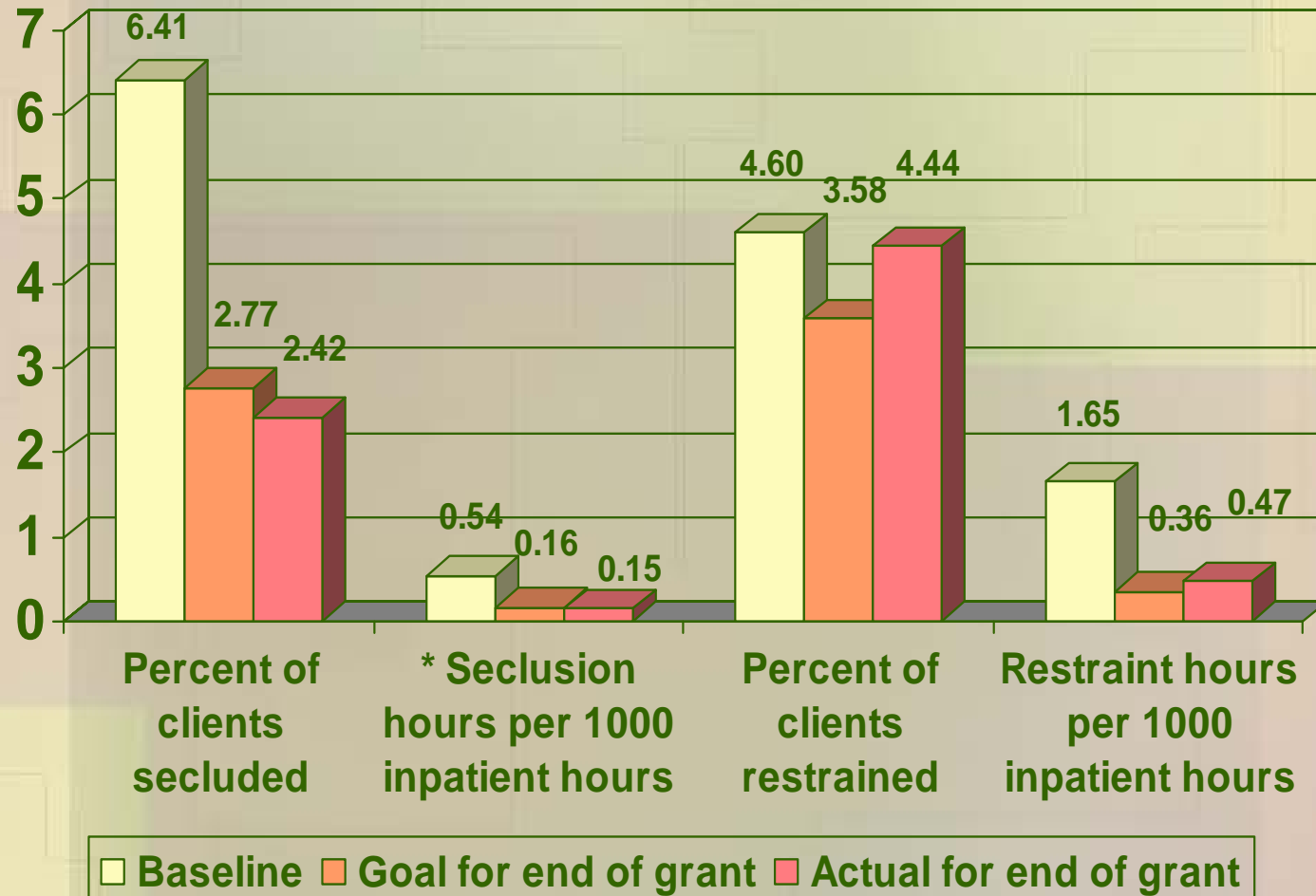
# Measures and Goals Established for Reduction



