Restrictive Practice & the Harm Reduction Paradigm

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Health

Overview

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- Eliminating restrictive practice is a core goal
- Investigation of restrictive practices reveals important systemic contributing issues
- Implementation of improvement recommendations requires a whole of health approach.
- A systems approach to ‘harm reduction’, where restrictive practice reduction is one stream of a broad-based multi-streamed improvement program will more effectively address mental health safety and improvement.
- Propose a reframing of restrictive practice elimination into an integrated, multifaceted ‘Harm Reduction’ model

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NSW Government announces parliamentary inquiry into death of Lismore mum Miriam Merten

Updated 12 May 2017, 4:20pm

Merten left to die?

The Review

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- Review of literature
- Self audit
- Written submissions
- 25 site visits (separate meetings with managers and clinicians)
- 10 community consultations- 300 participants

Review of seclusion,
restraint and observation of
consumers with a mental illness in
NSW Health facilities

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Appendices

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"The tolerance of leaders for outdated, discriminatory and damaging attitudes and behaviours among staff was a matter of considerable concern…"

(NSW Seclusion Review)

"Often the mental health patients are completely ignored by the nursing staff who consider its security's job to observe and care for mental health patients in the Emergency Department. The mental health patients are treated like second class citizens…"

(Written submission to NSW Seclusion Review by staff Member)

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Culture and leadership	• An integrated leadership development framework
Patient safety	• Mental health patient safety program
Accountability and governance	• Structures, systems and polices to support the reduction of seclusion and restraint
Workforce	• Ensuring the workforce have the appropriate support and skills to work with mental health consumers
Consumer and carer engagement	• Increasing meaningful engagement at individual and system levels
Data	• Improving data collection and reporting in mental health and emergency departments
The built and therapeutic environment	• Improving the therapeutic nature of mental health units and emergency departments

Leadership and Culture

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- Stigmatising attitudes towards consumers and MH staff
- Difference between culture/practice in EDs came down to leadership
- Success of patient safety culture depends on collective and distributed leadership for success (Kings Fund, 2011, Dickinson et al., 2013, West et al., 2014)

"The only thing of real importance that leaders do is to create and manage culture"

Edgar Schein

(Institute for Healthcare Improvement)

Schein on Culture

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- Culture is a result of what an organisation has learned from dealing with problems and organising itself internally
- Your culture always helps and hinders problem solving
- Culture is a group phenomenon
- Don’t focus on culture because it is a bottomless pit. Instead, get groups involved in solving problems

Specific Implementation Plan

Health

Domain	Recommendation	Action	Responsibility	Partners	Metric	Milestone date
Culture and leadership	**1. NSW Health must establish and adopt an integrated leadership development framework applicable to all staff at all stages of their career**	**1.1 Embed the *NSW Health Leadership Framework* for all NSW Health mental health staff at all stages of their career** (with mental health staff as the initial priority)	**LHDs/SHN**	**MoH, HETI, CEC**	• **100% of LHDs/SHNs apply the *NSW Health Leadership Framework* for all mental health staff**	**Oct-18**
		1.1.1 Undertake audit of NSW mental health staff participation rates in leadership programs	HETI	MoH, CEC	• Leadership training audit completed	Jul-18
		1.1.2 Identify gaps in leadership capabilities and training for NSW mental health staff	HETI	MoH	• Leadership capabilities and training gaps identified	Aug-18
		1.1.3 Build on existing leadership development programs to support participation by all NSW mental health staff	HETI	LHDs/SHNs, CEC	• 100% of LHDs/SHNs make leadership training available to all mental health staff	Oct-18

Accountability and Governance

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- MH and ED not reliably monitoring seclusion and restraint within emergency departments
- Consumers regularly described the emergency department experience as the most traumatic part of their episode of care

Governance/Data Implementation

Health

Domain	Recommendation	Action	Responsibility	Partners	Metric	Milestone date
	4. District and network clinical governance processes should include emergency department and mental health seclusion and restraint performance together	4.1 Review existing seclusion and restraint clinical governance processes and include accountability for both emergency departments and mental health units	LHDs/SHNs	MHB, ECI	• 100% of LHDs/SHNs include emergency departments and mental health units in clinical governance of seclusion and restraint	Jan-19

