



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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11 June 2019

9(2)(a)

RE Official Information Act request WCDHB 9305

I refer to your email dated 5 May 2019, and received on 6 May 2019, requesting the following information under the Official Information Act from West Coast DHB regarding how the use of restraints in New Zealand mental health facilities has changed since their minimisation became a priority in 2009. Specifically:

- 1. Can you please provide data about the use of physical/mechanical restraints in your District Health Board for mental health services and identify the service associated with this data? (By physical/mechanical restraints I mean using appliances such as straps, ties or handcuffs to immobilise patients).**

Please refer to **Appendix 1** for the West Coast DHB Restraint Minimisation and safe practice policy.

The West Coast DHB has an active Multi-disciplinary restraint approval monitoring group (RAMG) that meets along with their transalpine partners (Canterbury DHB) on a monthly basis. This group approves personal, physical restraints for specific service areas

Please Note: The West Coast DHB is committed to reduce use of restraint in all its forms and to encourage the use of least restrictive practices. Restraint is a serious clinical intervention that requires clinical rationale and oversight. It is used only to protect patients/consumers as well as others from harm for the least amount of time possible and following consideration of alternative interventions such as de-escalation strategies.

A personal restraint is where a service provider uses their own body to intentionally limit the movement of a patient/consumer. These can be partial or full.

A physical restraint is where a service provider uses equipment, devices or furniture that limits the patient's/consumers normal freedom of movement.

Seclusion is where a patient/consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.

The restraints asked for in your questions 1, 2 and 3 are responded to, as per these definitions, with the exception of seclusion.

- 2. In particular, can you provide minutes of meetings or other documents from 2008 through 2018 that provide trends of the use of physical/mechanical restraints, produced by or for your committee that has the duty of overseeing restraint use?**

Please refer to **Appendix 2** for minutes for the West Coast DHB Restraint Minimisation Committee from 2012 to 2019. The West Coast DHB does not hold documentation of restraint meetings prior to 2012. We are therefore declining to provide information requested since 2008 under section 18(g) of the Official Information Act.

Please refer to **Appendix 3** for the Terms of Reference of the West Coast DHB Restraint Minimisation Committee.

3. In addition, Can you provide information during the calendar year 2008 and during the calendar year 2018 on the use of physical/mechanical restraints in the mental health services of your DHB? This data should be kept in a Restraint Register or in a computer database. The data for 2008 and 2018 should specify the type of restraint used (e.g., wrist strap, bed straps) and the length of time between start and finish of each individual mechanical/physical restraint.

2018 – Specialist Inpatient Mental Health Unit

Restraint Type	Intervention	Number
Environmental	Locked Doors	146
	Seclusion	16
Full Personal		10
Partial Personal	Wrist restraint	2
	Partial body restraint	7
Total		181

2008 – Specialist Inpatient Mental Health Unit

Restraint Type	Intervention	Number
Environmental	Locked Doors	364
	Seclusion	25
Full Personal		14
Partial Personal		1
Total		404

Note: To provide the length of time between start and finish of each individual mechanical/physical restraint would require a manual search of individual patient files, we are therefore declining to provide under section 18(f) of the Official Information Act i.e. “....the information cannot be made available without substantial research or collation”.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Restraint Minimisation and Safe Practice

Purpose

Canterbury DHB and West Coast DHB are committed to reduce use of restraint in all its forms and to encourage the use of least restrictive practices.

This policy establishes responsibilities, definitions and process to meet the Restraint Minimisation and Safe Practice Standards NZS 8134.2.2008 and legislation.

Policy

Restraint is a serious clinical intervention that requires clinical rationale and oversight. It is used only to protect patients/consumers, others from harm for the least amount of time possible and following consideration of alternative interventions such as de-escalation strategies.

Restraints are clinically justified and only occur in a safe and respectful manner, maintaining culturally safe practice, under the direction and supervision of trained Health Professionals.

Clinical staff dealing with patients, practice competent, safe care in relation to restraint minimisation, always considering the least restrictive interventions and appreciating the physical and psychological impact restraint has on the individual consumer, their family/whanau and others

All restraint events are continually monitored and reviewed and applied for the minimum amount of time necessary. Each episode of restraint must be documented in the clinical notes and in the restraint register inclusive of indication of use, intervention, duration and outcome.

A restraint minimisation and safe practice education programme is in place to minimise restraint use and promote correct use of restraint practices throughout the organisation. The overarching aim of the education programme is to ensure appropriate clinical staff are competent to meet both the individual needs of the consumer and those of the divisions

The Restraint Approval & Monitoring Governance group (RAMG) approves all forms of restraints permitted for use at the Canterbury and West Coast DHB. The divisional Restraint Monitoring Committees (RMC) promote restraint minimisation, monitor restraint use and provide evaluation.

Note The use of medication solely for the purpose of limiting a consumer's freedom of movement or to render them incapable of resistance is considered 'chemical restraint' and is a breach of the standard.

Scope

The restraint of patients/consumers within the CDHB / WCDHB Hospitals, and its Specialist Services under the direction and supervision of a CDHB / WCDHB staff member who is registered with an authorising body.

Staff other than health professionals defined above may participate in restraint episodes but only under the direction and supervision of the most appropriate Health Professional.

Restraint Minimisation and Safe Practice

Exclusions to this Policy

The restraint of patients/consumers being transported and subject to specific provisions under The Mental Health (Compulsory Assessment and Treatment) Act 1992 or The Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

Environmental isolation and/or detainment of patients/consumers for infection prevention and control purposes.

Patients who are prisoners.

Enablers The use of Enablers which are equipment, devices or furniture, **voluntarily** used by a patient/consumer following appropriate assessment, that limits normal freedom of movement, with the intent of promoting independence, comfort and/or safety.

Definitions

De-escalation

A complex interactive process in which the highly aroused individual is re-directed from an unsafe course of action towards a supported and calmer emotional state, This usually occurs through timely, appropriate and effective interventions and is achieved by service providers using skills and practical alternatives (RMSP NZS 8134.2:2008).

Restraint

Is the use of any intervention, by a service provider, that limits a patient's/consumer's normal freedom of movement, (RMSP NZS 8134.2:2008).

Episode of Restraint

For the purposes of restraint documentation and evaluation, a restraint episode refers to a single restraint event, or, where restraint is used as a planned regular intervention and is identified in the consumer's service delivery plan, a restraint episode may refer to a grouping of restraint events.

Categories of Restraint

Personal Restraint

Where a service provider uses their own body to intentionally limit the movement of a patient/consumer. For example, where a consumer is held by a service provider.