\* Fiscal Years based on Federal FY October - September

# Measures and Goals Established for Reduction

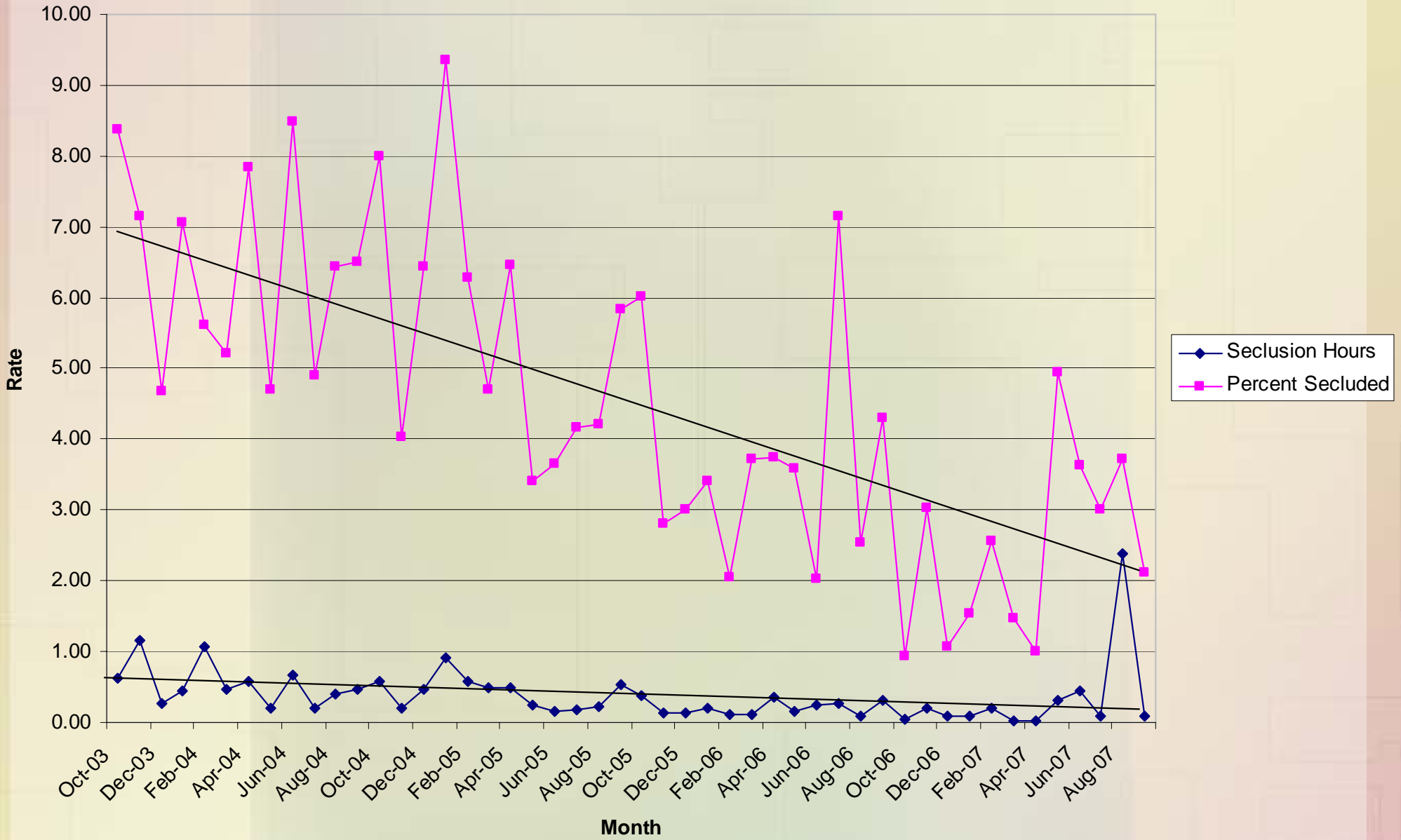
(less outliers for Seclusion Hours)



