

**Elizabeth Trickett**

**Executive Director**

**Quality and Safety Branch**

**Health Directorate**

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Dear Ms Trickett,

**RE: HCCA Feedback on Restraint of Patients Policy and SOP and the Code Black and Physical Restraint of Patients Process at the Canberra Hospital.**

The Health Care Consumers' Association (HCCA) welcomes the opportunity to provide written feedback for the review of the Restraint of Patients Policy and SOP and the Code Black and Physical Restraint of Patients Process at the Canberra Hospital.

**General Comments**

We support the review of the current policies and SOPs relating use of restraints with patients to ensure this reflects current best practice, the National Safety and Quality Health Services Standards (NSQHS) and promotes of a culture which minimises the use of restraint. We would like to emphasise of the following:

- including the consumer and family were possible in the decision to use a restraint
- maintaining appropriate observation during the period that a person is restrained
- providing staff orientation and in-service education on the correct use of physical restraint devices.

These policies and SOPs are particularly important both in the context of the NSQHS and the Australian Charter of Health Care Rights. In particular, the charter rights of safety, respect, communication and participation. It is essential that the use of restraints is informed by current evidence of safety and effectiveness and that actions informed by these policies and SOPs demonstrate professional conduct based on ethical standards in ensure that all patients and

consumers are treated with dignity and respect.<sup>1</sup> The role of the health care provider in terms of communication as stipulated by the Charter also is to provide complete, open and timely communication with consumers. Respecting the important role that carers, family member and advocates may play in a consumers care is also crucial to the correct and appropriate use for the restraints policies and SOPs.

There are several criteria and Actions required in Standard 1 *Governance for Safety and Quality in Health Service Organisations* of the NSQHS which are not yet reflected or clearly seen in the current documents that should be included in and inform these policies and SOPs. Listed in numerical order these are;

- **1.2.1** Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance
- **1.3.1** Workforce are aware of their delegated safety and quality roles and responsibilities
- **1.3.2** Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards
- **1.3.3** Agency or locum workforce are aware of their designated roles and responsibilities
- **1.14.1** Processes are in place to support the workforce recognition and reporting of incidents and near misses
- **1.14.2** Systems are in place to analyse and report on incidents
- **1.14.3** Feedback on the analysis of reported incidents is provided to the workforce
- **1.14.5** Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation
- **1.16.1** An open disclosure program is in place and is consistent with the national open disclosure standard
- **1.17.2** Information on patient rights is provided and explained to patients and carers
- **1.17.3** Systems are in place to support patients who are at risk of not understanding their healthcare rights
- **1.18.1** Patients and carers are partners in the planning for their treatment
- **1.18.3** Mechanisms are in place to align the information provided to patients with their capacity to understand
- **1.20.1** Data collected from patient feedback systems are used to measure and improve health services in the organisation

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<sup>1</sup> ACSQHC, 2008 *Roles in realising the Australian Charter of HealthCare rights*

## Specific Comments

Feedback will be given either by related NSQHS standard or by - section using the subheadings in the current documents.

The Policies and SOPs should also be updated to include the current agreed language around consumers and person centred care as laid out in the NSQHS HCCA particular recommends that the following standards be addressed in the revised policies and SOPs relating to patient restraints:

### **Monitoring and Evaluation: *Section 1.1 Incidents and complaints management, .14.1, 1.14.2, 1.14.3, 1.14.5, 1.16,1***

These standards require monitoring for compliance with the policies and SOPs. Given that there the strong statement in both the policies and SOPs about the use of restraint as an absolute last resort it is important to regularly report and audit this. We are particularly interested to know:

- **What percentage of acute care patients (excluding the psychiatric services) are subject to some form of physical restraint during their hospitalisation?**
- **What are the reasons for restraint? What are the characteristics of the people who are subject to restraint?**
- **What is the duration of restraint?**

HCCA would like 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 supports the review and monitoring of consumer feedback and reported incidents on RiskMan and encourage the inclusion of this data in any reports produced.