Physical Restraint

Where a service provider uses equipment, devices or furniture that limits the patient's/consumers normal freedom of movement. For example, where a patient/consumer is unable to independently get out of a chair due to: the design of the chair; the use of a belt; or the use of a vest. Or by having their normal means of independent mobility denied (such as removing a wheelchair).

Restraint Minimisation and Safe Practice

Environmental Restraint

Locked Doors

Where a service provider intentionally restricts a patient's/consumer's normal access to their environment. For example, where a patient's/consumer's normal access to their environment is intentionally restricted by locking devices on doors.

Or Seclusion

Where a patient/consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.

Seclusion is a specific type of Environmental Restraint and can only be legally implemented for patients/consumers who are under the Mental Health (Compulsory Assessment and Treatment) Act 1992 or the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. Seclusion only occurs in approved and designated seclusion rooms.

Roles and Responsibilities

Clinical

Clinical Staff in assessing whether restraint will be used

Consider least restrictive practice to achieve desired outcome

Informs the consumer and or family/whanau and where practical input is sought

Multidisciplinary review of appropriate restraint intervention

Restraint episode is documented, monitored and evaluated in the clinical record and the restraint register

Decision to cease restraint and ensuring restraint is used for the least amount of time is continually monitored and reviewed.

Episode of restraint is documented and reviewed with consumer and or family/whanau as appropriate.

Clinical Leaders/Managers

With the guidance of the divisional Restraint Minimisation Committees (RMC)

Promote restraint minimisations practices

Monitor and evaluate use of restraint

Advance least restrictive practice including the reduction of all forms of restraint

Initiate, review, implement and evaluate tools, initiatives and approaches that are evidence based best practice for restraint minimisation

Identify and evaluate concerns regarding compliance related to restraint and least restrictive practice and elevate to divisional leadership and RAMG

Restraint Approval & Monitoring Governance Group (RAMG)

Actively monitor, evaluate and promote a consistent, standardised approach to meeting the RMSP standard across the Canterbury & West Coast DHB's and regionally and nationally.

Restraint Minimisation and Safe Practice

Approve and review of all forms of restraint, restraint education, restraint policy and restraint procedures across the Canterbury & West Coast DHB's.

Maintain an approved restraints database with annual review and visibility to the organisation

Provide Restraint Minimisation and Safe Practice advice and leadership

Monitors educational training as per service agreement

Provide expertise and oversee best practice

Provide assistance in the review of restraint related issues/incidents which have not been resolved at divisional level

Clinical Board

Oversees restraint use is monitored and organisation processes are adhered to which assists with its function of overseeing quality systems in all areas of CDHB responsibility.

Measurement or Evaluation

Audit reports demonstrate evaluation for each episode of restraint

Restraint monitoring of divisional and CDHB data by RMC and RAMG

Environmental audit providing confidence that enablers are not used as a restraint

Education programme attendance is monitored as per service requirements

Restraint Minimisation and Safe Practice

Associated Documents

	Type:	Document Title(s)
	RAMG Approved Restraints	<ul style="list-style-type: none"> • RAMG Approved Restraints - WCDHB/CDHB Document
Internal	Education	<ul style="list-style-type: none"> • CDHB RAMG Approved Restraint Minimisation Education Programme overview
	CDHB Policies	<ul style="list-style-type: none"> • Informed Consent • Privacy • Patients who are prisoners • Transmission based precaution isolation guidelines
	Procedures	<ul style="list-style-type: none"> • Older Person's Health and Rehabilitation Restraint • Specialist Mental Health Services Restraint and Seclusion policy and procedure • Soft Limb Restraint Policy –Medical Surgical
	Forms	<ul style="list-style-type: none"> • Psychiatric Services for Elderly and Specialist Mental Health Services Seclusion Observation forms • Restraint Event Monitoring forms • 'Use of Restraint Form'
	Audit	<ul style="list-style-type: none"> • Environmental Scan Audit – Restraint & Enablers • CDHB Restraint and Seclusion Minimisation Documentation Audit • Restraint Event Clinical File Audit
External	Memorandum of understanding	<ul style="list-style-type: none"> • Memorandum of Understanding between the Ministry of Justice and the Ministry of Health
	Key Legislation	<ul style="list-style-type: none"> • Mental Health (Compulsory Assessment & Treatment) Act 1992 • The Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 • Health and Disability Commissioner (HDC) Act 1994 • Human Rights Act 1993 • New Zealand Bill of Rights Act 1990 • Privacy Act 1993
	Key Regulations and Standards	<ul style="list-style-type: none"> • NZS 8143.2:2008 Restraint Minimisation and Safe Practice standard • Health and Disability Commissioner (Code of Health & Disability Services Consumers' Rights) Regulations 1996 • Health Information Privacy Code 1994

Restraint Minimisation and Safe Practice

		<ul style="list-style-type: none">• Health & Disability Service (Core) Standards NZS 8134.1: 2008• Health (Retention of Health Information) Regulations 1996
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CDHB/WCDHB Restraints as Approved by RAMG

Matrix below indicates restraints as approved for divisions/areas. Click on the specific restraint [link](#) for procedure/guideline information.

[Restraint Approval Protocol \(for RAMG\)](#) - Annual approval update: 30 November 2017, no changes at November 2018, inclusive WCDHB approved Restraints at March 2018 - (Changes are: Removed - Bean Bag for OPMH & Fall Out Chair for Ash&R - being Oxford & Waikari Hospitals), OPH&R requested removal all Physical Restraint as of May 2018

Click on Links below for Protocol document and Training Matrix:

[Restraint Training Matrix](#)

Location		Restraint Type					
Division	Area	Personal		Physical		Environmental	
							
		Full	Partial	Bean Bag	Soft Limb	Seclusion	Locked Doors
OPH&R	OPMH - BG	Y	Y	-	-	Y	Y
	OPMH - AG	Y	Y	-	-	Y	Y
	OPH&R	-	-	-	-	-	-
	Spinal Unit	-	-	-	-	-	-
	ORU	-	-	-	-	-	-
	BIRS	-	-	-	-	-	Y
	SOU	-	-	-	-	-	-
ChCh Campus	ED & Inpatient Wards	-	-	-	Y	-	-
	Child Health	-	-	-	-	-	-
	CWH (Incl) Rangiora & Lincoln Hospitals	-	-	-	-	-	-
SMHS	SMHS	Y	Y	-	-	Y	Y
Ashburton & Rural Hospitals	Ashburton	-	-	-	-	-	-
	Tuarangi	-	-	Y	-	-	Y (D3 & D5 only)
	Oxford	-	-	-	-	-	-
	Ellesmere	-	-	-	-	-	-
	Danfield	-	-	-	-	-	-
	Waikari	-	-	-	-	-	-
	Kaikoura	-	-	-	-	-	-
	Akaroa	-	-	-	-	-	-
	Chatham Is.	-	-	-	-	-	-
	Manakitanga	Y	Y	-	-	Y	Y
WCDHB Grey Base	Kahurangi	Y	Y	-	-	-	Y
	Moire	-	-	-	-	-	-
	Barclay	-	-	-	-	-	-
	Parfitt	-	-	-	-	-	-
	McBrearty	-	-	-	-	-	-
	ED/OPD	Y	Y	-	-	-	-
	Ziman House	-	-	-	-	-	-
Repton Buller	Footo (Incl ED)	Y	Y	-	-	-	-
	Kawitiri	-	-	-	-	-	-