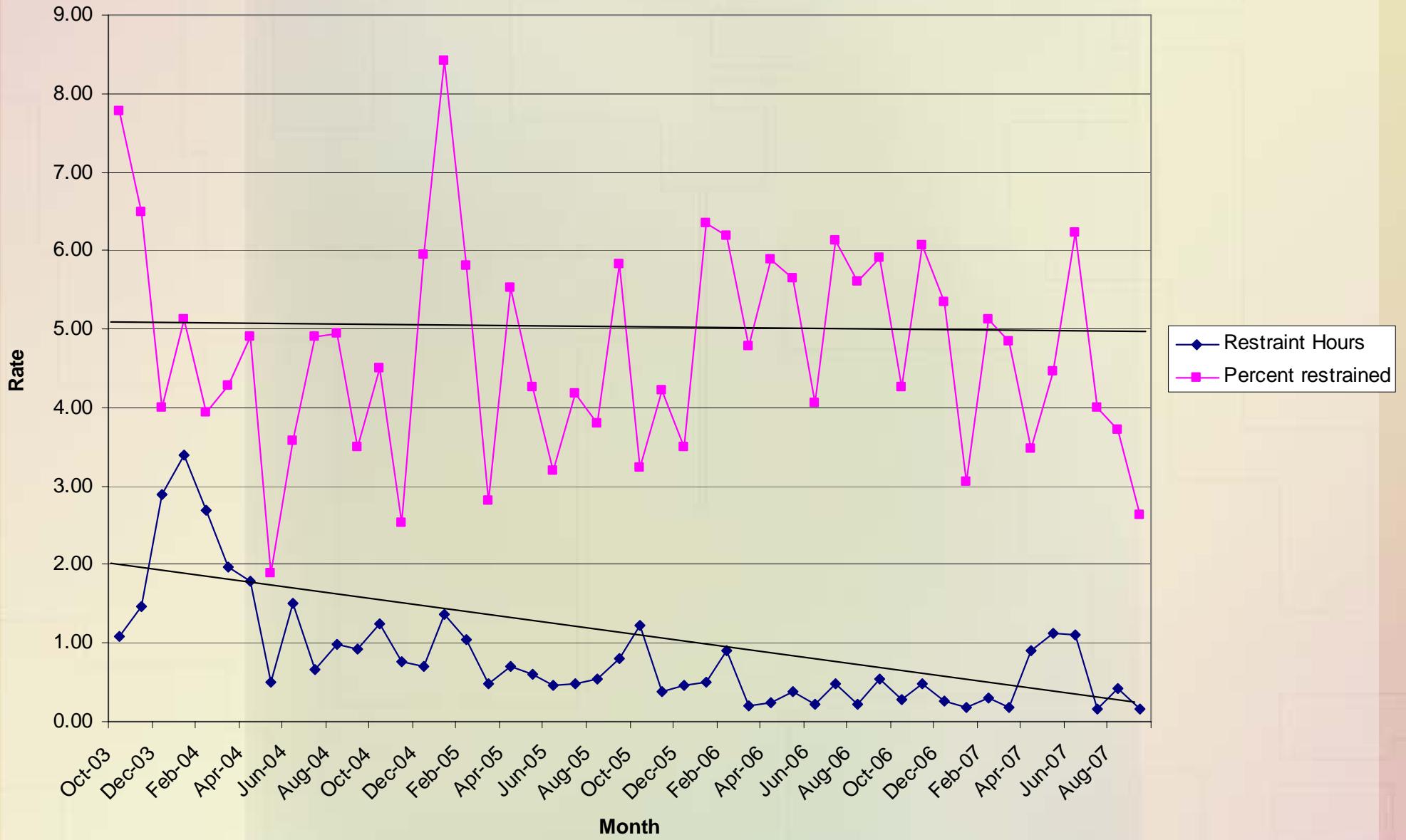
\* With out the outlier of one patient with 165 hours of seclusion.

