

# Six Core Strategies<sup>©</sup> checklist

*New Zealand adaption*



## *Introduction*

Welcome to the New Zealand adaption of the Six Core Strategies<sup>®</sup> checklist. This checklist is a tool for leaders and managers to use to ensure the seclusion and restraint reduction activities they invest in and lead have the greatest efficacy and success. It has been designed to be used as printed document, as a tool to help you make decisions about the next steps to successfully apply the Six Core Strategies<sup>®</sup>.

The checklist includes four columns:

1. descriptions of performance indicators for each strategy
2. examples of things to do to achieve the objectives in that area
3. for the service to identify if they are meeting the objective
4. for services to outline what their next steps will be to fulfil that objective

## *Background of the Six Core Strategies<sup>®</sup>*

The Six Core Strategies<sup>®</sup>, on which this checklist is based, were developed in the United States of America by the National Association of State Mental Health Program Directors Medical Directors Council (NASMHPD). This was in response to the release of several influential reports and more especially the growing voices of service users and other stakeholders saying that seclusion and restraint were traumatising, both to people receiving services and to staff.

The strategies were developed after collecting and analysing all seclusion and restraint literature and research available at the time, including anything on violence in inpatient settings, staff development strategies, risk assessments, service user and staff stories about seclusion and restraint, and media publications. Also at this time, leaders and managers who were known to have made progress in reducing seclusion and restraint were brought together for a series of think tank meetings. From these, critical elements of success were identified and were narrowed down to the Six Core Strategies<sup>®</sup>.

Following this, a training programme was developed for the Six Core Strategies<sup>®</sup> and trainings were held in selected pilot sites. The outcomes were evaluated and it was found that significant reductions in seclusion and restraint were found in all facilities, even though they had different specialties, levels of security, ownership, and size.

To support the utilisation and effectiveness of the Six Core Strategies<sup>®</sup> a checklist was created. This checklist has been reviewed and adapted for the New Zealand environment.

## Getting started

### Strategy One - Leadership towards organisational change.

Unless senior leadership is aligned and committed to supporting, applying and resourcing seclusion and restraint reduction initiatives, the results will be spasmodic and reliant on individuals. This lessens by far the degree of success possible and the durability and sustainability of the project work.

Under Strategy One, seclusion and restraint reduction project team/s will be formed with appropriate representation and input. A good way of progressing efficiently is to delegate responsibility for each of the other five strategies to the leader or champion most aligned to each. They then do that part of the checklist and report back.

*Champions or leads well aligned to each strategy:*

### Strategy Two - Using data to inform practice.

Staff who have an interest and skill in collecting and analysing information. This will include things like HoNOS, KPIs, PRIMHD but will also include new information as identified in the checklist.

### Strategy Three - Workforce development.

This may include a variety of staff members but needs to have an identified lead to oversee and centralise workforce development initiatives happening. This could be the service or unit manager, clinical nurse educator or training and development co-ordinator.

### Strategy Four - Use of seclusion and restraint reduction tools.

Staff who lead or co-ordinate the assessments, tools and plans used in the unit.

### Strategy Five - Service user/consumer roles in inpatient units.

Staff who hold lead service user roles in the service.

### Strategy Six - Debriefing techniques.

Ward managers with service user leaders.

## Cultural leadership and participation

It is vitally important that there is robust cultural input into this work.

Finding the right cultural leaders and advisors and including them from the start not only supports our promises and responsibilities to the Treaty of Waitangi. It will also ensure that the over representation by Maori in mental health and addiction services has the best chance of being understood and redressed. There must be a clear voice and practical input into the project.

Similarly, places that have high Pacific, Asian and refugee or other migrant populations should ensure those voices are also included.

While there is a clear strategy (Strategy Five) around service user involvement, families and whanau are also vital in this process. Using family advisors and their networks will further increase the level of success of initiatives. We have endeavoured to weave these throughout the checklist.