WCDHB Restraint Committee



Meeting Minutes
06 November 2012


Present: Janette Anderson, Rachelle Hunt, Anne Tacon, Yvonne Anisy, Sue Duff, Chris Black

Apologies: Vicki Piner (doesn't work Tuesday)

Progress since last meeting:

Action List from June Mtg:

Action	Responsibility	Timeframe
<p>Seek info re: toileting with hoist when nil sitting balance.</p> <p>Sept: Yvonne discussed with Joc – issue of discomfort was around person being left in hoist. Not being used currently. Chris and Janette did dry run trialling hoist – used sling that cocooned Janette and finished just above buttocks. With manoeuvring was very comfortable, safe feeling, and put into approp position for bowel motion. May be appropriate for use for someone without sitting balance. However would need brakes on (not usual for hoist use), and staff person would need to hover.</p> <p><i>Unsure type of sling in use in Dunsford. Some education needed for staff if to be used</i></p> <p>Nov: This was item was discussed again .</p>	<p><i>Janette to check with Amber (OT) and to contact Joc</i></p> <p><i>Janette to check with Buller staff which sling is used</i></p>	<p>Nov 2012</p> <p>Feb 2013</p>
<p>Start process for review of physical/mechanical restraint procedure in MH - Process commenced however discovered that main contents of document has been superimposed with personal restraint contents. Rach to try to locate old hard copy of original as current document not useful.</p> <p>Nov: Review of the restraint procedure for MH</p>	<p>Anne to check Restraint non MH procedure – probably all covered in which case will delete this procedure.</p> <p>Anne and Sue</p>	<p>Nov 2012</p> <p>Feb 2013</p>
<p>Seclusion documentation - process now in place. Noted that while good forms available for consumer debrief following seclusion this is not being used. Anne discussing with CNM Manaakitanga and will let us know</p>	<p>Anne to report back</p>	<p>Nov 2012</p>

<p>Nov:</p> <p>Anne provided a written report and spoke to that report</p>  <p>Use of Seclusion in IPU - A Tacon.pdf</p>		
<p>Lap belts –Janette sought list from Sue Alexander about ones used in CDHB (make and model), to begin bullet pointing some principles as starter. Email forwarded to Anne Hutchison (CDHB restraint coordinator) however has not been able to contact her.</p> <p>See further work on lap belts below</p>	Forward email to Rach for follow up	Sept 2012
<p>Bed Loops/belts – Restraint procedure to be changed to include both as approved restraints. Rach has done in draft – needs to be finalised.</p> <p>Janette to check with CDHB if used there and if so, what sort (however bearing in mind that they don't do long term aged care). As above re: email to Sue</p>	Rach	Sept 2012
<p>Bed rails not supported as restraint – Rach to make changes to procedure accordingly, and include link to restraint committee for tether alarm info. Rach to seek tether alarm info from Alois or Diane (same ones used) for restraint committee info. Done however further discussion below.</p>		

General Business:

- Bed Rails – further discussion with Alois, and supply of CDHB documentation around bed rails, where used as both restraint and enabler. After discussion in meeting today, re-agreed that not supported as restraint (despite being used in that way currently) and Rach to make changes to procedure accordingly. Also add alternatives described in CDHB one if not already included.
- Lap belts – noted that wheelchairs purchased for specific individuals have positioning belts included, 4 pt belts, used for sitting stability not restraint. One child has a “non escape” fastening in his wheelchair at request of parents – Janette to check with relevant staff person that this is noted in clinical record. Worked through template from CDHB for lap belts as a way of organising our information on approved restraints – changes made as attached. Agreed template useful tool however – blanks to be developed for use with other restraint methods.
- Mittens – held over until Chris present
- Restraint incidents and documentation of registers – only one register received (Hannan) – Chris to follow up. Incidents from MH sent out, but not time to review today. Agreed to greater meeting frequency – see below.
- Question raised from Dunsford re: requirement to have doctor involved in review and evaluation (issue of not having doctor availability). Also appears there could be some confusion re: the difference between prescription (doc) and initiation (most approp designated health professional). Reconfirmed that all restraint must be prescribed by doctor, but can then be initiated by another health professional. Review period changed from 6 to 3 monthly maximum,

and must be re-confirmed (essentially a re-prescription) by doctor if ongoing use indicated. Discussion about whether this could be done under standing orders by CNM – Anne to check with Karyn K given the difficulty accessing docs in Buller. Agreed to change policy to include Nurse Practitioners – expected to be in place soon.

- Discussion with CE – a discussion with the CE is planned regarding restraint, and his concerns about restraint being used. Rach to update at next meeting.

Action	Responsibility	Timeframe
Bed rails - make changes to procedure, and include link to restraint committee for tether alarm info and add alternatives as described in CDHB policy	Rach	Sept 2012
Lap belt approval – adapt template and populate with WCDHB info – send out for consultation to Rest. Committee	Rach	Sept 2012
Create blank template for other restraints	Rach	Nov 2012
Check with Anna Hutchison re: preferred suppliers in CDHB, and with Marg Jacobs re: WCDHB	Rach	Nov 2012
Policy Make changes as described above	Rach	Sept
Check re: standing orders for prescription / re-prescription of restraint	Anne	Nov 2012
Talk to Chris re: focus in education around this	Rach/Anne	Nov 2012
Change restraint record form to remove bed rail as option	Rach	Sept 2012
Meeting times – increase to two monthly due to volume of work required	All	Nov

For next meeting:

