Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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9(2)(a) [redacted]

[redacted]

RE Official Information Act request CDHB 10085

I refer to your email dated 21 April 2019, and received on 23 April 2019, requesting the following information under the Official Information Act from Canterbury DHB regarding how thea use of restraints in New Zealand mental health facilities has changed since their minimisation became a priority in 2009.

Introduction

The Canterbury DHB Restraint Minimisation and Safe Practice policy is available on our internet site. http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/CDHB-Policies/Clinical-Manual/Documents/4631-Restraint-Minimisation.pdf.

The Canterbury DHB has an active Multi-disciplinary Restraint Approval Monitoring Group (RAMG) that meets on a monthly basis. This group approves personal, physical restraints for specific service areas.

Please Note:

Canterbury DHB is committed to reducing use of restraint in all its forms and to encourage the use of least restrictive practices. Restraint is a serious intervention that requires clinical justification and oversight. It is used only to protect patients/consumers as well as consumers or others from harm for the least amount of time possible and following consideration of alternative interventions such as de-escalation strategies.

A personal restraint is where a service provider uses their own body to intentionally limit the movement of a patient/consumer. These can be partial or full.

A physical restraint is where a service provider uses equipment, devices or furniture that limits the patient's/consumers normal freedom of movement.

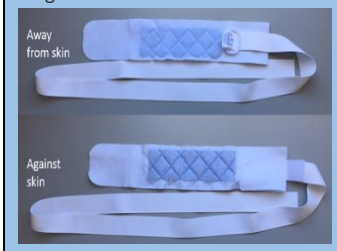
Seclusion is where a patient/consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.

The restraints asked for in your questions 1, 2 and 3 (overleaf) are responded to, as per definitions above, with the exception of seclusion.

1. **Can you please provide data about the use of restraints in the Canterbury DHB for both Emergency and mental health services and identify the service associated with this data? In particular, can you provide minutes of meetings or other documents produced by or for the CDHB Restraint Approval and Monitoring Group from 2008 through 2018 that provide trends of the use of mechanical and physical restraints?**

Please refer to **Table one** below for Emergency Department Only Physical restraint use for 1 January – 31 December 2008 and 1 January – 31 December 2018.

Table one: Emergency Department physical restraints

1 January – 31 December 2008 **Emergency Department Physical Restraints**	**Number of Events** **4 events**
1 January – 31 December 2018 **Emergency Department Physical Restraints** **(Soft Limb Holding interventions only** **Approved for:** Patients who have motor agitation from medical or surgical treatment and are at risk of removing essential medical devices eg. Breathing tube or disturbing surgical sites.  	**Number of Events** **23 events**

Please refer to **Table two** (overleaf) for information regarding Mental Health Services Personal and Physical restraint use during the time frames requested.

With regard to providing minutes of meetings or other documents produced by or for the CDHB Restraint Approval and Monitoring Group from 2008 through 2018 that provide trends of the use of mechanical and physical restraints?

Please refer to **Appendix 1** attached, for the annual April 2018 restraint report outlining trends and reduction of restraint. **Please note:** the use of physical restraints have further reduced. Please find below the Restraint Approval Protocol for RAMG.

Restraint Approval Protocol (for RAMG) - Annual approval update 30 November 2017, no changes at November 2018, inclusive WCDHB approved Restraints at March 2018 - (Changes are: Removed - Bean Bag for OPMH & Fall Out Chair for Ash&R - being Oxford & Waikari Hospitals), OPH&R requested removal all Physical Restraint as of May 2018

Click on Links below for Protocol document and Training Matrix:

Restraint Training Matrix

Location		Restraint Type					
Division	Area	Personal		Physical		Environmental	
							
		Full	Partial	Bean Bag	Soft Limb	Seclusion	Locked Doors

1. **In addition, can you provide information during the calendar year 2008 and during the calendar year 2018 on the use of personal and physical/mechanical restraints in the Canterbury DHB? By physical/mechanical restraints I mean using appliances such as straps, ties or handcuffs to immobilise patients and by personal restraints I mean use of body contact for the purpose of immobilisation. This data should be kept in a Restraint Register or in the Safety 1st Incident Management System.**

2. **This data for 2008 and 2018 should specify the type of restraint used (e.g., wrist strap) and the length of time between start and finish of each individual mechanical/physical restraint. Obviously the presentation of this data should be anonymised for the protection of privacy**

Please refer to **Table two** below for information pertaining to the use of Personal and Physical restraints across Canterbury DHB services, 1 January – 31 December 2008 and 1 January – 31 December 2018.