Domain	Recommendation	Action	Responsibility	Partners	Metric	Milestone date
	14. The NSW seclusion and restraint data collection and reporting should include declared emergency departments	14.1 Collect and report seclusion and restraint data from declared emergency departments	SIA	LHDs/SHNs, OVP	• 100% of LHDs/SHNs return declared emergency department seclusion and restraint reports to SIA	Jun-19
		14.1.1 Declared emergency departments record and report seclusion and restraint data to SIA	LHDs/SHNs	SIA, OVP	• LHDs/SHNs commence return of declared emergency department seclusion and restraint reports to SIA	Dec-18
		14.1.2 Redesign executive reporting format of seclusion and restraint data	SIA	MHB	• 100% of LHDs/SHNs receive redesigned seclusion and restraint data reports	Dec-18
		14.1.3 Identify indicator definitions for seclusion and restraint reporting for declared emergency departments	SIA	MHB	• Indicator identified for seclusion reporting for emergency departments	Jun-19

Workforce

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- The review raised concerns about stigmatising attitudes towards people experiencing mental illness and lack of understanding of the importance of least restrictive practices

- **Recommendation 9:** NSW Health should ensure that recruitment and performance-review processes include *appraisal of values and attitudes* of all staff working with people with a mental illness

Workforce Attitudes Implementation

Health

Domain	Recommendation	Action	Responsibility	Partners	Metric	Milestone date
	9. NSW Health should ensure that recruitment and performance review processes include appraisal of values and attitudes of all staff working with people with a mental illness	9.1 Ensure statewide systems and training in recruitment and performance development support the appraisal of NSW Health CORE values of Collaboration, Openness, Respect and Empowerment	WP&D	LHDs/SHNs, HETI	• NSW Health recruitment and performance development systems support appraisal of CORE values	Mar-19
		9.1.1 Review online recruitment and performance development training to support appraisal of CORE values of Collaboration, Openness, Respect and Empowerment	HETI	WR	• CORE values are included in all NSW Health recruitment and performance development training	Aug-18
		9.2 Performance appraisals for all staff working with people with a mental illness include culturally sensitive, recovery-oriented and trauma-informed care principles	LHDs/SHNs	WP&D, WR	• 100% of LHDs/SHNs performance appraisals for staff working with people with a mental illness include culturally sensitive, recovery-oriented and trauma-informed care principles	Apr-19

Implementation Stakeholders

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- All local health districts (LHDs) and specialty health networks (SHNs) – including executive, managerial, multidisciplinary clinical and support staff
- Being, Mental Health & Wellbeing Consumer Advisory Group
- Mental Health Carers NSW
- Mental Health Commission of NSW
- Official Visitors Program
- Mental Health Coordinating Council
- Health Education and Training Institute
- Clinical Excellence Commission
- Agency for Clinical Innovation
- Bureau of Health Information
- Health Infrastructure
- Ministry of Health - Mental Health Branch; System Purchasing; Nursing and Midwifery Office; Health System Planning and Investment; System Information and Analytics; Centre for Population Health; Workforce Planning and Development; and Workplace Relations.

Governance

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- **Senior Executive Forum** - coordination of the implementation across the Ministry, Pillars, Shared Services, Statewide Health Services and LHDs and SHNs.
- **Quarterly Performance Reviews** - to address any critical issues relating to the implementation activity.
- **Mental Health Program Council** - informing and operationalising the critical implementation priorities to support improvement.
- **Quarterly Reporting** - organisations responsible for each action will report through the Ministry of Health to the Minister for Mental Health on implementation progress

Patient Safety

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- Current system weighted towards compliance with accreditation standards over quality improvement
- Structured quality improvement should be embedded as a routine way of working
- This involves a leadership style and culture that encourages:
  - bottom up approach, reflection and learning, consistent method, data and sustained effort