- Mittens – are they restraint?
- Restraint Flyers
- Clarify documentation needed Kahurangi emergency restraint (incident K307) – (from last meeting, not covered)
- Chris's time resource – noted that Chris has taken restraint coordinator role for hospital services by default and has put massive resources into this. For discussion with full Restraint Comm re: how we could manage this now that Chris holds CNE role alone (missed in last meeting).
- Restraint incidents
- Further restraint audit (recommended 6 monthly by auditors as newly in place)

Next Meeting: 4 November, 10.30 - in OT Assessment Room

WCDHB Restraint Committee



Meeting Minutes 04 June 2013

Present: Janette Anderson, Rachelle Hunt, Anne Tacon, Yvonne Anisy, Chris Black, Sue Duff

Apologies:

Progress since last meeting:

Action	Responsibility	Progress
Start process for review of physical/mechanical restraint procedure in MH -	Anne /Sue	Comment was made regarding an e-mail on this topic sent out previously – Rachelle to look for it. After discussion it was agreed the mental health procedure be deleted as it is covered elsewhere. Anne Tacon mentioned a National Standard for Mechanical Restraint
Lap belts – make and model source info from suppliers and make our own decision	Janette and Anne	<p>Janette found information on two providers – Pelican and Paterson Medical had wheelchair belts which look comfortable</p> <p>Janette also found an article on ‘hip protectors’ with a 68.5% usage needed to reduce hip fractures. A cost of \$168-\$200 for the panties and \$60 for the pads.</p> <p>The lap belts found were for wheelchairs not the lounge chairs in use in Kahurangi, where double belts need to be used to secure the patient – could trades adapt loops on the chairs so single belts can be used? Kahurangi indicate they are using up to six lap belts with two on permanently. The restraint register should confirm how many are in use.</p> <p>Personal Alarms – it has been found the falls are down with the introduction of the alarms, They are looking are using the alarms instead of the lap belts. The issue of noise was brought up though they don’t appear to upset the patients. The room sensors are not activating and this will need to be investigated.</p> <p>Janette to pass the information about the ‘hip protectors’ to Diane Brockbank</p>
Organise physio review of transfer belts and how used In Kahurangi	Janette	Janette to talk to Paula and find out who the information can be fed to.

Bed Loops/belts – source info from suppliers and make our own decision	Janette and Anne	No progress on this item. These are not available in all wards. Janette to contact CDHB and Chris to ask the South Island group to see if anyone else is using them.
Seclusion room – Kahurangi Check if needed for D6 Process decommissioning	Sue Sue	A letter has been drafted and awaiting Michael Frampton's signature for the room to be decommissioned. New uses for the room are already being discussed. If an area is needed for D6, Manaakitanga can be used. This item can now be removed
Restraint Audit Talk to Marion about inclusion in essential training Chase audit responses Negotiate for singles to attend CDHB MH restraint training	Rach Yvonne Anne	No progress on this item Clarification is needed around the use of bedrails – whether it be considered restraint or enabler. Anne is to draft a memo to go out explaining/reminding staff of this. Yvonne to summarise the audits for the next meeting. The restraint training will now be done in-house.

Standing Items:

- Restraint Registers – info tabled by Yvonne
 - Both Kahurangi and Manaakitanga are showing as either no register or no restraint carried out, Anne indicated this isn't correct as incidents have been reported to REEM. Anne will bring the information to the next meeting.
 - Sue suggested that Kahurangi use the current form for restraint recording, making an electronic record. Agreed Anne and Sue to sort a solution, trial and bring back to committee
 - Rachelle to talk to Kathleen Gavigan regarding Dunsford

Next Meeting:

6 August 2013

WCDHB Restraint Committee



Meeting Minutes
6 August 2013

Present: Yvonne Anisy (Chair), Janette Anderson, Rachelle Hunt, Chris Black, Sue Duff, Julie Bell (for minutes)

Apologies: Anne Tacon

Previous Minutes

Minutes of the meeting held on 4 June were accepted as a true and accurate record.

Progress since last meeting:

Action	Responsibility	Progress
<p>Lap belts – make and model</p> <p>Two providers found. In the meantime could Trades adapt loops for chairs in Kahurangi so single belts can be used instead of the double belts currently in use?</p>	<p>Janette</p> <p>Janette has had a meeting with Paula (Kahurangi) to discuss lap belt makes and models. Email received from Allied Medical advising the Parson's belt could be used on a lazy boy chair (and screwed in).</p> <p>Janette to contact Allied Medical to request more information and a model to look at.</p> <p>Rachelle</p> <p>Rachelle advised that finalised lap belt approval document can now be sent to IT to put on the intranet.</p>	
<p>Physio review of transfer belts</p> <p>and how used in Kahurangi. Janette to talk to Paula to find out who the information can be fed to.</p>	<p>Janette</p> <p>Janette advised transfer belts are only available for wheelchairs (not normal sitting chairs).</p> <p>Action: <i>Janette to catch up with Anita next week.</i></p>	
<p>Restraint Audit</p> <p>Talk to Marion about inclusion in essential training.</p>	<p>Rachelle</p> <p>The Committee agreed that Restraint training should be area specific.</p> <p>Peri Renison (DAMHS) will be visiting site to do a session for all about the use of restraint.</p>	
<p>Audit Response</p>	<p>Anne</p> <p>No episodes of restraint were recorded at last audit (refer report 'Use of restraint IPU').</p> <p>It was acknowledged that there has been a reduction in restraint use.</p> <p>Action: <i>Sue Duff to put an article in the next Mental Health newsletter, forward to Erin Jamieson to interview Anne for a write up in the next CE Update.</i></p>	

Audit for Health Services

Action: *Yvonne to send out summary of audits for Health Services.*

Commented [ya1]: To each area audited

Yvonne provided a verbal update at the meeting:

- Most had attended training
- Staff knowledge required on what constitutes an enabler (noting an enabler is voluntary) versus restraint
- Confusion re bed rails
- This is an area to work on before the next Audit

Guidelines

Yvonne provided a handout of Guidelines for use of bedrails for clarification. She advised most of the content is from CDHB and is self explanatory/easy. Headings to be amended to read 'Appropriate Use'.

Commented [ya2]: Clear and concise might be more appropriate

Action: *Rachelle agreed to reformat the Guidelines document and send to the Committee for comment.*

Once guidelines finalised, it will be printed and laminated for circulation by Yvonne when undertaking Audits.

Commented [ya3]: When delivering audit results

Bed Proposal

Janette advised she has prepared a proposal for a bed that goes down to floor level. This is an option for preventing patient falls and should be a clinical care decision.

Action: *Janette to discuss bed proposal with Rosemary.*

Restraint Registers

Sue and Yvonne met and have prepared a risk register and from that a restraint and enabler register (with number of days included). This register would not be required if data recorded electronically.