Once the leads or champions of each strategy gather the checklist findings, these will be brought back to the seclusion and restraint reduction project group. This information is used to develop a plan that includes allocated responsibilities, identification of resourcing and timelines.

Using the strategies and the checklist is the very best chance services have of successfully reducing seclusion and restraint events. They will also support the service to meet its legislative and standards requirements, workforce development initiatives, change culture/organisation projects and quality improvement work. Most importantly of all will provide more positive and successful outcomes for people that use services and their families, whanau and communities.

# Six Core Strategies<sup>®</sup> for Reducing Seclusion and Restraint checklist

Based on the NASMHPD Six Core Strategies for Reducing Seclusion and Restraint Use © planning tool.  
 (<http://www.nasmhpd.org/docs/publications/docs/2008/Consolidated%20Six%20Core%20Strategies%20Document.pdf>)

## 1 Leadership towards organisational change

GOAL ONE: To reduce the use of seclusion and restraint by defining and articulating a mission, philosophy of care, guiding values and ensuring the development of a seclusion and restraint reduction plan and plan implementation. The guidance, direction, participation and on-going review by executive/senior leadership is clearly demonstrated throughout seclusion and restraint reduction projects, plans and service delivery.

Service objectives	Examples	Objective met?	Next steps
<b>1 Does the organisation and service mission/vision statement, philosophy, and core values reflect the intent of seclusion reduction initiatives?</b>	Evidence of congruency with principles of recovery, trauma informed systems, violence and coercion free safe environments for service users and staff.		
<b>2 Has the service developed a seclusion and restraint policy statement that includes beliefs to guide use that is congruent with mission, vision, values and recovery principles?</b>	Inclusion of statements such as “seclusion and restraint are not treatments, but a safety measure of last resort and include the services commitment to the reduction/elimination of seclusion and restraint.”		
<b>3 Has the service leadership developed an individualised service-based seclusion and restraint reduction action plan?</b>  <b>Is this included in overall service strategic plans such as District Annual Plans?</b>	Plan includes: a. Performance improvement and prevention approach as the overarching principle b. The assignment of seclusion and restraint reduction champions and or team c. A consistent and clear understanding of the legal definition of seclusion d. The creation of goals, objectives and action steps assigned to responsible individuals with timelines e. Targets identified for reducing rates including over what period of time f. Consistent reviews and revisions with executive/senior management oversight and review g. Plan is included in overall service strategic plans such as District Annual Plans, service development and quality plans h. Plan holds the safety of people’s emotional, mental and physical health as a priority.		

Service objectives	Examples	Objective met?	Next steps
<p><b>4 Has service leadership committed to create a collaborative, non-punitive environment, including</b></p> <ul style="list-style-type: none"> <li>» <b>identifying and working through problems</b></li> <li>» <b>communicating expectations to staff</b></li> <li>» <b>being consistent in maintaining effort?</b></li> </ul>	<p>This step could include a statement to staff that while individual staff members might act with best intent, it may be determined later that other avenues or interventions could have been taken. It is only through staff’s trust in service leadership that they will be able to speak freely of the circumstances leading up to a seclusion and restraint event so that the event can be carefully analysed and learning can occur. However, the rules defining abuse and neglect are clear and the previous statement does not lift accountability for those kinds of performance issues.</p> <p>Advice should be sought from cultural advisors, kaumatua and matua (Pacific) to identify cultural solutions.</p>		
<p><b>5 Are all staff aware of the role and responsibility of the general manager or service leader to direct seclusion and restraint reduction initiatives?</b></p>	<p>Evidence of senior level involvement in motivating staff including commitment from the service clinical director.</p> <p>A “kickoff” event for the rollout of this initiative is recommended or a celebration if the service is already involved in a reduction effort.</p> <p>This step calls for active, routine and observable activities such as the inclusion of status report at all management meetings.</p>		
<p><b>6 Has leadership evaluated the impact of reducing seclusion and restraint on the whole environment?</b></p>	<p>Potential issues are identified such as:</p> <ol style="list-style-type: none"> <li>a. Extended time involved in de-escalation attempts</li> <li>b. Additional admission assessment questions</li> <li>c. Debriefing activities</li> <li>d. Processes to document event</li> <li>e. Increased destruction of property</li> </ol>		
<p><b>7 Has the leadership set up a staff recognition project to reward individual staff, unit staff and seclusion and restraint champions for their work on an on-going basis?</b></p>	<p>Recognition for staff of strengths and achievement of goals mirrors recovery and values based service philosophies and role models good practices.</p>		
<p><b>8 Does the executive/senior leadership approved seclusion and restraint reduction plan delegate tasks and hold people accountable through routine reports and reviews?</b></p>	<p>Regular reporting in executive/senior management meetings of progress and updates.</p>		

