Creative Strategies in Reducing Restraints 2007 vs. 2008
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Problem Statement

- How to keep everyone safe on an Acute Inpatient Psychiatric unit while decreasing the use of seclusion and restraints?
- **Scope of Service:** The Behavioral Treatment units are 20 bed inpatient units located in the Mental Health Hospital Center. The patient population served consists primarily of persons with chronic mental illness and often Co-Occurring substance use/abuse.

Interventions Implemented in 2008

- Completion of a violence risk assessment and use of census to convey this risk to all caregivers
- Implementation of Quiet Time when the unit is hectic
- Administrative Debriefings held with the clinical team post restraint episodes
- Treatment plan updated to address violence as clinically warranted
- Nurse Manager conducted 1:1s with high risk clients
- Unit Culture changed to include more collaboration and de-escalation of patients
- Daily team meetings focusing on management of potential aggression
- Acuity Based staffing

Results

- Total restraint hours decreased by more than 50% from 2007 (i.e. from 370 hours to 148.)
- Significantly there were 2 months on both units during which NO RESTRAINTS WERE USED!

Future Direction

- A Violence Prevention Committee has been established to continue the promotion of patient and staff safety while decreasing the use of seclusion and restraints.
- This committee will continue to evaluate and recommend changes based on current research and evidence based practice models. The current focus of the committee will be promotion of a culture of structure; calmness, negotiation and collaboration.
- Relationship based care will be implemented as a method of promoting negotiation and collaboration.

References


Violence Prevention Team Members