Table Two: Canterbury DHB Personal & Physical restraints use 1 January – 31 December 2008 and 1 January – 31 December 2018.

2008	**Division**	**Personal Restraint**	**Physical Restraint**
	Medical & Surgical	Personal Full/Partial: 4 – ED only 17 – all other areas **Total 21 events**	**50 events** **Bedrails: 29** Times recorded: 8 hours, **Soft Limb: 18** Times recorded: 30 Secs, 3 hours, 90 hours (intermittent use), 77 hours, 3.5 hours, 10 mins
	Specialist Mental Health Services	Full Personal: 198 Partial Personal: 619 **Total 817 events**	Nil
	Older Persons Health & Rehabilitation	Personal: Full/Partial **Total 5 events**	**2 Events** Intervention Type not identified Time Duration was 5 hours and 10 minutes 19 hours and 15 minutes
	Ashburton & Rural Health Services	Nil	40 no record of duration
2018	**Division**	**Personal Restraint**	**Physical Restraint**
	Medical & Surgical Division	Full Personal : 5 Partial Personal: 16 **Total 21 events**	**23 events** All Soft Limb Holder where recorded Time Duration is between 3 and 30 seconds
	Specialist Mental Health Services	Full Personal: 325 Partial Personal: 687 **Total 1012 events**	Nil
	Older Persons Health & Rehabilitation	Full Personal: 25 Partial Personal: 77 **Total 102 events**	**1 event** Criss Cross Vest - Duration - 2 hours
	Ashburton & Rural Health Services	Partial Personal: 3 **Total 3 events**	Nil

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

CLINICAL BOARD
Quality and Patient Safety Update

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Clinical Board**

SOURCE: **RAMG – Restraint Approval and Monitoring Governance Group**

DATE: **April 2018**

Report Status For:	**Decision**	**Noting √**	**Information**

1. BACKGROUND TO THIS REPORT

This report requested by the Clinical Board provides an annual overview of:

2. RECOMMENDATION

Board to note the report.

3 APPENDIX

1. Annual update from Restraint Approval and Monitoring Governance Group (RAMG)

Report prepared by Carmel Hurley- Watts, Nurse Coordinator with restraint portfolio

Annual Update 2018 - CDHB Restraint Approval and Monitoring Group (RAMG)

The CDHB Certification Audit is booked for week commencing June 2018, which will be checking for compliance and improved restraint processes against the Restraint Minimisation and Safe Practice Standard (RMSP NZS 8134:2008).

Restraint Minimisation: CDHB is committed to reducing the use of all forms of restraint and ensuring all restraint use is clinically appropriate and used for the least amount of time possible. Restraint is viewed as a serious clinical intervention used only as a last resort to protect patients/consumers, or others from harm.

The Restraint Approval & Monitoring Group (RAMG) continues to meet monthly and monitors restraint use across the Canterbury DHB and West Coast DHB.

Each Divisional Restraint Monitoring Committees reports into RAMG with overview of monitoring and quality review of restraints, use and trends, along with processes being implemented to reduce restraint use in their areas. Standardisation of forms for Restraint is being progressed through meetings with divisional representation.

Transalpine Approach

During September/October 2017 the West Coast DHB became part of the governance group. The CDHB Restraint Minimisation Policy to become a trans-alpine document and is currently being reviewed to incorporate the education requirement.

Restraint Approval

RAMG completed the annual review of the approved restraints across the CDHB on 30 November 2017.

In line with minimising restraint use

Bean bags have been assessed and are no longer approved to be used in all settings except in the dementia unit at Tuarangi. Bean bags for use in OPMH have been removed.

Similarly, the Fall Out Chairs are now only approved for Older Persons Mental Health. Fall-Out Chair for in Oxford & Waikari Hospitals have been removed.

Older Persons Mental Health is exploring how the use of criss cross vest and soft belt could be phased out over the next 12 months

The West Coast DHB Restraints will be presented to be approved by RAMG in early 2018.

