Audit Of Compliance With Code Of Practice For Physical Restraint

Author: Dr F Fizna Fysal, Co Authors: Dr Pranith Perera, Dr Gajen Balasubramaniam
Supervisor: Consultant Dr Rachael Cullivan

RATIONALE:

There is current interest and focus on use of least restrictive methods of treatment. Hence ensuring appropriate use according to Best Practice Guidance from the Mental Health Commission (MHC) when physical restraint is of utmost importance. This includes appropriate review and follows up of patients.

AIM:

Assess adherence to MHC code of practice in a 25-Bed Acute Adult Admission Unit utilizing an Audit Cycle.

OBJECTIVE:

Assess level of adherence to the Code of Practice regarding physical restraint utilizing a 12 month retrospective review of all Physical Restraints applied in 2020.
Utilize this review to assess impact of previous recommendations and interventions on adherence to guidelines following the initial review

STANDARDS:

MHC; Code of practice on the use of physical restraint in approved centers. Issued pursuant to section 33 (3)(e) of the mental health act 2001.
This requires the following to be recorded in the patient's clinical notes for each episode of physical restraint:

- Notification of consultant
- Consent for physical examination
- Physical examination within 3 hours
- Physical restraint form completion*
- Physical restraint form signed by consultant within 24 hours*
- Consent to inform NOK
- Notification to the NOK *

* Included in clinical practice form (CPF) for physical restraint

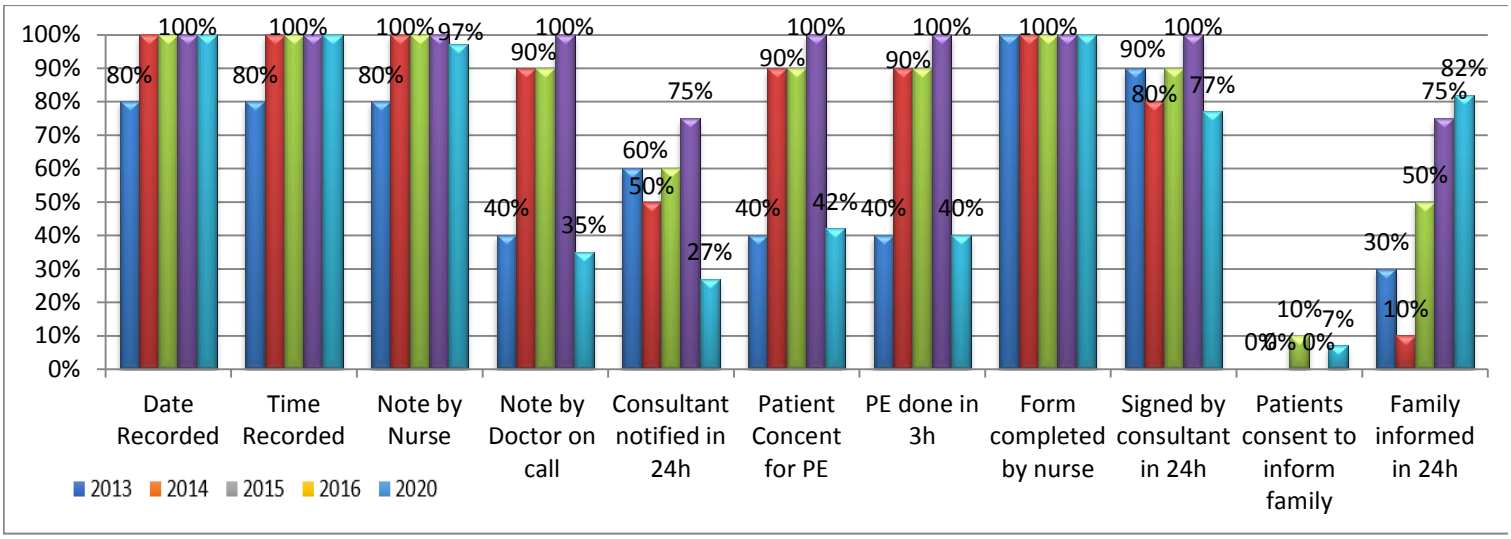
METHODOLOGY:

First pro-forma developed in 2013 identified gaps in level of adherence. However, it is noted to be satisfactory in the preceding years due to the recommendations developed to improve compliance.

The following recommendations were implemented following the initial review:

1. Code of practice and Physical restraint policy was part of 6 monthly in local teaching sessions
2. Checklist developed to remind and guide psychiatric registrars during post restraint assessment.
3. Checklist attached to MHC clinical practice book of physical restraint forms.
4. The results of the initial stage of the Audit Cycle were presented at Teaching and Audit sessions.

Following a number of induction cycles the same pro-forma was used to review all documentation regarding Physical Restraints for the 12 month period of 2020.



DISCUSSION:

Reduction in compliance in 2020 could be due to lack of reminder sessions
Compliance is greatest where the information forms part of the CPF *.
Particular concerns include lack of documentation of

- NCHD being informed of restraint
- NCHD having sought consent for examination, contacting NOK & informing consultant.
- NCHD documentation of examination (including observations if actual examination is refused)
- Repeated examinations incases of multiple restraint.

RECOMMENDATIONS:

Repeat reminder sessions for both doctors and nurses and make theses mandatory in local teaching sessions.
Re-Audit and continue evaluation of compliance with Code of practice in future.
Consider introduction of either checklist attached CPF* to cover areas of poor compliance. But ultimately make submission to the MHC to consider including these on the CPF* when being revised.

Clinical audit consent received by ECD Dr F. Leonard
REFERENCES: Code of practice on use of physical restraint in approved centers. Published 2009 / Cavan and Mongahan Mental Health Service Policy on Physical restraints