\* Fiscal Years based on Federal FY October - September

### Seclusion Hours & Percent of Clients Secluded



### Restraint Hours & Percent Restrained



# Measures and Goals Established for Reduction

Time Period: October 1, 2004 thru September 30, 2007

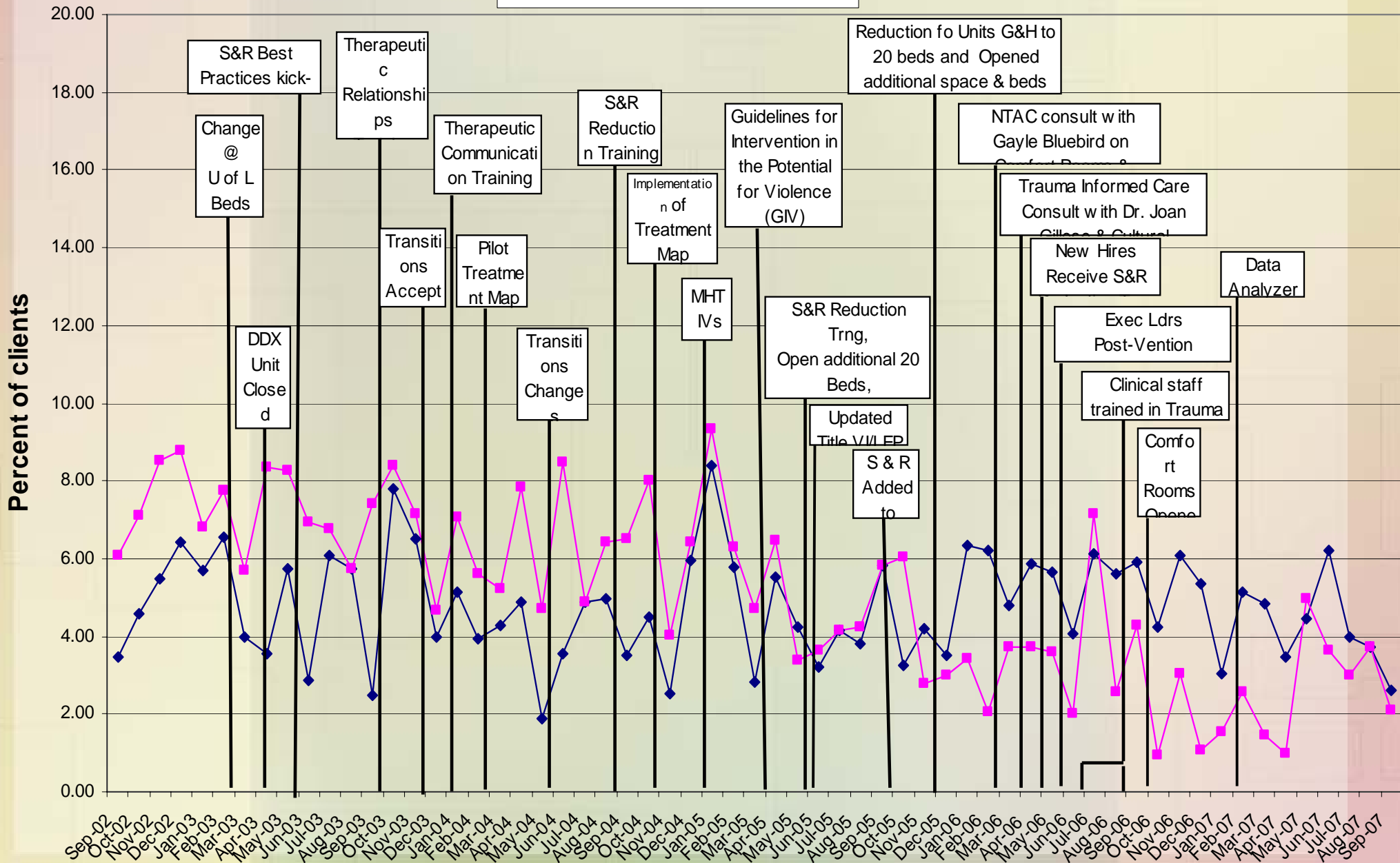
	<b>%OF REDUCTION</b>	<b>% OF REDUCTION (LESS OUTLIERS)</b>
<b>Seclusion hours</b> (per 1000 inpatient hours)	-37.04%	-72.23
<b>Percent of clients secluded</b>	-62.25%	-62.25%
<b>Restraint hours</b> (per 1000 inpatient hours)	-71.52%	-71.52%
<b>Percent of clients restrained</b>	-3.48%	-3.48%