Following the approval of the updated restraints by RAMG, the interactive resource has been updated on the Restraint Intranet page as a clinical resource. Changes are made to the interactive document as Restraint approvals are reviewed and changes made.

Restraint Type								
Personal		Physical					Environmental	
								
Full	Partial	Bean Bag	Fall Out Chair	Criss Cross Vest	Soft Belt	Soft Limb	Seclusion	Locked Doors

The approved restraints taxonomy list in the Restraint Register kept in the South Island Safety 1st event recoding system has been updated to reflect the CDHB approved restraints.

This work created an interest across the 5 South Island DHBs and future work together is progressing, such as the interest in the SMHS 'Request for Change' to the Interventions Used for Personal Restraint to reflect the various levels of Personal Restraint holds as promoted in the Safe Practice, Effective Communication (SPEC), four day National Training Programme, specifically designed for Mental Health Services.

Training –*see appendix 2*

A stocktake of education provided across CDHB has been undertaken with discussion on provision of the current SPEC (Safe Practice Effective Communication) programmes with SMHS and how these can be utilised by CDHB wide and meet the specific service needs.

Following this stocktake review, and in consideration of the goal that training provided will be standardised across the CDHB divisions and aligned to the SMHS[1] programme, RAMG endorses the following training programmes:

- Introductory online courses 'Restraint Minimisation and Safe Practice' and 'Communication and De-escalation' on Healthlearn. These will be updated to be aligned to the concepts presented in the SPEC and Personal Safety Training day.
- One day face to face learning has been developed (Personal Centred Crisis Management) by the professional development unit and is targeted specifically for staff in areas of high need i.e. Brain Injury, Neuroscience and AMAU. This day is aligned to the online learning course and the one day Personal Safety for SMHS but tailored for non SMHS staff. The face to face day is to ensure staff are competent and confident in calming and de-escalation techniques and using breakaways.

[1] SMHS training is outlined in App 1

An Environmental Scan of Enablers or Restraint Use Audit was developed during 2017. The aim of this audit is to ascertain the correct use of limiting devices restricting normal freedom of movement, at point in time of the scan is voluntary and supported documentation is completed. The audit results are reviewed at divisional Restraint Minimisation Committees and with recommendations for improvements being made.

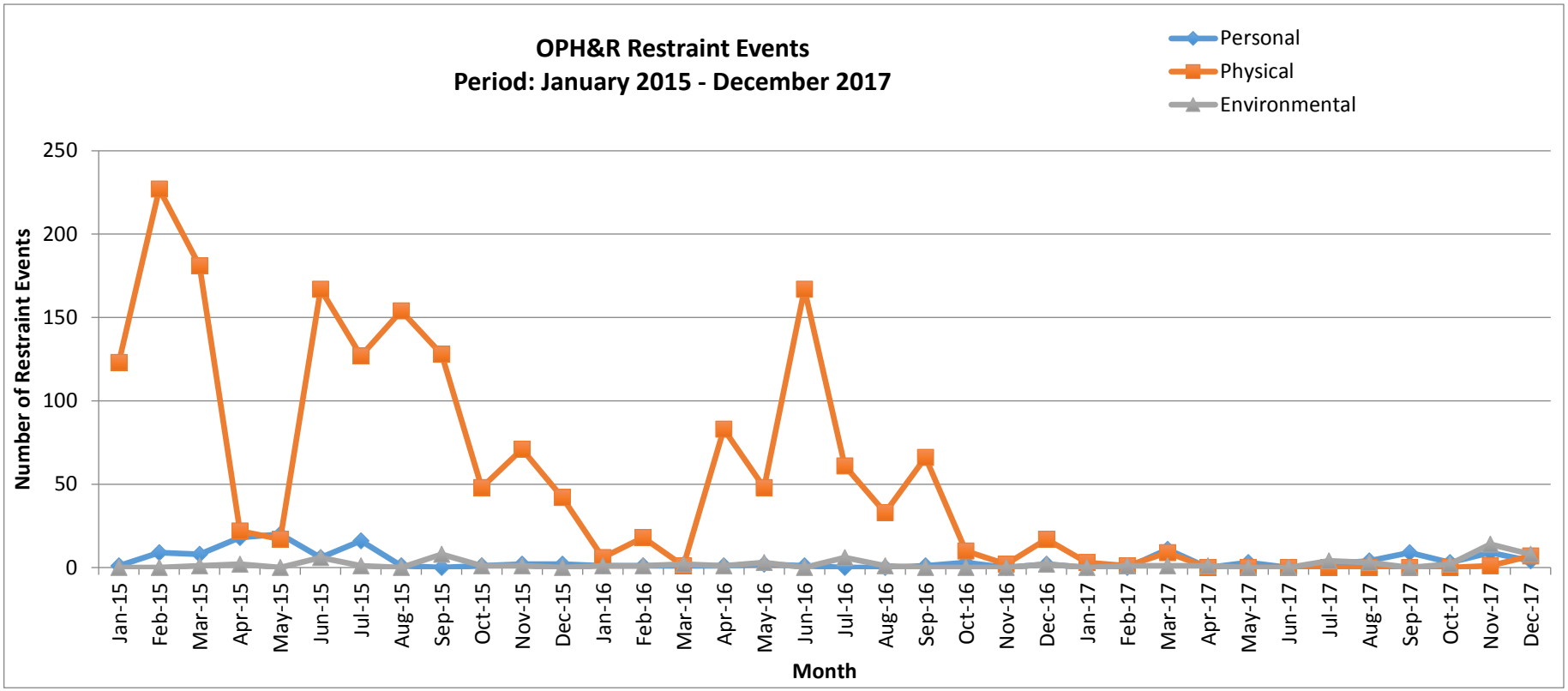
The audit has been undertaken at:

- Burwood Hospital – initially as a trial
- Ashburton & Rural Hospitals
- Christchurch Campus

Following each audit divisions have provided feedback with any changes to the audit tool required which has been updated for each audit.

OPH&R (inclusive OPMH) Burwood Restraint Report August 2017 – February 2018

An overall decrease in Restraints is demonstrated in the tables below for OPH&R (which includes OPMH), except for a spike during November and December 2018 in the main due to the needs of a particular consumer, under the MHA, during this time at Burwood Hospital.



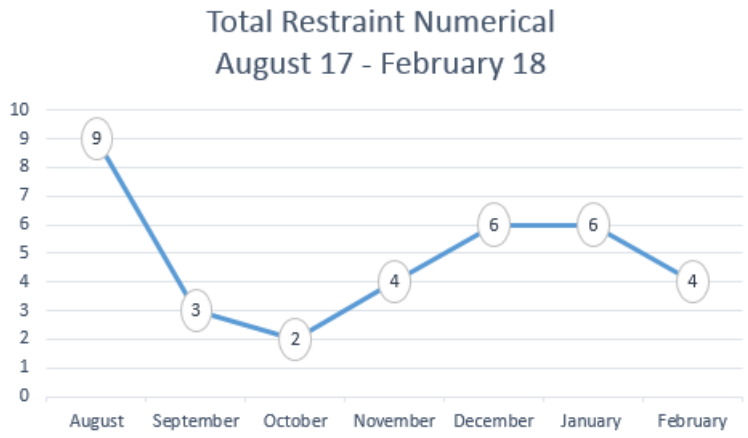
Observation

There is a gradual but steady decrease in use of restraint (as reported) in OPH&R (including OPMH) over the past two years.

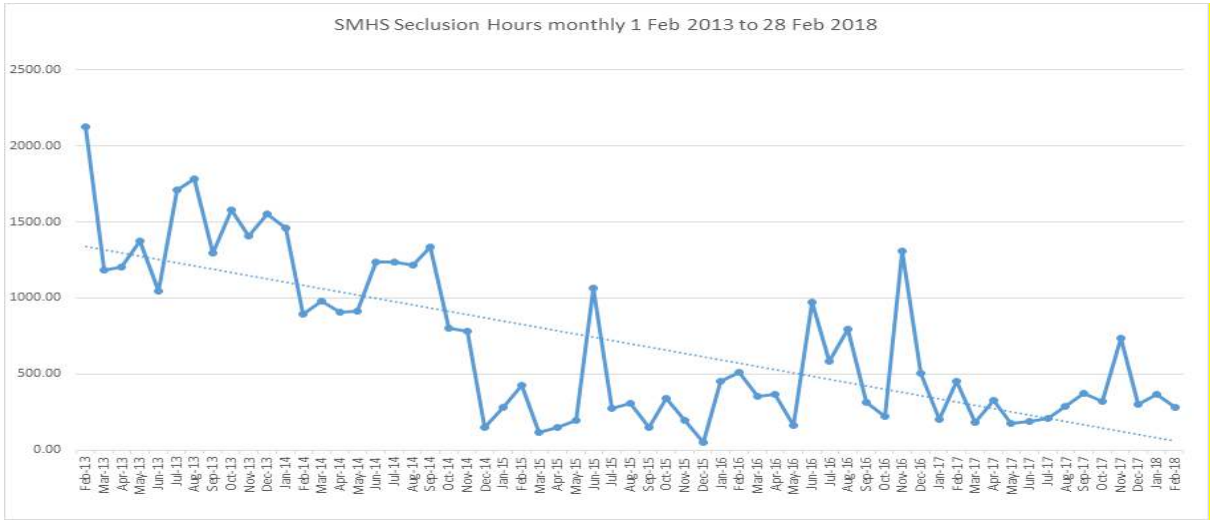
Burwood Restraint Minimisation Committee incorporating OPMH Wards since the move to Burwood during June 2016, continues to meet on a 2 monthly basis.

