Abstract: Can we reduce the rate and duration of seclusion by agreeing SMART targets with PICU patients?

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Background – The use of seclusion is a controversial, highly restrictive method of managing acutely disturbed patients posing risk to others and is frequently employed in Psychiatric Intensive Care Units. Previous studies have sought to identify strategies to minimise the use of seclusion, few have successfully utilised a structured, collaborative approach[1,2].

Aims – to investigate the effect on rate and duration of seclusions when **S**pecific, **M**anageable, **A**chievable, **R**eproducible, **T**imebound (SMART) targets are agreed with patients for ending seclusion.

Methodology – The investigators established a 'seclusion care plan' protocol on a PICU in South East England whereby SMART indicators for the termination of seclusion were formulated by the MDT in collaboration with secluded patients and analysed numbers of seclusion episodes and total duration spent in seclusion for three months pre (n=70, 51% males) and post (n=23, 74% males) the intervention.

The introduction of a 'seclusion care plan' protocol was agreed with relevant stakeholders. The awareness of the multidisciplinary team was raised through formal team meetings and regular supervision. Patients' were oriented to the intervention through ward community meetings.

Results – Following introduction of the protocol for SMART seclusion ending indicators we observed:

- A reduction in the total number of seclusion episodes in all settings (70 pre vs 23 post).
- Reduction in total time spent in seclusion in the Low Stimulus Area (22713 mins pre-intervention vs 6158 mins post-intervention) and the Locked Seclusion Room (26543 mins pre-intervention vs 21730 mins post-intervention).
- There was a 4 fold increase in the time spent in the longer term seclusion setting (ECS) (34236 mins pre-intervention vs 143460 mins post-intervention) in spite of the reduced numbers (15 pre-intervention vs 7 post-intervention).

Conclusions – We have demonstrated that multidisciplinary, collaborative formulation of SMART seclusion ending indicators has the potential to reduce total episodes and time spent in seclusion. However, setting SMART seclusion ending targets for patients with a sustained risk of harm to others as a constant feature of their presentation may increase their time in seclusion[3]. Reasons for this may include the setting of unmanageable and unattainable targets for this subset of patients.

Key words – seclusion, long term, PICU, SMART targets, seclusion care plan

References

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