Gaining Patient Perspective after incidents of restraint or seclusion

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In line with the values of the organisation CMDHB aims to support health professionals and support staff to achieve the intent of the Health and Disability Services (Restraint Minimisation) Standard NZS 8134. 2008: Restraint should only be used in the context of ensuring, maintaining, or enhancing the safety of the patient, service providers, or others.

Debriefing after a restraint/seclusion event is essential to seclusion reduction efforts (SAMHSA2005).

A 3 month pilot was conducted by the consumer advisor from 1 March 2012 – 31 May 2012:

- Patients were given an opportunity to debrief with the consumer advisor after an incident of restraint or seclusion. This included discussion around strategies to reduce the likelihood of further incidents.
- The number of incidents (during the 3 month period), as well as narrative, qualitative data were gathered and recorded.
- At the conclusion of the pilot, a workshop was held with 12 inpatient staff on implementing the process and information about how the debriefs were conducted.
- The consumer advisor/educator continues to support staff with debriefs.

Patient perspectives are included as part of the process for weekly restraint review meetings. This is to support staff and patients to find solutions that reduce the number of incidents of restraint/seclusion.

With patient consent, information is passed on to the staff. This has sometimes highlighted, for the first time, a history any previous trauma experienced by patients. Patients spoke of particular incidents retriggering trauma from previous incidents of restraint/seclusion or a history of abuse. This often provided more context around some incidents.

Debriefing after incidents has provided further opportunities for patients to work collaboratively with staff to minimise stressors/triggers and to try other interventions/strategies ie sensory modulation.