

Reducing Mechanical Restraint Use on a Child and Adolescent Psychiatric Unit

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THE QUEEN'S MEDICAL CENTER

The Queen's Medical Center is the first and only hospital in Hawai'i to achieve Magnet Recognition from the American Nurses Credentialing Center (ANCC).



LEARNING OBJECTIVES

- Identify at least two reasons why mechanical restraint events are considered a “treatment failure.”
- Describe the use of Dynamic Appraisal of Situational Aggression (DASA-YV) as a tool to proactively assess a patient’s level of aggression and agitation.
- Explain how the collaborative creation of a safety plan with patients is used to prevent crisis events that can lead to the need for mechanical restraints.

BACKGROUND

The Family Treatment Center is an acute inpatient psychiatric unit serving patients ages 5-17 with emotional and behavioral challenges that can lead to violent and unsafe behaviors. Mechanical restraints are used to maintain safety for a patient when presenting imminent danger to self or others. Evidence shows restraining a patient can increase the risk of harm to the patient (including death) and staff, and mechanical restraints limit the patient’s right to autonomy.

INTERVENTION / CHANGES

- High-risk patients were identified and an assessment using the DASA-YV was completed upon admission and every evening shift
- A Safety Plan was created with the patient, Safety Plan was reviewed and modified as needed for high-risk patients

REFERENCES

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INTERVENTION / CHANGES

SAFETY PLAN			
Are you able to verbalize to staff or approach staff when you're starting to escalate?	What would the staff be able to see?		
	Crying	Rocking	Breathing Hard
	Shaking	Clenching fists	Sweating
	Isolating	Bouncing legs	Racing heart
	Pacing	Eating less	Being rude
	Swearing	Hyper	Clenching teeth
	Red faced	Eating more	Other
What are the triggers that make you angry or upset?	Talking to:		
	Certain time of the day:		
	Certain time of year:		
	Talking about:		
	Being around:		
	Other:		
Coping strategies that help you when you are having a difficult time.	Sitting alone in a quiet space	Taking a break in a room	
	Talking with staff	Exercising	
	Punching a pillow	Pacing the halls	
	Reading	Using sensory room	
	Listening to music	PRN medication	
	Doing artwork	Using sensory items	
	Using a warm blanket	Other	
When escalated/upset, where would you feel most comfortable on the unit?	Your room	Courtyard	
	Quiet room	Sensory room	
	Sunroom	Other	
Staff observations/ notes:			
Date and staff			

RESULTS

SAFETY EVENT	INTERVENTIONS		
	FY 2021 BASELINE	FY 2022	FY 2023
Mechanical Restraints	7	5↓	11↑
Hands On	82	50↓	20↓
Seclusion	42	27↓	25↓
Assaults (Patient on Patient)	23	21↓	9↓
Assaults (Patient on Staff)	52	28↓	10↓
Suicide Attempts	6	5↓	2↓
Self-Injury	30	14↓	5↓
First Aid	122	60↓	20↓
Property Damage	23	18↓	15↓

KEY TAKEAWAYS:

- Mechanical restraint events for youth in inpatient behavioral health are traumatizing and damaging to the therapeutic relationship
- Using a collaborative approach to care, patients feel a sense of empowerment and encourages further investment in their treatment
- Using identifiers for high risk patients, an aggression screening tool bundled with a collaboratively created safety plan can reduce the use of mechanical restraints and provide a safer therapeutic approach to care

LESSONS LEARNED / NEXT STEPS

- It is important to identify the potential for violence early to prevent unsafe behaviors before they happen
- Creating a successful Safety Plan requires collaboration with the patient to identify effective de-escalation techniques and coping skills
- Continue to monitor data and research for the most current evidence-based practices to eliminate the use of mechanical restraints

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