Service objectives	Examples	Objective met?	Next steps
<p><b>9 Has leadership addressed staff culture issues, training needs and attitudes?</b></p> <p><b>(See also Workforce Development)</b></p>	<p>This includes a programme of staff training and development in knowledge, skills and abilities, including choice of training program for seclusion and restraint application techniques and will include human resources (HR).</p> <p>Survey of what staff want from their service and how to go about achieving this – training to reinforce this.</p> <p>Survey of what staff see as organisational values and how they demonstrate those.</p>		
<p><b>10 Has leadership reviewed the service’s plan for clinical treatment activities to ensure that active, daily, people-centred, effective treatment activities are available and offered to all people receiving services?</b></p>	<p>This would include that people receiving the service have some personal choice in what activities they attend. The minimum criteria to meet under this objective are to ensure that service users are not spending their days in enclosed areas without effective useful activity choices occurring. These may include living, learning, recreational and working activities and skill development.</p>		
<p><b>11 Has executive/service leadership ensured oversight accountability by watching and elevating the visibility of every event 24 hours a day, seven days per week?</b></p>	<p>This includes assigning specific duties and responsibilities to multiple levels of staff including on-call management, on-site nursing unit or service supervisors, psychiatrists, direct care staff, consumer advisors and advocates.</p> <p>Institute formal “rounding” where peoples emotional states are regularly observed.</p>		
<p><b>12 Has service leadership ensured service user inclusion, leadership and perspectives are part of all seclusion and restraint reduction plans, initiatives and evaluations?</b></p>	<p>Service user leaders are sought and included in all seclusion and restraint reduction activities. Should also include a service user champion involved in groups and reporting.</p>		
<p><b>13 Has service leadership ensured Maori inclusion, leadership and perspectives are part of all seclusion and restraint reduction plans, initiatives and evaluations?</b></p>	<p>Given the high numbers for Maori it is pivotal that Maori are sought and included in all seclusion and restraint reduction activities. Should also include a Maori champion involved in groups and reporting.</p>		
<p><b>14 Has service leadership ensured family and whanau inclusion and perspectives in seclusion and restraint reduction initiatives?</b></p>	<p>Family and whanau perspectives and input are included, champion identified.</p>		

## 2 Using data to inform practice

GOAL TWO: To reduce the use of seclusion and restraint by using data in an empirical, non-punitive manner. This includes:

- » using data to analyse characteristics of service usage by unit, shift, day, and staff member
- » identifying service baselines
- » setting improvement goals and comparatively monitoring use over time in all care areas, units and services.

