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 culture and decrease the restraint/seclusion rate we explored creative options that would give the staff new tools/skills to improve patient outcomes.

We are a 64 bed acute care (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 was unable to employ strategies that significantly impacted the restraint/seclusion rate. The department utilizes a home grown behavioral dyscontrol education and response team to answer any aggressive behaviors. Realizing we needed to do more to safely care for our patients and improve outcomes, we researched and developed a strategic plan to both educate the staff in emerging trends and provide the team with new tools to decrease patient anxiety (which in turn decreases behavior escalation).

Lehigh Valley Health Network is the largest community hospital in PA and has 988 acute care beds on 3 campuses. LHVN is the largest level 1 Trauma Center in PA, has achieved Magnet designation 3 times, and employs over 9,000 employees.

Intervention

After researching/analyzing our data, the literature and emerging trends in the field we identified the late recognition of escalating anxiety 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 anxiety as a model to assist staff in being more skilled in recognition of the need to intervene. From the OT field of practice we chose to implement sensory interventions as a means to help patients learn to self-regulate their emotions.

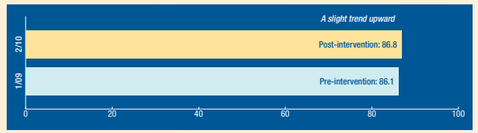
After the team developed a plan we secured funding for the project through a generous endowed chair in our network.

Timeline for the project's interventions:

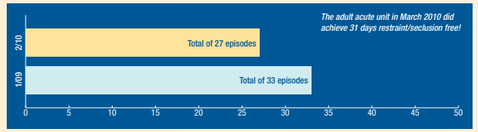
1. January 2009–conduct a voluntary electronic survey: The Management of Aggression and Violence Attitude Survey (MAVAS[1]) to all inpatient staff (nurses, mental health technicians, physicians, clinical social workers, psychiatric rehabilitation, NP's). Collected data re: pre intervention restraint/seclusion rates, patient satisfaction scores (question about feeling safe on the unit).
2. April 2009–two 4 hour trainings[2] (76 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 and when to intervene with escalating behaviors and understanding/applying the concepts of Trauma Informed Care.
3. May 2009–Senior Management from the Department of Psychiatry and Patient Care Services sent a letter to each employee's home address advocating for staff to actively engage in all restraint reduction efforts and stressed the importance of these endeavors to improve patient outcomes.
4. July 2009–8 hour training for 45 multi-disciplinary staff lead by Karen Moore, OT/L[3] 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–supplied 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 intervention self rating on their anxiety level.
6. December 2009–post MAVAS administered.

Results

Press Ganey scores to the question on the survey "Safety Felt on Unit"



Restraint/Seclusion episodes



MAVAS results

175 staff surveyed:

- Pre intervention had a 63% rate of return
- Post intervention had a 94% rate of return
- 63% of the questions were found to be statistically significant
- 8 question medians increased respectively (correlates to improved attitude towards aggressive behaviors)

Summary of Training Evaluations

Overall, very positive responses to both trainings. One identified handicap was the need to employ a Train the Trainer model (for staffing reasons) so we relied on those that attended the education to "take it back" to their peers.

Comments included:

"The Trauma Informed Care model helps me look at behaviors differently."

"I am excited to have the sensory interventions to use."

"These techniques will help our patients cope better."

Pre/post Anxiety Scale Summary

- Patients were asked to self rate their anxiety pre/post sensory item use on a simple scale of 1–4 (most anxious/stressed)
- It can be surmised that patient's anxiety did decrease as pre intervention mode of response was 4 and post intervention was 2.

Conclusions

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

Next Steps

The ongoing efforts of the Restraint Reduction Committee include:

1. orient all new hires in the department about Trauma Informed Care and sensory modalities
2. recognize the units when restraint/seclusion free months are attained
3. refresh the sensory baskets keeping them well stocked and available for patient needs
4. re-educate the staff on understanding the relationship between early intervention and better outcomes
5. explore ways to monitor in "real time" staff response to escalating behaviors
6. 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. Joy Duxbury, "The Management of Aggression and Violence Attitude Scale" (MAVAS), used by permission of the author.
2. "Enhancing Patient and Staff Safety" a program of Western Psychiatric Institute presented by Mike Boland, MSEd and Dave Julian, Med
3. "Sensory Approaches to Treatment' presented by Karen Moore, OTR/L.