\* Fiscal Years based on Federal FY October - September

# Seclusion and Restraint Reduction Strategies Timeline

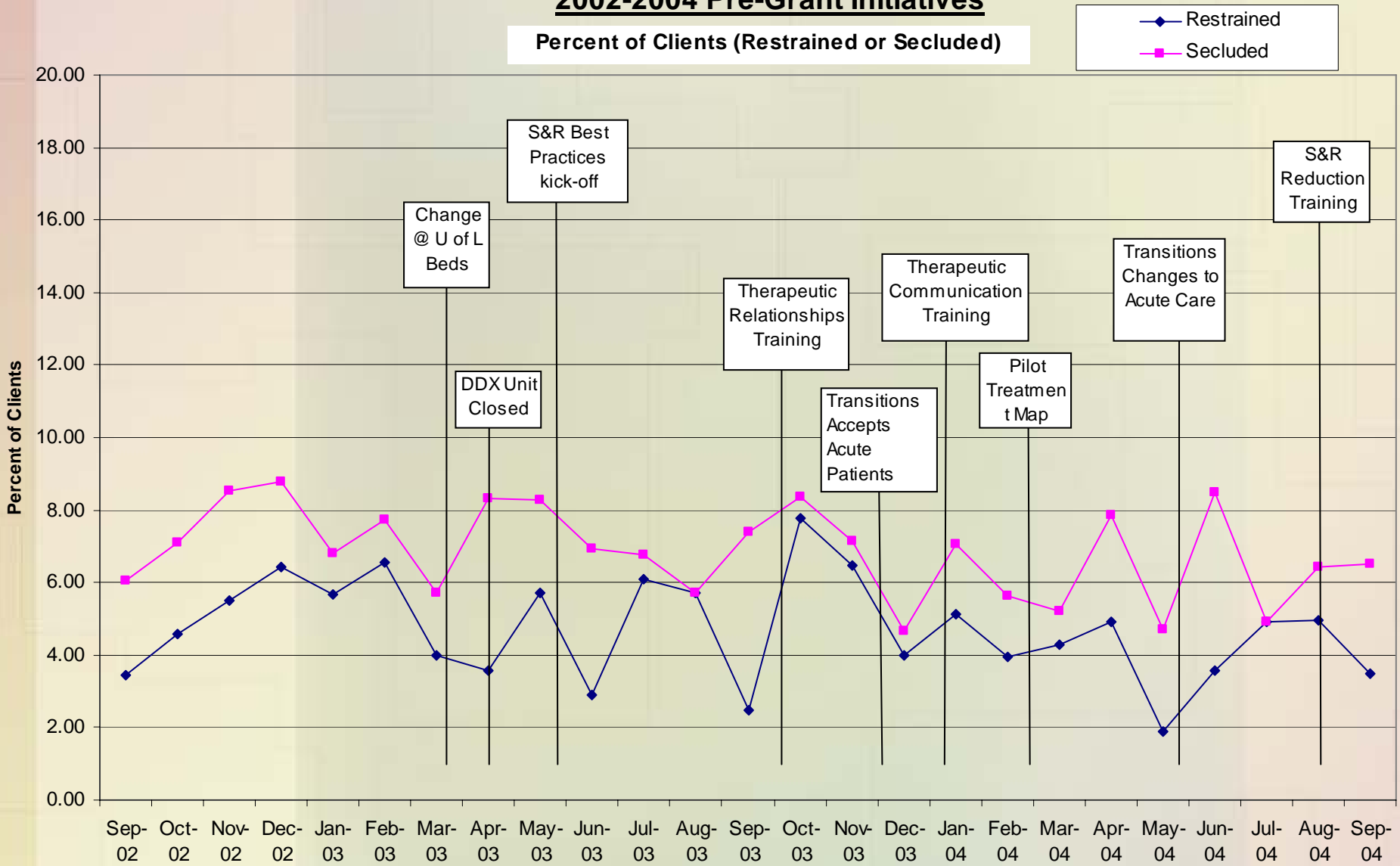
Percent of Clients (Restrained or Secluded)

