Audit on the level of documentation of the use of physical and pharmacological restraint in the PICU at Millbrook.

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Introduction and background

Seclusion, physical restraint and rapid tranquillisation (Restrictive practice) are all management options employed when necessary for the safety of patients and staff during episodes of violent and disturbed behaviour.

These measures (restrictive practices) especially seclusion should be used as a last resort management option after de-escalation techniques have failed.

NICE guidance states that all incidents involving the use of restraint should be adequately documented for both patient safety and medico-legal reasons[1]

Millbrook PICU is a 5 bed unit where incidents involving restraint are relatively common.

The vision of the unit is to enmesh a “No Force First”[2] recovery approach to care by improving the level of documentation for incidents involving restraints as recommended by NICE guidelines, as a starting point.

Aims and Objectives

Aim:

To encourage a Recovery focussed approach to patient care.

Objectives:

- To measure and reduce the level of restrictive practices especially seclusion and restraints
- To improve the documentation of parameters prescribed by NICE guidelines for all incidents involving restraints including:
    - Risk assessment (for all patients)
    - Prevention/de-escalation used
    - Drugs administered
    - Post-incident review with doctor for medical health
    - Post-incident review with patient to prevent further incidents

Method

This was a service development audit. It was a quantitative study whereby data was collected retrospectively from the trust's electronic notes, incidents reporting system.

Data was collected on two different occasions. The first was from the period of September 2013 to February 2014. The second was from April 2014 to September 2014 following the introduction of a 'No force first' protocol encouraging the use of recovery focussed approach to care as well as adequate documentation of incidents.

Results

Figure 1: Level of documentation not recorded

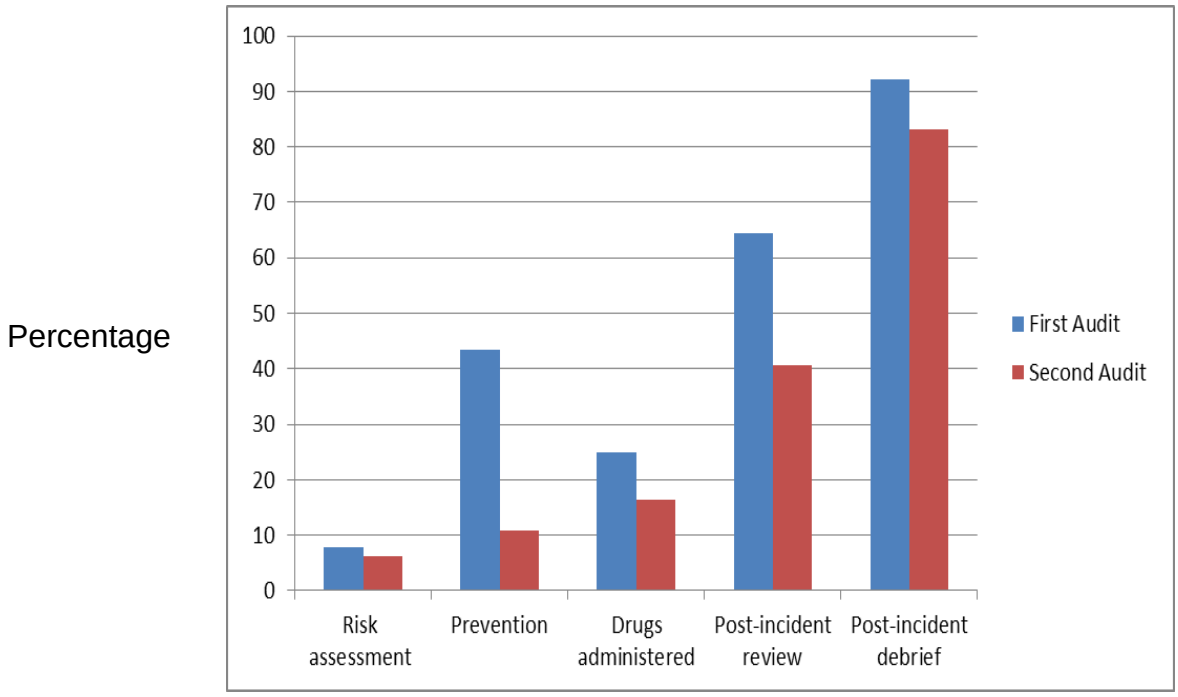

Table: Type and number of incidents recorded in both audits

Incidents	Number (1st Audit)	Number 2nd Audit)
Restraint	8	3
Seclusion	26	7
Seclusion + Rapid tranquilisation	1	2
Restraint + seclusion	3	6
Rapid tranquilisation	10	9
Restraint + rapid tranquilisation	19	26
Seclusion +restraint + rapid tranquilisation	9	6
Total	76	65

Conclusion and Discussions

The initial level of restraints and seclusion was relatively high. Also the standard of documentation for incidents involving restrictive practice was poor and fell well below the guide set by NICE.

Following the introduction of the “No force first” approach, the documentation levels of all areas measured did improve and the overall number of incidents involving restraints and seclusion also fell.

The core tenet of the “No Force First” approach is to encourage staff to increase focus on de-escalation techniques and actively involve patients in post-incident debriefs.

Scrutiny on the documentation by staff probably drove home the importance of adequate documentation pre-, during and post-incidents. In effect, this ended up reducing the number of restrictive practices.

It is the beginning of vision that has many other steps to take. Initial results are encouraging and there are plans to re-audit after a year from the last data collection.

References

1. NICE (2005) Clinical Guideline 25. Violence: The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments. London: NICE.
2. Ashcraft, Bloss & Anthony 2012: The development and implementation of “No Force First” as best practice. Psychiatr Serv. 2012;63(5):415-7