

Ms Josephine Smith
Healthcare Improvement Division
ACT Health Directorate
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Dear Ms Smith,

RE: Feedback on the ACT Health Restraint of a Person Policies

HCCA welcomes the opportunity to provide feedback on the Restraint of a Person Policy.

HCCA provided input on this policy in 2014 and are happy to see that some changes have been made in response to our feedback, including references to the National Safety and Quality Standards 2012, and notably details around the auditing and reporting of restraint processes, including RiskMan data seem to be clearer than in the previous SOP and policy we would still like to see more transparent reporting on the use of restraint in the hospital, including further consideration of the indicators for monitoring compliance with and performance against the policies and SOPs. For example, we would like to see quarterly compliance audits completed and reported to the ward as well as the quality and safety committees in the streams and divisions.

HCCA would expect to see a measure around the rate of compliance with monitoring the completion of hourly observations of the patient during the period of restraint. As well as compliance with the individualised care plan in the clinical record. A study use of patient restraints in four Australian teaching hospitals (1997)¹ found that there was scant documentation in the case notes concerning the use of restraints. We support the attention ACT Health has given to the need for documentation in the policy.

Education of staff, consumers and family

Whilst we think this new policy, which we note includes information from the previous SOP has a much more detail there is concern that the document length and complexity may be a barrier to staff understanding how to implement this policy. The barriers to implementing 'restraint free care' policies are well documented. Education is the biggest enabler of a facility achieving the objective of a culture that minimises the use of restraint.

For alternatives to restraints to be used both staff and family members require education about alternatives to restraint use, less restrictive restraint options and the harmful effects of restraints. We think this needs to be strengthened in the policy and SOPs. The current SOP contains on the last page a Restraint – Decision Making Flow Chart, HCCA would be

¹ Whitehead, C., Finucane, P., Henschke, P., Nicklason, F., & Nair, B. (1997). Use of patient restraints in four Australian teaching hospitals. *Journal of quality in clinical practice*, 17(3), 131-136.

interested to know how widely this flow chart is distributed throughout ACT Health Facilities and as mentioned previously how this process is documented.

Support for staff

Studies about restraint use have mostly focused on nurses' inadequate and often inaccurate knowledge about the use of restraints and its associated adverse effects. In 2007 Lai² conducted four focus group interviews to determine the perspective of the nursing staff on the use of restraints and their opinions of appropriate means to reduce their use. This study found that nurses often are not supported in the decision making process of applying physical restraints:

Participants experienced internal conflicts when applying physical restraints and were ambivalent about their use, but they would use restraints nonetheless, mainly to prevent falls and injuries to patients. They felt that nurse staffing was inadequate and that they were doing the best they could. They experienced pressure from the management level and would have liked better support. Communication among the various stakeholders was a problem. Each party may have a different notion about what constitutes a restraint and how it can be safely used, adding further weight to the burden shouldered by staff.

The findings of this study support the consumer perspective that staff must be supported in order to make appropriate decisions about care.

We encourage further consultation on future drafts with consumers and community organisations. We look forward to seeing how these changes have been incorporated.

Yours sincerely,



Darlene Cox
Executive Director
15 February 2016

²Lai, Claudia , 2007, Nurses using physical restraints: Are the accused also the victims? - A study using focus group interviews retrieved on 17 May 2010 at <http://www.biomedcentral.com/content/pdf/1472-6955-6-5.pdf>