◆ Restrained ■ Secluded

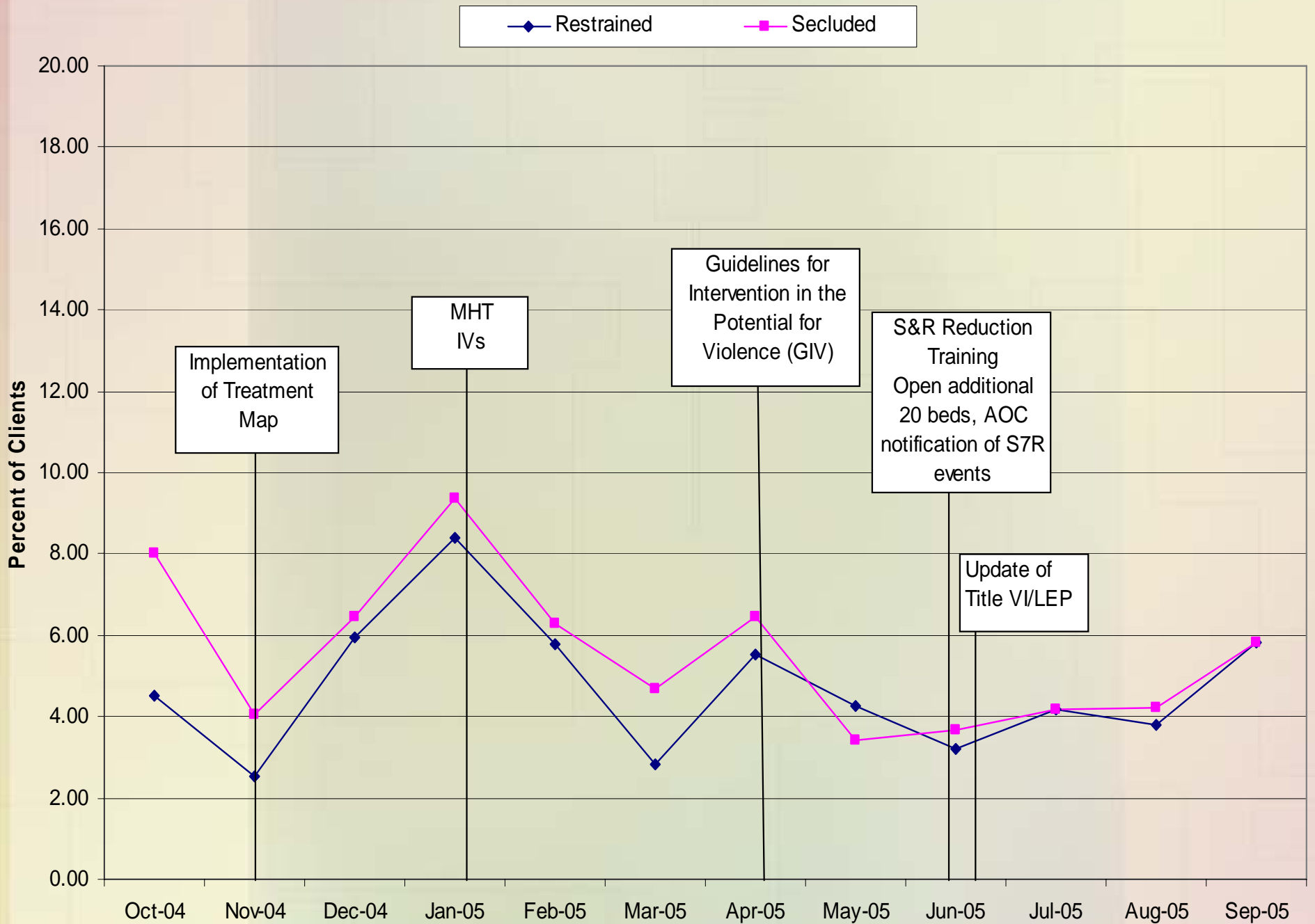


## 2002-2004 Pre-Grant Initiatives

**Percent of Clients (Restrained or Secluded)**

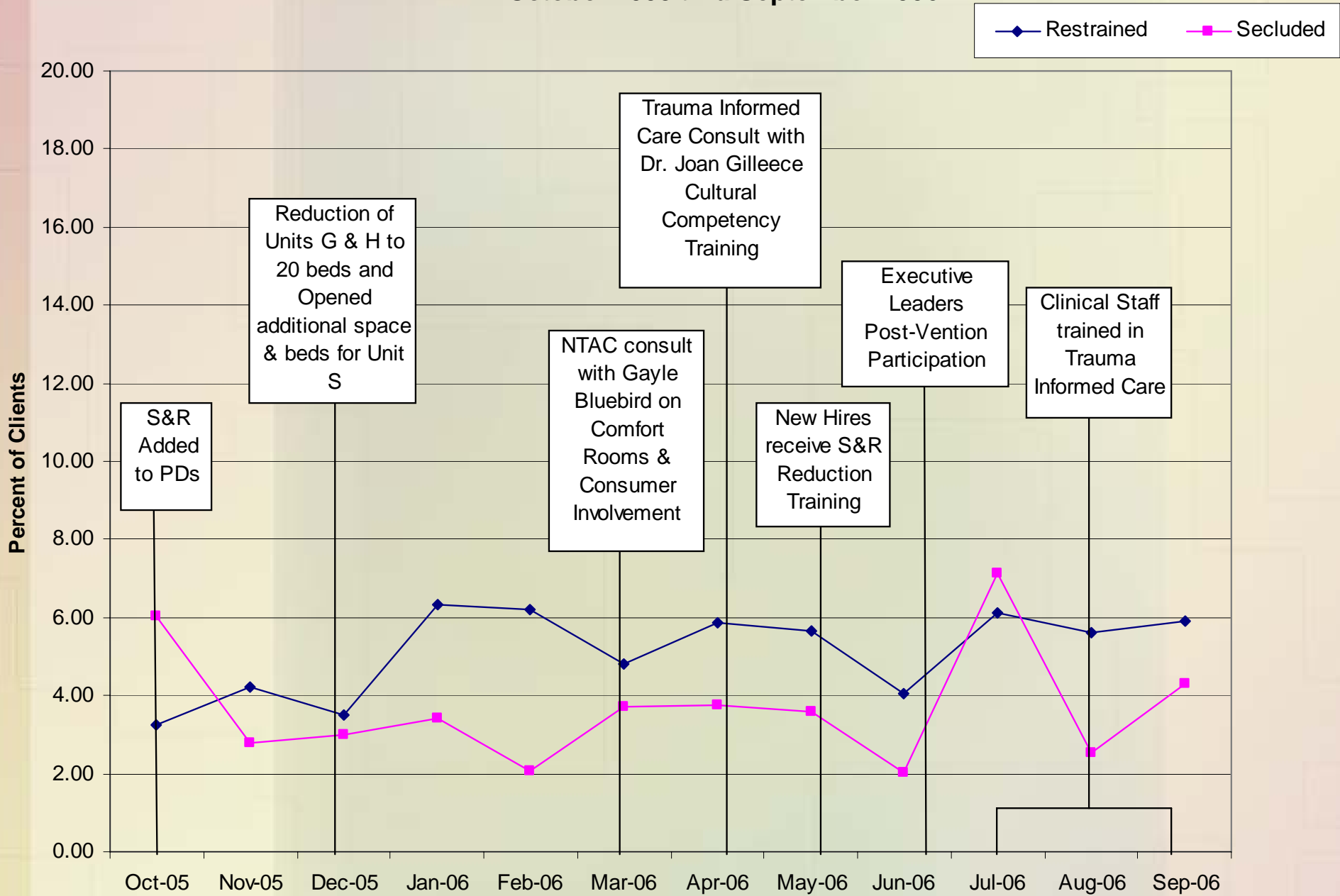