Commented [ya4]: Form. Glad to see even experts have an occasional typo.

Revised forms were circulated to the Group and explained, namely Physical Restraint form, Physical Restraint Prescription and Plan form and Restraint Record form.

Sue advised that for the electronic system database an agreement is required on the format. The combined Restraint & Enable form register plus Care Plan will all be electronic.

Sue suggested a meeting be arranged to look at what forms are in place and come up with a combined Registered Care Plan for the whole DHB and include the Assistant Directors of Nursing (ADON) for feedback.

Action: *Julie to set up a meeting of the Group plus Vicki Piner in the next 3 weeks.*

Rachelle advised that she was meeting with Kathleen Gavigan this afternoon to discuss Dunsford (Buller).

General Business:

- Paula Mason (or Diane Dixon) from Kahurangi has asked to join the Restraint Committee.

Action: *Send Paula calendar invite for meetings*

Action: *Amend Terms of Reference to reflect changes to Committee members*

There being no further discussion the meeting ended at 11.30am

Next Meeting:

1 October 2013

WCDHB Restraint Committee



Summary of Special Meeting held on 4 September 2013 @ 2.00pm

Present: Yvonne Anisy (Chair), Anne Tacon, Janette Anderson, Rachelle Hunt, Sue Duff, Chris Black, Vicki Piner, Julie Bell (for minutes)

The purpose of the Special meeting was to go through the current Restraint forms and review/update.

Following forms reviewed:

1. **Health & Disability Audit (1)** – this is the current form for Restraint Register.
2. **Kahurangi's Physical Restraint Register (2)** – never used.
 - Kahurangi also have a Daily Monitoring Chart which includes restraints for individual people.
 - Anne noted that Kahurangi reporting is the same as Aged Care.
 - Identify what information is required to be collected and collect that information.
 - Kahurangi – Prescription and Register required.
 - Record of Use
 - Add comment box, i.e. times for use
 - Remove dates
 - Identify type of belt
 - Add a 'legend' at the bottom

Need to agree on a process before putting form out. Completed form to be adjusted for Hannan, Morice and Barclay Wards.

Action: *Anne to make adjustments to form 'Restraint Use Record' then trial it in Kahurangi (via Restraint Co-ordinator to add on to register).*

Prescription for Kahurangi and rest of organisation and information on Restraint Record.

Restraint Record Form

- Restraint Record Form **(5a)** (current after 2 certification visits ago)
- Physical Restraint – Prescription and Plan Form **(5b)**
- Prescription signed off by family
- Reviewed 3 months
- Care requirements/monitoring (i.e. what you can do)

Proposal to amalgamate form 5a and 5b with a foot note included.

Clinical Nurse Managers have a responsibility to make sure the form is completed.

Action: *Leave as is and think further for use in other areas (not Kahurangi).*

Action: *Take to Kahurangi Team and Senior Nurses for feedback in the next couple of weeks.*

Action: *Anne to table at the next Senior Nurses meeting.*

Would like to trial new form at Kahurangi and feedback to Senior Nurses.

Enabler Form

Enabler Register **(6)**

Monitor/evaluate use of enablers? Nothing in place.

- Things to use to keep safe
- Physiotherapy use a lot of things, i.e. trays, lap belts and bedrails
- Not equipment specific
- Difference between Enabler and Restraint is not very clear to some

Action: *Anne to work on drafts to produce a combined form which will then go to Senior Nurses for comment with a cover note.*

WCDHB Restraint Committee



Minutes of Meeting held on 1 October 2013 @ 10.30am
in the Physiotherapy Meeting Room

Present: Yvonne Anisy (Chair), Anne Tacon, Chris Black, Sue Duff, Julie Bell (for minutes)

Apologies: Janette Anderson, Vicki Piner, Paula Mason

Previous Minutes

Minutes of the meeting held on 6 August were accepted as a true and accurate record.

Progress since last meeting:

Action	Responsibility	Progress
Lap belts – make and model Update from Janette – request for model from Allied Health. Lap belt approval document is now on the Intranet.	Janette	No update provided
Physio review of transfer belts and how used in Kahurangi. Janette to talk to Paula to find out who the information can be fed to.	Janette	No update provided
Restraint Audit Manaakitanga – Information that there had been no restraint registered to audit was incorrect. Anne to bring correct information	Anne	From July 2013 – 4-5 restraints this year to date Adapt for purpose Action: Anne to provide numbers
Restraint Documentation Progress with documentation updates.	Anne / Yvonne	Two forms went to Senior Nurses meeting – confusion re ‘consent’ Action: Yvonne to send forms to Greg Brogden @ CDHB for clarification Action: Yvonne to check Health & Disability Standards re correct procedure Action: Anne to check with Kahurangi re if they are using forms as at 01/10/13 (for 3 months) Action: Chris to contact South Island Restraint Group re what they do re Enablers? Aim to get a South Island Regional document on Procedure.

Guidelines for the use of Bedrails document	Julie	Document with Michael Frampton for approval – then to laminate/distribute and put on intranet Action: <i>Julie to follow up with Michael re approval</i>
Bed Proposal Proposal for a bed that can be lowered to floor level. Janette will discuss with Rosemary.	Janette	No update provided Note: There is a cost concern re purchase

General Business:Monitoring enable use

Wait until other forms have been finalised – consider register and how to monitor. Record if an enabler is being used.

There being no further discussion the meeting ended at 11.30am

Next Meeting:

17 December 2013

WCDHB Restraint Committee



Minutes of Meeting held on 17/12/13 @ 09:00
in the Physiotherapy Meeting Room

Present: Yvonne Anisy (Chair), Janette Anderson, Chris Black, Paula Mason, Sue Duff

Apologies: Janette Anderson, Vicki Piner, Paula Mason

Previous Minutes

Minutes of the meeting held on 1 Oct were accepted as a true and accurate record.