Service objectives	Examples	Objective met?	Next steps
<b>1 Has the service collected and graphed baseline data on seclusion and restraint events?</b>	Includes, at a minimum, incidents, hours, use of involuntary medication and injuries. See section 3 for more detailed suggestions.		
<b>2 Has the service set goals and communicated these to staff?</b>	Includes: <ol style="list-style-type: none"> <li>a. Setting realistic data improvement thresholds</li> <li>b. Encouraging non-punitive, healthy competition among units or sister services by posting data in general treatment areas and through letters of agreement with external services</li> <li>c. Ensuring all staff are informed and responsibilities identified</li> </ol>		
<b>3 Has the service chosen standard core and supplemental measures?</b>	Should include: <ol style="list-style-type: none"> <li>a. Seclusion and restraint incidents and hours by shift, day, unit, time</li> <li>b. Use of involuntary IM medications</li> <li>c. Service user and staff related injury rates</li> <li>d. Type of restraint</li> <li>e. Service user involvement in event debriefing activities</li> <li>f. Grievances</li> <li>g. Service user demographics including gender, race, diagnosis and other measures as desired</li> <li>h. Specific Maori demographics</li> <li>i. HONOS, KPI, KPP and PRIMHD information of relevance</li> <li>j. Display current statistics where staff and service users can see them (graphs of seclusion hours/incidents)</li> </ol>		
<b>4 Does the appropriate leadership have access to data that represents individual staff member involvement in seclusion and restraint events? Is this information kept confidential and used to identify training needs for individual staff members?</b>	Access to individual staff member data is restricted and may include access for supervisors, team leaders, managers and workforce development leaders.		

Service objectives	Examples	Objective met?	Next steps
<p>5 <b>Is the service able to observe and record “near misses” and the processes involved in those successful events?</b></p>	<p>Collection of this information would be used to support learning of best practices to reduce seclusion and restraint.</p> <p>Near misses are when a restraint or seclusion event did not happen but nearly did. This can be valuable information to collect to inform understanding of how to do things differently.</p> <p>This can also inform a recognition of positive staff interventions initiative.</p>		



### 3 Workforce development

GOAL THREE: To create an environment where policy, procedures, and practices are grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on people. This includes understanding the prevalence of these experiences in people who receive mental health services and the experiences of staff. The characteristics and principles of trauma informed care systems need to be included. It also includes the principles of recovery-oriented systems and models that support people-centred care, choice, respect, dignity, partnerships, self-management, and full inclusion.

The goal is to create an environment that is less likely to be coercive or 'conflictual'. It is implemented primarily through staff training and education and human resource activities. This includes safe and least-coercive seclusion and restraint training, and the inclusion of technical and attitudinal competencies in job descriptions and performance evaluations. Also includes the provision of effective treatment activities on a daily basis that are designed to support life skills.

Service objectives	Examples	Objective met?	Next steps
<b>1 Has staff development training included recovery/resiliency, prevention, and performance improvement theory and rational to staff?</b>	All staff regularly receive training on and understand recovery/ resiliency, prevention and performance improvement theories and rationales.  Training is included in new staff orientation.		
<b>2 Has the organisation and service revised the organisational and service mission, philosophy, and policies and procedures to address the above theory and principles?</b>	Seclusion reduction champions and/or teams ensure alignment of organisation and service mission, vision, philosophy, policies and procedures to seclusion and restraint reduction initiatives and kaupapa.		
<b>3 Has the service appointed a team/ committee and chair/leader/champion to address workforce development agenda and lead this organisational change? Includes HR</b>	Seclusion and restraint workforce development is guided by appointed team/committee and chair/leader/champion and is included in general mental health and addiction workforce development groups.		

Service objectives	Examples	Objective met?	Next steps
<p><b>4 Has the service insured education/ training for staff at all levels in theory and approaches of seclusion and restraint reduction?</b></p>	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> <li>a. Experiences of service users and staff - include service user stories of what they believe led to incidents</li> <li>b. Common assumptions and myths</li> <li>c. Trauma Informed Care</li> <li>d. Neurobiological effects of trauma</li> <li>e. Public Health prevention models</li> <li>f. Performance improvement principles</li> <li>g. Seclusion and Restraint Reduction Core Strategies as appropriate</li> <li>h. Risk for violence</li> <li>i. Medical/physical risk factor for injury or death</li> <li>j. Use of safety planning tools or Advance Directives</li> <li>k. Core skills in effective engagement and building therapeutic and strengths based relationships</li> <li>l. Safe restraint application procedures including pain free holds and face-to-face monitoring while a person is in restraint</li> <li>m. Non-confrontational limit setting</li> <li>n. Understanding of peoples triggers and avoiding setting them off</li> <li>o. Lets get real suite of learning modules</li> <li>p. Maori models of practice</li> <li>q. Cultural competency for Pacific People, Asian, refugee and migrant people.</li> <li>r. Co-existing problem capable staff</li> </ul>		
<p><b>5 Has the service encouraged staff to explore unit “rules” with an eye to analysing these for logic and necessity?</b></p>	<p>Some inpatient services may have historical rules that are habits or patterns of behaviour that are not congruent with a non-coercive, recovery facilitating environment.</p> <p>Solutions may include:</p> <ul style="list-style-type: none"> <li>a. Time at staff meetings to explore this topic</li> <li>b. Regular reviews by staff</li> <li>c. Encouragement of staff feedback and initiatives</li> </ul>		