Christchurch Campus Restraints, which includes Christchurch Women's & Children's, Medical & Surgical environments

An overall decrease in Restraints is demonstrated in the table below for Christchurch Campus, this report includes Christchurch Women's, except for the spike during November and December 2018 which was due to the need to provide essential treatment (ICU) and to prevent harm to self or others.



Seclusion for SMHS



Observation

The total hours are closely monitored, there as been a plateau effect from Jan 2017 with an increase in November 2017 which was related to two patients in Te Whare Manaaki who together accounted for 569 hours.

Education Programme Overview

Endorsed by RAMG	Restraint Minimisation & Safe Practice: Registered staff (online 3hrs). Restraint Minimisation & Safe Practice: Non registered staff (online 1 hr)	Communication and Descalation (online 1 hr)	Person Centred Crisis Management (1 day face to face)	Safe Practice, Effective Communication (SPEC) (1 day) *As per SMHS work force development framework*	Safe Practice, Effective Communication (SPEC) (4 day) *As per SMHS work force development framework*
Target Audience	All CDHB	All CDHB	Non SMHS Focus on high risk areas such as AMAU, Ward 28, BIRS, ED & ARHS (Staff trained include nursing, hospital aids and support staff (pool, orderlies)	SMHS All other clinicians (including community based staff) must complete the Personal Safety once every two years. Other, non-clinical staff (such as administrators) are welcomed to the Personal Safety training	SMHS All inpatient clinicians except medical doctors & All in-reach AHPs, except psychologists who have only a small inpatient FTE allocation. 1 day refresher All inpatient staff who have previously completed the full SPEC course
Learning outcomes	Staff will be able to: • Locate organisational policy for RMSP • Use restraint free alternatives to maintain the safety of the individual and reduce the use of all restraints • Follow the organisational procedure for initiating an episode of restraint and use an approved restraint for your clinical environment • Conduct monitoring of the person in restraint using the organisational monit	Staff will be able to: • Identify effective communication techniques • Identify triggers to escalation • Understand and be able to apply the different range escalation strategies when required.	Staff will be able to: • confidently and competently implement models of de-escalation and break aways A prerequisite is that they have completed the two online courses.	See appendix 2	See appendix 2

	oring procedure and associated documentation for the type of restraint in use • Evaluate the episode of restraint when the restraint is no longer required				
Evaluation	All course will be evaluated at each level of Kirkpatrick's framework for evaluation				
Requirement	Recommended for all staff As per service requirements	Recommended for all staff As per service requirements	Recommended for key staff in high risk areas.	Mandatory and optional	Mandatory
Frequency	On orientation	On orientation	As indicated at service level	Every two years.	4 day once, followed by 1 day refresher Or Face to Face Safe Practice, Effective Communication (SPEC) full-course – 4 days SPEC refresher -One day
Refresher	As determined by staff	As determined by staff	As determined by staff and Manager	No	1 day refresher every second year
Course co-ordinator	Professional Development Unit	Professional Development Unit	Professional Development Unit	SMHS Training Unit	SMHS Training Unit
Trainers	Professional Development Unit	Professional Development Unit	Allocated Nurse Educators OPH&R, MedSurg and ARHS	SMHS trainers	SMHS trainers