Progress since last meeting:

Action	Responsibility	Progress
Lap belts – make and model Two providers found. In the meantime could trades adapt loops for chairs in Kahurangi so single belts can be used instead of the double belts currently in use?	Janette	Jannette will progress this in the New Year.
Physio review of transfer belts and how used in Kahurangi. Janette to talk to Paula to find out who the information can be fed to.	Janette	Belts no longer used in this way. – using alternatives. Sue has noted there are more initiatives being recorded on incident forms. Completed.
Restraint Audit. Follow up Talk to Marion about inclusion in essential training.	Rach	Not a possibility. Paula has training arranged in 2014 for the Mental Health team. Some of this can be accessed by all DHB staff. <i>Please see attachment provided by Paula.</i> Yvonne has received no feedback from CNM's on the Audit Action reports.
Restraint Documentation Progress with documentation updates. Two forms went to Senior Nurses meeting – confusion re 'consent'. Yvonne to send forms to Greg Brogden @ CDHB for clarification Guidelines for the use of Bedrails document	Yvonne Yvonne Yvonne	Greg Brogden has replied. The way forward is not yet clear. February workshop planned to finalise record and restraint register to ensure we are ready for outside audit. Urgent attention. The document approval process has not been completed. I asked The DON to assist with progress following an incident where the guidelines could have protected a patient from harm.

<p>Anne to check with Kahurangi re if they are using forms as at 01/10/13 (for 3 months)</p> <p>Chris to contact South Island Restraint Group re what they do re Enabler monitoring. Aim to get a South Island Regional document on Procedure.</p>	<p>Anne</p> <p>Chris</p>	<p>Anne not present.</p> <p>Chris had left the meeting. Follow up New Year.</p>
<p>Discuss with acting Quality and Safety Manager the need to get traction from Clinical Nurse Managers on requirements to comply with the RM&SP standard.</p>	<p>Yvonne</p>	<p>Discussion and Quality Catch up. Will be a focus for 2014</p>

General Business:

Restraint Register

Forms are not being sent to the Restraint Coordinator. Email requests go unanswered.

Personal checks: Kahurangi have set up an informal register which is up to date.

Dunsford has a list of names of patients with the type of restraint on a register but no dates for when initiated or for review. No restraints are registered for any other wards for previous quarter.

Action: Matter to be addressed at February workshop with the implementation of an electronic register. A plan for implementation will then need to be formulated.

There being no further discussion the meeting ended at 9:45

Next Meeting:

11 February (Workshop)

Restraint Documentation Anne to check with Kahurangi re if they are using forms as at 01/10/13 (for 3 months) Chris to contact South Island Restraint Group re what they do re Enabler monitoring. Aim to get a South Island Regional document on Procedure. Greg Brogden has replied. The way forward is not yet clear. February workshop planned to finalise record and restraint register to ensure we are ready for outside audit. Urgent attention.	Anne and Paula	Anne and Paula to follow up and ascertain as to what is being used and progress of same.
	Chris	Outstanding Chris to complete for next meeting
	Sue	Review of the comments from Greg completed and all in agreement with recommendations around consent. Sue to update the form and send to Yvonne for review before sending out with the minutes.
	Sue and All	All in agreement all the work outstanding on the documentation needed to be finalised today. Flow charts completed during workshop – Sue to type up, all to review at next meeting.
	Vicki and Anne	Discussion around audits and electronic registers; Vicki to meet with Anne to review spreadsheet recording template for use across the DHB. Format to be akin to that of the IRG spreadsheet e.g. each clinical area has a page for completion. Anne and Yvonne to have access for entering data and completing audits.
	Yvonne and Anne	
	Yvonne and Julie	All in agreement the word NO in the Policy should be removed, Yvonne to address with Julie.
Discussion and Quality Catch up. Will be a focus for 2014	Yvonne	For information only

General Business:

Workshop focussed on compilation of flowcharts and WCDHB Physical Restraint Prescription and Care Plan

Workshop meeting ended at 10:45

Next Meeting:

Yvonne to update electronic calendar with 2014 meeting dates.



WCDHB Restraint Committee



Minutes of the Restraint Committee Meeting
held 3 April 2014 @ 10.30am in the Allied Health Meeting Room

Present: Yvonne Anisy (Chair), Vicki Piner, Janette Anderson, Chris Black,
Julie Bell (minute-taker)

Apologies: Sue Duff, Paula Mason

Previous Minutes

Minutes of the meeting held on 11 February 2014 were accepted as a true and accurate record.

Progress since last meeting:

Action	Responsibility	Progress
Lap belts – make and model Two providers found. In the meantime could trades adapt loops for chairs in Kahurangi so single belts can be used instead of the double belts currently in use?	Janette	<ul style="list-style-type: none"> This item was held over while Janette on leave. Janette and Paula congratulated on their follow-up work on this matter. Consider Trades adapt loops in chairs for Kahurangi.
Restraint Training Follow up Talk to Marion about inclusion in essential training.	Sue and All	<ul style="list-style-type: none"> Further training not a possibility - too much in staff orientation already. Chris provided short course presentation - good responses 1 session (13 attendees). Online training package and orientation handout.
Restraint Documentation Anne to check with Kahurangi re if they are using forms as at 01/10/13 (for 3 months)	Anne and Paula	Sue not here to discuss - carry over to next meeting. Action: <i>Policy to be amended.</i> Action: <i>Yvonne to follow up with Anne and Paula</i>
Chris to contact South Island Restraint Group re what they do	Chris	Chris waiting on response since contact person has left.

<p>re Enabler monitoring. Aim to get a South Island Regional document on Procedure.</p> <p>Greg Brogden has replied. The way forward is not yet clear. February workshop planned to finalise record and restraint register to ensure we are ready for outside audit. Urgent attention.</p>	<p>Sue</p> <p>Vicki</p> <p>Yvonne/Julie</p>	<p>Typed up</p> <p>Discussion around audits and electronic registers on hold. Vicki hasn't met with Anne to review spreadsheet recording template for use across the WCDHB.</p> <p>Word amendments made to Policy.</p>
<p>Discussion and Quality Catch up. Will be a focus for 2014</p>	<p>Yvonne</p>	<p>For information only</p>

Restraint Forms

Physical Restraint Prescription and Care Plan discussed. Change 'Consent' heading to 'Consultation' and reduce wording under that section.

Action: *Julie to update form with changes to wording and circulate to the Group.*

Restraint and Enabler Use Flow Chart - Sue to put together and circulate for discussion at next meeting.

General Business:

Guidelines for the Use of Bedrails

Action: *Julie to copy 12 in colour and laminate for Yvonne.*

There being no further discussion the meeting ended at 11.30am.
Date of next Meeting to be advised.



WCDHB Restraint Committee



Minutes of the Restraint Committee Meeting
held Wednesday 11 June 2014 @ 11.30am
in the Allied Health Meeting Room

Present: Yvonne Anisy (Chair), Vicki Piner, Janette Anderson, Chris Black, Anne Tacon, Julie Bell (minute-taker)

Apologies: Sue Duff, Paula Mason

Previous Minutes

Minutes of the meeting held on 11 February 2014 were accepted as a true and accurate record.