Service objectives	Examples	Objective met?	Next steps
<b>6 Has the service addressed staff empowerment issues?</b>	Includes: a. Staff having input into rules and regulations? b. Allowing staff discretion to suspend “rules” within defined limits to avoid incidents. Note - this is not to undermine consistency but to allow flexibility within defined parameters		
<b>7 Does the service support staff empowerment?</b>	Includes: a. Self-schedule or flex schedules b. Ability to switch assignments and tasks c. Regular supervision d. Inclusion in unit decision making		
<b>8 Does the service ensure that all staff at all levels are responsible, capable adults, that may be injured by trauma, and communicate this value to all?</b>	Includes: a. Regular supervision b. Performance appraisals c. Availability of EAP (Employee Assistance Programmes) d. A culture of acceptance and non-judgemental valuing of peoples experiences and skills		
<b>9 Has the service included Human Resources in the planning and implementation of workforce development seclusion and restraint reduction efforts?</b>	Includes: a. The development and insertion of knowledge, skills and abilities considered mandatory in job descriptions b. Competencies for all staff at every level of the organisation c. May include both technical competence and attitudinal competence and how these are demonstrated. Let’s get real values and attitudes defines expectations of both values and attitudes d. Co-existing capability should also be included in workforce expectations		

## 4 Use of seclusion and restraint reduction tools

GOAL FOUR: To reduce the use of seclusion and restraint through the use of a variety of tools and assessments that are integrated into each individual service user's treatment stay and planning. Including the use of assessment tools to identify risk factors, any seclusion and restraint history, use of a trauma assessment, tools to identify people with risk factors for death and injury, the use of de-escalation or safety plans and advance directives, environmental changes to include sensory rooms and other meaningful clinical approaches that support people in emotional self-management.

Service objectives	Examples	Objective met?	Next steps
<p><b>1 Has the service implemented assessment tools to identify risk factors for inpatient incidents of aggression and violence?</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Risk assessments that include service user history including triggers and warning signs. This information should be shared with staff so all are aware of potential triggers</li> <li>b. Unit environment volatility scales</li> <li>c. Co-existing problems assessments</li> </ul>		
<p><b>2 Has the service implemented assessment tools on the most common risk factors for death or serious injury caused by restraint use?</b></p>	<p>Assessments include:</p> <ul style="list-style-type: none"> <li>a. Weight issues</li> <li>b. History of respiratory problems including asthma</li> <li>c. Recent ingestion of food</li> <li>d. Identified medications and interactions of medications</li> <li>e. History of cardiac problems</li> <li>f. History of acute stress disorder or PTSD</li> </ul>		
<p><b>3 Has the service implemented the use of a trauma history assessment that identifies peoples risk for re-traumatization and addresses signs and symptoms related to untreated trauma sequelae?</b></p>	<p>Service user assessments include opportunities to identify any trauma history.</p> <p>Staff are trained in trauma informed practices.</p> <p>Staff understand that untreated trauma can lead to mental health and physical problems.</p>		
<p><b>4 Has the service implemented a de-escalation tool or safety planning assessment that includes the identification of individual triggers and personally chosen and effective emotional self-management strategies?</b></p>	<p>All service user plans such as treatment, recovery, relapse prevention and WRAP (Wellness Recovery Action Plans) plans include the identification of individual triggers and personally chosen and effective emotional self-management strategies.</p>		