Patient Safety Implementation

Health

Domain	Recommendation	Action	Responsibility	Partners	Metric	Milestone date
	safety program, informed by contemporary improvement science				**for all LHDs/SHNs**	
		2.1.1 Agree on the components of the mental health patient safety program including cultural appropriateness	MHB	CEC, WR	• Mental health patient safety program components agreed	Jun-18
		2.1.2 Recruit a mental health patient safety team	CEC	MHB	• Mental health patient safety team recruited	Sep-18
		2.1.3 Identify useful tools to support mental health patient safety	CEC	Consumers, carers, LHDs/SHNs, MHB	• Mental health patient safety program resources developed	Dec-18
		2.1.4 Pilot the mental health patient safety program in LHDs/SHNs	CEC	LHDs/SHNs, MHB, HETI, consumers, carers	• Pilot mental health patient safety program with LHDs/SHNs commenced	May-19

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Mental Health Safety and Quality in NSW:

A plan to implement recommendations of the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities

May 2018

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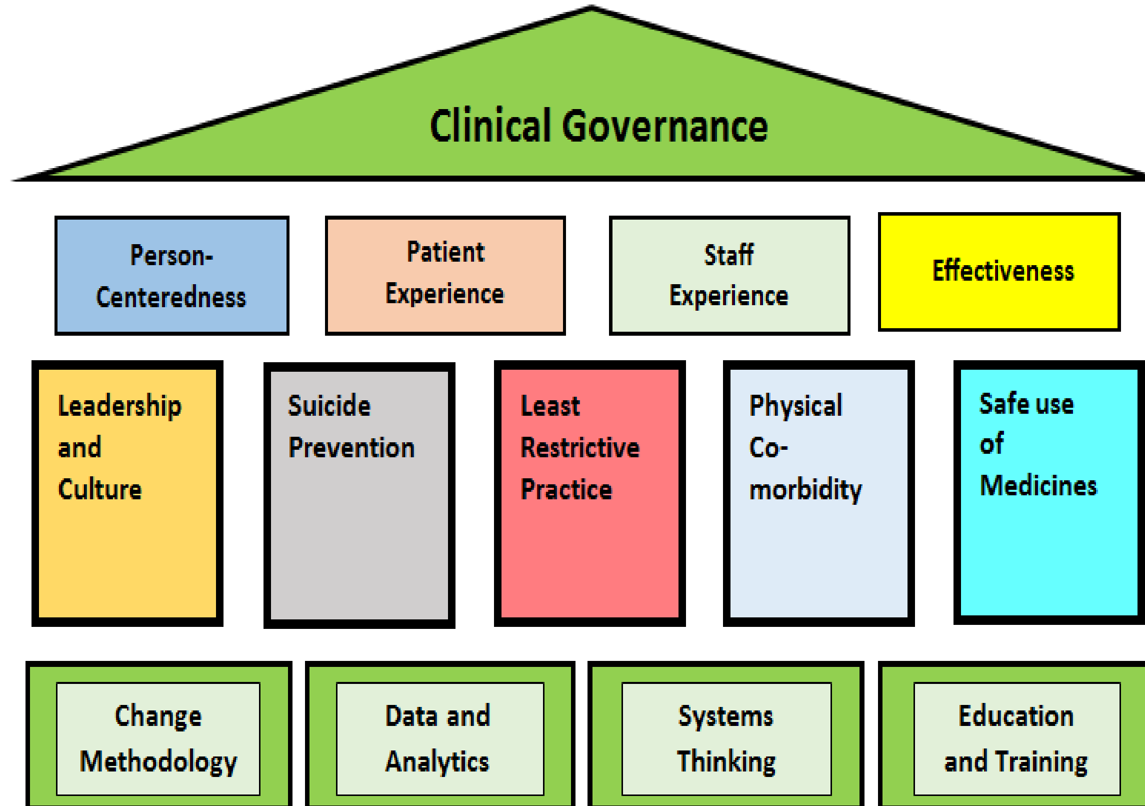

(Short et al, Australasian Psychiatry, 2018)

What have we concluded?

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- Improvement in restrictive practices over 10 years, but patchy
- Best practices involve engagement of clinicians, consumer involvement and systemic methodologies
- Most strategies still siloed within mental health services
- Very significant changes in improvement science internationally, highly relevant to our health services

Conclusions, continued

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- Repositioning our strategies to eliminate restrictive practice as a foundational stream in an integrated whole of health patient safety and harm reduction framework
- This will ensure our attention to restrictive practices will be positioned at the forefront of a change to patient safety across all of health, and ensure maintenance of momentum for change, and more effective engagement of clinicians, consumers, and the broader community