Progress since last meeting:

Action	Responsibility	Progress
Lap belts – make and model Two providers found. In the meantime could trades adapt loops for chairs in Kahurangi so single belts can be used instead of the double belts currently in use?	Janette	<ul style="list-style-type: none"> This item was held over while Janette on leave. Janette and Paula congratulated on their follow-up work on this matter. Consider Trades adapt loops in chairs for Kahurangi.
Restraint Training Follow up Talk to Marion about inclusion in essential training.	Sue and All	<ul style="list-style-type: none"> Further training not a possibility - too much in staff orientation already. Chris provided short course presentation - good responses 1 session (13 attendees). Online training package and orientation handout. Spoken to Marion Davies (Learning & Development). Restraint training not on Essentials Skills training schedule but it is Mandatory training. <p>Action: Yvonne to contact Marion re adding to Essential Skills training calendar.</p>

<p>Restraint Documentation</p> <p>Anne to check with Kahurangi re if they are using forms as at 01/10/13 (for 3 months)</p> <p>Chris to contact South Island Restraint Group re what they do re Enabler monitoring. Aim to get a South Island Regional document on Procedure.</p> <p>Greg Brogden has replied. The way forward is not yet clear. February workshop planned to finalise record and restraint register to ensure we are ready for outside audit. Urgent attention.</p>	<p>Anne and Paula</p> <p>Chris</p> <p>Sue</p> <p>Vicki</p> <p>Yvonne/Julie</p>	<p>Sue not here to discuss - carry over to next meeting.</p> <p>Action: <i>Policy to be amended.</i></p> <p>Action: <i>Yvonne to follow up with Anne and Paula</i></p> <p>Chris waiting on response since contact person has left.</p> <p>Typed up</p> <p>Discussion around audits and electronic registers on hold. Vicki hasn't met with Anne to review spreadsheet recording template for use across the WCDHB.</p> <p>Word amendments made to Policy.</p> <p>Action: <i>Yvonne to check forms reviewed and send to all.</i></p>
<p>Discussion and Quality Catch up. Will be a focus for 2014</p>	<p>Yvonne</p>	<p>For information only</p>

Flow Chart - Sue to provide update

Enabling Monitor – Chris

Guidelines – out/up

Barclay (some not all Surgical Nurses) still putting side rails up

Action: *Janette to check Guidelines are up*

Action: *Yvonne to follow up with Nancy re bedrail guidelines in Barclay*

Restraint/Enabler Use Review All areas

Yvonne (reference to handout) e-register as it stands

(Anne) Spoke to 'Restraint Report 2013/14':

- Will keep preparing reports in Quarters
- Restraint days = any restraint used on that day
- This report looking at hours of restraint on that day
- Time spent using restraint is dropping (collecting meaningful information)
- Next Step to look at patterns of restraint use
- Take quarterly reports to multi-disciplinary team
-

(Yvonne) Spoke to 'Extract from Restraint Register' (1st handout)

- Need guidelines re use of handcuffs
- Look at what Canterbury DHB have in place and adapt for West Coast DHB

Action: *Yvonne to contact Emergency Department regarding guideline process for treating combative at risk patients. Put out to Duty Managers.*

There being no further business the meeting ended at 12.05pm.

Next meeting will be Wednesday 6 August @ 10.30am.



WCDHB Restraint Committee



Minutes of the Restraint Committee Meeting
held Wednesday 6 August 2014 @ 10.30am
in the Allied Health Meeting Room

Present: Yvonne Anisy (Chair), Chris Black, Anne Tacon, Paula Mason,
Julie Bell (minute-taker)

Apologies: Vicki Piner, Sue Duff, Janette Anderson

Previous Minutes

Minutes of the meeting held on 11 June 2014 were accepted as a true and accurate record.

Progress since last meeting:

Action	Responsibility	Progress
Restraint Training Follow up Talk to Marion about inclusion in essential training.	Sue and All	<ul style="list-style-type: none"> Chris to look at online training and consider adopting CDHB's programme.
Restraint Documentation Anne to check with Kahurangi re if they are using forms as at 01/10/13 (for 3 months) Chris to contact South Island Restraint Group re what they do re Enabler monitoring. Aim to get a South Island Regional document on Procedure.	Anne and Paula Chris	<ul style="list-style-type: none"> Revised Restraint Use Care Plan and Policy to be sent to Document Control for updating on Intranet It was noted that only 1 side of the form is being used. Discharge old forms and start using revised form No further contact received from South Island Restraint Group
Training Update	Yvonne	<ul style="list-style-type: none"> Names of those who have attended mandatory training and restraint register review

Implementation of new forms (flow chart)

Sue to provide an update at next meeting.

Side Rails

Barclay (some not all Surgical Nurses) still putting side rails up as enabler without true consent.

Action: Chris & Yvonne to check Guidelines are up

Action: Yvonne to follow up with Nancy re bedrail guidelines in Barclay



Restraint/Enabler Use Review All areas

Guidelines re use of handcuffs – waiting on feedback from Greg Brogden to confirm if guideline necessary as it is a Policy responsibility.

Action: *Note to be added to Restraint Use Policy re process with Police contact. Check CDHB policy.*

De-escalation Documentation

Memo to be prepared to advise Clinical Nurse Managers and relevant others of the De-escalation process and policies around threats of violence. To be addressed at next Senior Nurses Meeting.

Terms of Reference

Terms of Reference document reviewed and changes noted. Draft to go to CQIT for approval then updated on Intranet.

General Business

Current Chair requesting to stand down from position. Committee agreed to take turns to cover Chair role until appointment of Quality and Patient Safety Manager.

There being no further business the meeting ended at 11.30am.

Next meeting will be Wednesday 1 October @ 10.30am:

- Acting Chair (Paula)
- Mike Adair from ED (CDHB) to be invited to give presentation on 'Ethics of Treatment'



WCDHB Restraint Committee



Minutes of the Restraint Committee Meeting
held Wednesday 10 December 2014 @ 10.30am
in the Allied Health Meeting Room

Present: Paul Norton (Chair), Sue Duff, Anne Crossan, Janette Anderson, Yvonne Anisy, Anne Tacon, Paula Mason, Annie Joseph, Julie Bell (minute-taker)

Apologies: Vicki Piner, Chris Black

Previous Minutes

Minutes of the meeting held on 6 August 2014 were accepted as a true and accurate record.

