Double the Outcomes: Employing Sensory Based Approaches to Improve the Quality of Care and Reduce the Use of Restraints on Inpatient Behavioral Health Units

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Double the Outcomes: Employing Sensory Based Approaches to Improve the Quality of Care and Reduce the Use of Restraints on Inpatient Behavioral Health Units

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Background

The use of restraints or seclusion on inpatient behavioral health units can be considered a treatment failure putting both patients and staff at risk for harm. Struggling to transform the outcome and decrease the restraint/ seclusion rate we explored creative options that would give the staff new tools to improve patient outcomes.

We are a 1,066 bed acute care facility with 2 adult units and 1 adolescent unit behavioral health care service caring for 2,700 patients annually. With an average length of stay of 5 days we are organized as a crisis intervention model and provide care across a continuum of services.

Nursing leadership retrospectively monitored and reviewed the care of patients in restraints or seclusion during their stay but felt unable to employ strategies that significantly impacted the rate of restraint seclusion. LHVN’s Behavioral Health Service caring for 2,700 patients annually was unable to employ strategies that significantly impacted the rate of restraint seclusion. Nursing leadership retrospectively monitored and reviewed the care of patients in restraints or seclusion during their stay but felt unable to employ strategies that significantly impacted the rate of restraint seclusion. LHVN’s Behavioral Health Service caring for 2,700 patients annually was unable to employ strategies that significantly impacted the rate of restraint seclusion.

We postulated that educating staff to identify, understand and when to intervene with escalating behavior was a block to keeping the environment safe. We postulated that educating staff to identify, understand and when to intervene with escalating behavior was a block to keeping the environment safe.

Timeline for the project’s interventions:


2. April 2009–4 hour training1 (37 attended). Guests from the Crisis Management Center (U of Pittsburgh) educated participants on Trauma Informed Care as well as early recognition and interventions of escalating behaviors. Objectives for the training included: assessment and identification of patients at risk for aggressive behaviors, understanding how to implement with escalating behaviors and understanding and applying the concepts of Trauma Informed Care.

3. May 2009–Senior Management from the Department of Psychiatry and Behavioral Health at the Lehigh Valley Health Network was a generous endowed chair in our network.

4. July 2009–8 hour training for 45 multi-disciplinary staff lead by Karen Moore, OTR/L3 a respected leader in sensory modalities. Objectives for the training included: Learn how the senses can be used to assist in emotion self-regulation, identify sensory strategies for specific symptoms and behaviors and explore how to use sensory interventions in treatment planning.

5. September 2009–applied each unit with baskets filled with sensory objects and trained all staff how/when/why to use these interventions. Staff was asked to have patients complete a pre-post sensory self rating on their anxiety level. Staff was asked to have patients complete a pre-post sensory self rating on their anxiety level.


Intervention

After researching/analyzing our data, the literature and emerging trends in the field we identified the late recognition of escalating severity as a stumbling block to keeping the environment safe. We postulated that educating staff about Trauma Informed Care and the importance of early intervention of escalating severity as a model to assist staff in being more skilled in recognition of the need to intervene. From the CT field of practice we chose to implement sensory interventions as a means to help patients learn to self-regulate their emotions.

After the team developed a plan we secured funding for the project through a generous endowment in our network.

Conclusions

The project provided staff with new tools to engage patients in positive ways to decrease escalating behaviors as well-educated staff about the danger of re-investigating patients using restraints/ seclusion. The project team concluded that changing culture on the unit and staff attitude towards aggressive behaviors requires much patience, continuity and reinforcement.

Results

Press Gagey scores to the question on the survey “Safety felt on unit”

Pre/post Anxiety Scale Summary

• Patients were asked to rate their anxiety pre/post survey item use on a scale of 1–4 (1 most anxious or least anxious)

• It can be summarized that patient’s anxiety did decrease as pre intervention mode of response was 4 and post intervention was 2.

Next Steps

• reinvest into patient’s anxiety.

• June 2010–develop a dedicated sensory room on the unit and provide therapeutic groups around sensory interventions to increase patient’s ability to tap into this resource

References

1. Dr. Jay Boland, “The Management of Aggression and Violence Attitude Scale” (MAVAS), used by permission of the author.

2. referrals from patients on the team and from other disciplines.

3. Therapy Approaches to Treatment” presented by Karen Moore, OT/L.