# Seclusion & Restraint Reduction Strategies Timeline October 2004 thru Sept. 2005



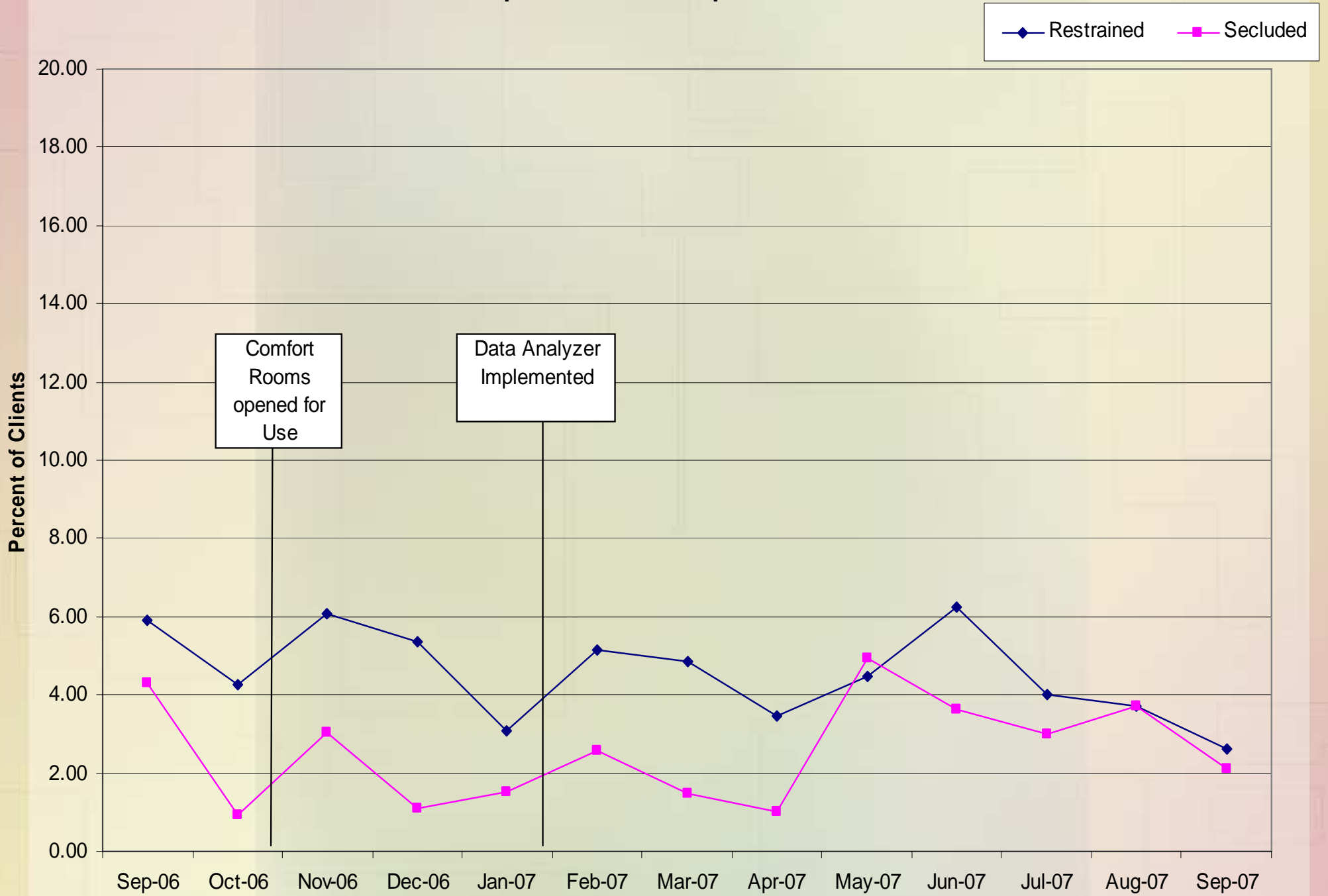
# Seclusion & Restraint Reduction Strategies Timeline