### ***Care of Patient during Restraint***

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)<sup>2</sup> 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 Policies and SOPs.

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<sup>2</sup> 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.

Under *Care of Patient during Restraint* in the restraints SOP dot point four refers to *providing care for the prevention of pressure areas* this should be updated to include reference and guidance from NSQHS Standard 8, Preventing and Managing Pressure Injuries.

### ***Patient and Family Concerns***

The use of restraints on family members can be very disturbing for family and friends. It is important that communication with the family take place around this decision and that the family be involved in the decision making where possible. We would like to see the family involved in *the collaborative assessment and decision making process to authorise the use of restraint*.

#### Consumer story:

An elderly woman, on morphine drip as a result of a broken hip, experienced delusions and was agitated and verbally abusive. The staff were concerned that she would attempt to get out of bed. During the day they assigned an additional staff member to sit with her when her family were not present. They made the decision to physically restrain her over night, when staffing levels were lower. The woman was not capable of giving informed consent and the staff did not include the family in the decision to use the physical restraints. The family was very upset when they arrived at the hospital the following morning and found their mother in restraints. The nursing staff said they were unable to cope and this was the only choice. They did not contact the family to see if anyone could come and sit with the patient. The family expressed their dissatisfaction and talked about what other alternatives there are for evening shift. Reluctantly the hospital administration agreed to hire an agency nurse to be brought in to sit with their mother to keep her calm, to avoid the need for restraints.

While this incident took place at a public hospital interstate but we want to make sure that procedures are put in place so that this does not happen in the ACT. This includes the need to communicate with the consumer and their family about the situation and seeking to obtain informed consent.

We suggest this paragraph of the SOP is amended to reflect the language and requirements of NSQHS Standard 2, Partnering with Consumers. Which requires healthcare providers and consumers to work together for better health outcomes. This includes healthcare providers ensuring that, *a range of interpersonal communication strategies are used to confirm a consumers understanding about care or treatment*.

### ***Education of staff, consumers and family***

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 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 Lai<sup>3</sup> 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.

### **Code Black SOP**

#### ***Purpose***

HCCA suggests rearranging the first two paragraphs under this heading for clarity and flow within the document. HCCA commends ACT Health for recognising that the decision to restrain a person carries significant ethical, clinical and legal responsibilities and the importance of ensuring that the use of restraint does not breach the human rights of the person being restrained.

#### ***Scope***

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<sup>3</sup>Lai, 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>

The SOP states that it does not cover Code Black responses for non-patients or visitors to the Canberra Hospital. It would be valuable to include information as to what documentation, policy or SOP does provide guidance for these instances.

### ***Consumer, Family and Carer involvement and debriefing***

Nowhere in this SOP is it made clear which staff member is in charge of ensuring where possible family members and/or carers are included or at minimum informed that restraint is being used. There is also no mention of support and debriefing for the consumer who may have been restrained and their families and carers if this is needed or requested. HCCA strongly urges the inclusion of such measures to ensure that the SOP does not breach the Australian Charter of Health Care Rights particularly in regards to respectful care, communication and participation.

### **Stakeholders to include in wider consultation**

HCCA again thanks the ACT Health Directorate for the invitation to participate in the initial consultation phase for the review of these documents. We would welcome the opportunity to be further involved in the wider consultation phase. Possible other interested stakeholders include but are not limited to; People with Disabilities ACT, Women with Disabilities ACT, Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), Mental Health Consumer Network, Alcohol, Tobacco, and Other Drugs Association of the ACT (ATODA), Alzheimer's Australia, and the Council of the Ageing (COTA ACT).

We look forward to further involvement with the review of these policies and SOPs.

We are happy to discuss our submission further.

Yours sincerely,



Darlene Cox  
Executive Director

Date: 27/06/2014