Service objectives	Examples	Objective met?	Next steps
<p><b>5</b> Has the service implemented engagement, communication techniques/conflict mediation procedures? Are there processes that pick up environmental signs of overt/covert coercion that lead to change?</p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Staff are trained in engagement, communication techniques/ conflict mediation procedures</li> <li>b. Seclusion and restraint reduction plans include ways of measuring and checking the environmental signs of overt/covert coercion</li> <li>c. The environment reflects seclusion and restraint reduction approaches</li> <li>d. Include real life stories showing the causes and beliefs held by service users involved in seclusion and restraint events in trainings</li> </ul>		
<p><b>6</b> Has the service utilised an aggression control behaviour scale that assists staff to discriminate between agitated, disruptive, destructive and dangerous behaviours and decrease the premature use of restraint/seclusion?</p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. An agreed tool that all staff are trained in using that supports staff to understand and identify risk early and use other strategies first</li> <li>b. Only using seclusion and restraint as an intervention of last resort</li> <li>c. Rounding to identify patients emotional states (as part of 15/60 observations)</li> </ul>		
<p><b>7</b> Has the service written policies and procedures for use of the above interventions and disseminated these to all staff?</p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Guideline, policy and procedure development that ensure effective and safe use of identified tools</li> <li>b. Staff communication and training in the tool</li> <li>c. Regular evaluation of staff knowledge, skill and usage of tool</li> </ul>		

Service objectives	Examples	Objective met?	Next steps
<p><b>8 Has the service created a way that individual safety planning or de-escalation information is readily available in a crisis and is integrated in the treatment plan?</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Systems and processes ensure all service user information, plans, Advance Directives and treatment histories are easily accessible and regularly updated</li> <li>b. Individual safety or de-escalation plans easily and quickly identified and accessed</li> <li>c. Service users carry copies of plans with them</li> <li>d. Staff are trained and create a culture of ensuring plans are up to date and quickly accessible. Service users must receive the updated version.</li> <li>e. Use information on what has worked for people in previous admissions and have a process for ensuring this information is available and an expectation that it is acted on</li> <li>f. Can develop whanau centred treatment plans</li> </ul>		
<p><b>9 Has the service made available expert and timely consultation with appropriately trained staff or consultants to assist in developing individualized, trauma informed, overall support and behavioural support interventions for service users who demonstrate consistently challenging behaviours?</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Identifying and training staff in this specialist area</li> <li>b. Regular staff training in working with people who have challenging behaviours</li> <li>c. Regular staff supervision groups with this as a focus</li> </ul>		
<p><b>10 Does the service have outlined alternatives to seclusion and restraint activities that are included in service user orientation and treatment plans?</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Sensory modulation approaches and room</li> <li>b. Pacing or physical activity areas</li> <li>c. Quiet private spaces</li> <li>d. Occupational activities available including weekends</li> <li>e. Available areas for music, television and craft</li> <li>f. Peer support options</li> </ul>		

## 5 Service user/consumer roles in inpatient settings

GOAL FIVE: To assure for the full and formal inclusion of service users/consumers or people personally experienced in recovery in a variety of roles in the service to assist in the reduction of seclusion and restraint.