October 2005 thru September 2006



# Seclusion & Restraint Reduction Strategies Timeline

## September 2006 - September 2007



# Central State Hospital Strategic and Operational Goals: Tasks & Activities Related to or Supporting the Seclusion and Restraint Reduction Initiative

## GOAL 1: Quality Inpatient care

- S/R reduction principles in policies
- Cultural competency in orientation
- Person-centered language – all documents
- Treatment maps/clinical pathways
- Non-pharmacological treatment initiative (based on model of evidence-based care and best practices)
- Integration of clinical treatment and risk assessment
- Basic Psychiatric Rating Scale (BPRS) on all patients: admission, status change, discharge
- Recovery Model principles implemented in the Plan of Care
- Trauma informed care as guiding principles throughout all patient care areas
- Therapeutic communication
- Comfort rooms
- Culture of safety – hospital wide
- Increased role of Security in environment of care
- Integration of Activities Therapy on units
- Provision of specialty care (MHT IV; Behavioral Analyst)

## GOAL 2: Employer of Choice

- Orienteer mentor program
- Title VI – review & focus
- MHT IV career program
- Seclusion and Restraint Initiatives in General Orientation for all new employees
- Best Practices Training for all staff

## GOAL 3: Community Partnerships

- Increase of peer/consumer involvement and support
- Partnerships with advocacy groups
- Family-to-family education
- Staff representation with community organizations
- Family/Significant Other Perception Survey
- NRI/MHSIP Inpatient Consumer Survey

# CSH Policies & Public Commitments

- Philosophy for **reducing and preventing** the use of seclusion and restraint through performance improvement initiatives
- **Assessment of risk** for violent or destructive behavior
- **Clinical management** of, and **targeted interventions** for, violent or destructive behavior
- **Therapeutic interventions** to **decrease the risk** for violent or destructive behaviors
- Use of **alternate**, on-unit **rooms**
- **Response** to immediate threat
- **Patient and family education** to promote healthy functioning
- **Informed consent**
- **Advance Directive** for Mental Health Treatment
- Commitment to **safety** of **clients**
- Commitment of **safety** to **staff**

# CSH Programs/Units

- Treatment team discusses each event and include discussion with patients (Post-Vention)
- Teams discuss data for their unit.
- Data reported to hospital team and QC.
- Info from debriefing results in changes in the Tx plan, if appropriate.
  
- Tools include:
  - Aggression map
  - GIV
  - Client's personal safety plan
  - Advance Directives for Mental Health Tx
  - T & R Services: Anger Management Group
  - Best practice guidelines
  - Treatment team post-vention

# Lessons Learned

## How to get Buy In?

### 1. An initiative of this magnitude:

- Involves the entire hospital
- Requires changes in the energy level of administration and clinical care – critical thinking skills and the way they **can** conduct traditional business in the Mental Health Facility
- Must be carefully planned – helpful to use the structure provided by NTAC (Six Core Strategies)
- Details of implementation must be developed by those who carry them out and use the tools developed for these processes.
- Must Include all levels of Supervision, Providers of Care, All Auxiliary Services

# Lessons Learned

(CONT.)

## **2. Implementation of any piece of the initiative requires education & time**

- Education to know what is expected and what to do – person in charge, time line
- Time to assimilate and implement the actions required – time line

## **3. Financial Resources – for personnel & equipment (comfort rooms)**

## **4. Imagination & Creativity in Provision of Patient Care**

- Immediate attention to treatment for patients with potential for aggression resulted in a lower number of Seclusion and Restraint events (within 1-3 days of admission)
- Statistical outliers compute to real clinical challenges. Special care processes have been developed for these special cases (i.e. Behavioral Analyst, increased TARC and increased TRC)

# Good Luck to All

- Kentucky Wishes All State Incentive Grantees Success in Implementing the Restraint & Seclusion Reduction Incentive