Service objectives	Examples	Objective met?	Next steps
<p><b>1 Does the service have integrated service user choices at every opportunity?</b></p> <p><b>For children and young people's treatment programs this also focuses on family member choices.</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Service users are given full information about the service and treatment choices and options. It's important to note that while some choices may have to be made in crisis this information and choice should be a continuous process, regularly updated and provide a good point of engagement</li> <li>b. Service users are included in all treatment and recovery planning and their personal choices documented and respected</li> <li>c. Family members are given appropriate information and included in service users' treatment and service planning</li> </ul>		
<p><b>2 Has the service used vacant FTE's to create full or part-time roles for older adolescent/adult service user/consumer positions.</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Service user/consumer advisors and consultants</li> <li>b. Peer support workers</li> <li>c. Service user/consumer trainers</li> <li>d. Service user/consumer evaluators</li> <li>e. Service user/consumer trained in debriefing</li> <li>f. Service user/consumer supervisors</li> <li>g. Service user roles should be included in team meetings for information sharing and a sense of inclusion</li> </ul>		
<p><b>3 Has the service educated staff as to the importance and need to involve service users/consumers at all operational levels, both through respectful inclusion in operations decisions and in the consistent attention to the provision of choices?</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Staff commitment to providing service users with information and choices at every stage of treatment, plans are always kept updated as people recover</li> <li>b. Service users are formally included in and contribute to unit operational decisions and planning</li> <li>c. People using inpatient services have opportunities to give quality authentic feedback</li> <li>d. Service users are included and participate in service reviews</li> </ul>		

Service objectives	Examples	Objective met?	Next steps
<p><b>4 Has the service included service user/consumer leadership in key committees and workgroups throughout organisation?</b></p>	<p>This includes service users involved in:</p> <ul style="list-style-type: none"> <li>a. Quality groups</li> <li>b. Seclusion and restraint reduction groups</li> <li>c. Staff training</li> <li>d. Senior management meetings</li> <li>e. Service evaluation groups</li> <li>f. Service planning groups</li> <li>g. Incident or sentinel events review groups</li> <li>h. Recruitment and retention groups</li> <li>i. Workforce development groups</li> </ul>		
<p><b>5 Has the service supported service users/consumers to do their service related jobs at the highest level and supported this work?</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Clear job descriptions that include responsibilities and delegated authority</li> <li>b. Regular supervision</li> <li>c. Workforce development and training plans</li> <li>d. Regular direct report meetings</li> <li>e. Performance appraisals</li> </ul>		
<p><b>6 Has the service implemented service user/consumer satisfaction surveys with systems to effectively use the information gathered?</b></p>	<p>Includes systems that ensure:</p> <ul style="list-style-type: none"> <li>a. Results are discussed with staff</li> <li>b. Results are used to direct service provision and quality improvement initiatives.</li> <li>c. Use experience based design/co-design emotional surveys as part of this (Lynne Maher’s work)</li> <li>d. Use of Maori appropriate feedback processes such as hui or kanohi kitea</li> </ul>		
<p><b>7 Has the service invited external service user leaders, advocates, networks and groups to provide suggestions and be involved in operations?</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Regular service user/consumer community meetings facilitated by service consumer advisor</li> <li>b. Regular times for advocates visits in the inpatient unit</li> <li>c. Employed service user roles include networking and community group meetings</li> <li>d. Employed service user roles facilitate service user sector views and advice.</li> <li>e. Service user run groups in the inpatient unit</li> </ul>		



Service objectives	Examples	Objective met?	Next steps
<p><b>8 Has the service educated staff to the importance and need to involve family and whanau at all operational levels, both through respectful inclusion in operations decisions and in the consistent attention to the provision of choices?</b></p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>a. Staff commitment to providing family and whanau with information and choices at every stage of treatment as appropriate</li> <li>b. Family and whanau are formally included in and contribute to unit operational decisions and planning</li> <li>c. Family and whanau of people using inpatient services have opportunities to give quality authentic feedback</li> <li>d. Family and whanau are included and participate in service reviews</li> </ul>		

## 6 Debriefing techniques

GOAL SIX: To reduce the use of seclusion and restraint through knowledge gained from a rigorous analysis of seclusion and restraint events. Ensuring the use of this knowledge informs policy, procedures, and practices to avoid repeats in the future. A secondary goal of this objective is to attempt to mitigate the adverse and potentially traumatising effects of a seclusion and/or restraint event for involved service users, staff and all witnesses to the event.

It is imperative that senior clinical and medical staff, including the clinical director and nurse leader, participate in these events.

Service objectives	Examples	Objective met?	Next steps
<p><b>1 Has the service revised policy and procedures to include two debriefing activities for each event as follows:</b></p> <ul style="list-style-type: none"> <li><b>a An immediate “post-event” debriefing that is done onsite after each event</b></li> <li><b>b A formal debriefing that includes a rigorous analysis.</b></li> </ul>	<p>Immediate debriefing should be led by the senior on-site supervisor who immediately responds to that unit or area</p> <p>The goals of this post-acute event debriefing are:</p> <ul style="list-style-type: none"> <li>a. To assure that everyone is safe</li> <li>b. To ensure that the person in restraint is safe and being monitored appropriately</li> <li>c. That documentation is sufficient to be helpful in later analysis</li> <li>d. To briefly check in with involved staff, service users and witnesses to the event to gather information</li> <li>e. To try and return the unit to pre-event status</li> <li>f. To identify potential needs for policy and procedure revisions</li> </ul> <p>The formal debrief should:</p> <ul style="list-style-type: none"> <li>a. Occur one to several days following the event</li> <li>b. Include attendance by the involved staff, treatment team members including the attending physician, and management</li> <li>c. Is run by a person well versed in objective problem solving and was not involved in the triggering event.</li> <li>d. Follow the steps in a root cause analysis (RCA) or a similar rigorous problem solving procedure to identify:               <ul style="list-style-type: none"> <li>» what went wrong</li> <li>» what knowledge was unknown or missed</li> <li>» what could have been done differently</li> <li>» how to avoid in the future.</li> </ul> </li> </ul> <p>It is also recommended that RCA or similar be used in situations where individuals are injured, where seclusion and restraint has been used more than twice in a month and at any time where a seclusion and restraint event lasts more than eight hours.</p> <p>Cultural consideration is very important as there may be risk of cross cultural miscommunication or misunderstanding.</p>		

Service objectives	Examples	Objective met?	Next steps
<p><b>2 Has the service assured the involvement of the service user in all debriefing activities either in person or by proxy?</b></p>	<p>Inclusion of the service user’s experience or voice in debriefing is critical.</p> <p>If the service user cannot or chooses not to participate it is recommended that a service user advocate or advisor act as that person’s advocate at the meeting. Service user debriefs should always be done at a time of the service users choosing to lessen any potential for re-traumatisation and also to ensure information collected has good depth.</p>		
<p><b>3 Are the services debriefing policies and procedures clear and specific?</b></p>	<p>Debriefing policies and procedures should cover:</p> <ul style="list-style-type: none"> <li>a. Goals of debriefing</li> <li>b. Who is present</li> <li>c. Responsibilities/roles</li> <li>d. Process</li> <li>e. Documentation</li> <li>f. Follow-up</li> </ul>		
<p><b>4 Has the service implemented debriefing policies and procedure that address staff, service user and observer response and issues?</b></p>	<p>Debriefing policies and procedures include guidelines and frameworks that cover:</p> <ul style="list-style-type: none"> <li>a. Staff responses and issues</li> <li>b. Service user responses and issues</li> <li>c. Observers responses and issues</li> </ul>		
<p><b>5 Has the service provided training on how debriefing will revise treatment planning</b></p>	<p>Staff training should include using debriefing information to revise treatment planning including:</p> <ul style="list-style-type: none"> <li>a. Identifying early warning signs</li> <li>b. Identifying trigger points</li> <li>c. Using service user chosen alternative actions</li> <li>d. Using service user chosen self-soothing approaches</li> <li>e. Ensure staff are aware of the range of self soothing that people might utilise – the service user choices need to be clear and understood by staff ideally before any escalation issues occur</li> </ul>		
<p><b>6 Does the service assist staff in their individual responses to seclusion and restraint events</b></p>	<p>This may include:</p> <ul style="list-style-type: none"> <li>a. The use of EAP (Employee Assistance Program) services</li> <li>b. Supervision</li> <li>c. Other staff identified supportive resources</li> </ul>		

**Te Pou**  
o Te Whakaaro Nui