Progress since last meeting:

Action	Responsibility	Progress
Restraint Training Follow up Talk to Marion about inclusion in essential training.	Sue and All	Essential Training – still using WCDHB for Restraint Training. Some are using CDHB. As long as there is training on the intranet – refer Clinical Leaders Meeting to confirm roll out. Unit Leads need to monitor compliance. Make Training 2-yearly.
Restraint Documentation Anne to check with Kahurangi re if they are using forms as at 01/10/13 (for 3 months)	Anne and Paula	Form in use. No problem with the form.
Chris to contact South Island Restraint Group re what they do re Enabler monitoring. Aim to get a South Island Regional document on Procedure.	Chris	

Implementation of new forms (flow chart)

Flowchart has been superseded by Safety First (RL6).

Side Rails

Janette still to check Barclay Ward that side rails are being used. Yvonne has checked and confirms guidelines are up on the wall in Barclay Ward.

Restraint/Enabler Use Review All areas

Situation where handcuffs were used in restraint confirm Police were present through out the restraint. This is not an approved restraint by WCDHB staff.



There is a Policy on restraint in place. It's about Public safety. Handcuffs should not have been registered as a restraint. Suggest amend register to note 'written in error – Police responsibility'.

E-Register

Paul and Vicki to prepare a roll out plan with Safety First in regard to line manager training. Target Kahurangi first as there are a lot of Incident Forms used there as well as Kynnersley House.

Action: *Paul to discuss with Vicki. Vicki to provide an update to Kahurangi (Wednesday 10.30am).*

Enabler Monitoring

This is up to Clinical Nurse Managers. They will record on e-register so it can be monitored. Confirm Hannan Ward are recording this.

Action: *Anne C to talk to Trendcare Co-ordinator about the recording process.*

Terms of Reference

It was confirmed that the Terms of Reference has been updated on the intranet.

Education

WCDHB Training Programme for 2014 is complete. Mathew Croucher will be on site on a Monday. Developing a program focusing on upskilling Kahurangi staff as well as Surgical and Medical Wards.

Suggest opening up training to the wider staff.

Action: *Yvonne to contact Juliette to liaise with Mathew Croucher to include training session through 'Grand Round'.*

Certification/Surveillance Corrective Actions status

Question from Kahurangi re corrective action around use of lap belt. Phrased that we should not be using a lap belt. They are prescribed. It was noted there are currently no patients in Kahurangi using lap belts. Kahurangi are adhering to procedure and the use of lap belt is discussed at family meetings and multi-disciplinary meetings. Suggestion made to go back to HDANZ who carried out the Certification Audit to obtain further clarification of requirements.

Action: *Paul to contact HDANZ for further clarification of requirements.*

Action: *Sue to summary response and send to Paul to finalise and send to HDANZ.*

Final Report – Seclusion 2013-2014

Anne confirmed this was sent through to Restraint Committee. Will resend. This has now been completed.

Review of Restraint Register

Register is reviewed for need every 3 months. Discussed at multi-disciplinary meeting and reflected in Care Plan and Clinical Notes.



Evidence of trend occurring to be noted. Review and Business Case to be prepared using Emergency Department as a target.

Action: *Anne C to bring to Incident Review Meeting.*

There being no further business the meeting ended at 11.30am.

Next meeting date to be confirmed. Tentatively Wednesday 4 March 2015.

DRAFT



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting
held Tuesday 10 March 2015 @ 2.00pm
in the Allied Health Meeting Room

Present: Paul Norton (Chair), Janette Anderson, Yvonne Anisy, Chris Black, Julie Bell
(minute-taker)

Apologies: Sue Duff, Paula Mason, Anne Tacon, Anne Crossan

1. **Welcome/Apologies**

2. **Previous Minutes**

Minutes of the meeting held on 10 December 2014 were accepted as a true and accurate record after following amendment made:

Education – Remove ‘Mathew Croucher will be on site on a Monday’ and following Action. It was noted that Greg Brogden was on site and spoke about sedation and challenging behaviour.

3. **Actions arising from previous minutes**

Certification/Surveillance Corrective Actions status

Paul spoke to HDANZ on 3 February. No fixed Policy. Restraint Policy to be checked.



Certification
Surveillance correctiv

4. **Terms of Reference**

The Terms of Reference were reviewed in September 2014 but were not signed off by CQIT. Further changes to be made to Terms of Reference:

- essential that a Mental Health Representative attend each meeting
- meetings to be held monthly (first Tuesday of the month 9-11am)
- quorum to consist of no less than 5 members
- membership to include Clinical Nurse Educator and Allied Health/Occupational Therapy

Action: *Terms of Reference to be amended and recirculated to the Committee for comment.*

5. **Legal Eagle Education Session**

‘Restraint Minimisation and Safe Practice’ and ‘Restraint minimisation in ED Policy’ documents circulated to members to read and comment on. Consider what is relevant that we can include in ours.

Action: *Julie to send word version of education session documents to members for comment.*



6. **Certification/Surveillance Corrective Actions status**

Action: *Paul to send summary of contact with HDANZ to the charges nurses in the following areas: Hannan, Barclay, Kahurangi, Dunsford, Foote, Kynnersley, Reefton Health as well as Allied Health Managers. Dementia wording to be removed.*

7. **Review of Restraint Register**

Restraint register was discussed.

8. **General**

Restraint

Restraint in Morice Ward noted. This was discussed at Incident Review Group meeting. Staff involved to be commended for their actions.

Other Policy

Action: *Paul to circulate to Committee for their information NHS Policy on restraint and de-escalation.*

There being no further business the meeting ended at 3.00pm.

Next meeting will be Tuesday 7 April 2015 9-10am in the Allied Health meeting room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting
held Tuesday 7 April 2015 @ 9.00am
in the Allied Health Meeting Room

Present: Paul Norton (Chair), Janette Anderson, Yvonne Anisy, Kas Beaufill, Paula Mason, Anne Tacon, Julie Bell (minute-taker)
Apologies: Sue Duff, Anne Crossan, Chris Black

1. Welcome/Apologies

2. Previous Minutes

Minutes of the meeting held on 10 March 2015 were accepted as a true and accurate record.

3. Actions arising from previous minutes

- CDHB Policy
Comments received on Policy. WCDHB Policy to be reviewed after Certification
- Terms of Reference
Comments considered and document to be updated
- Training
Paula to undertake de-escalation training then look at breakaway training for relevant Grey, Buller and Reefton staff

4. Terms of Reference

Comments received on latest version of Terms of Reference. Agreed to have representative from Mental Health Inpatient Unit (IPU).

Action: Paul to contact Lois Scott requesting representative from IPU

Action: Julie to update Terms of Reference from feedback received

5. Review of Restraint Register

Restraint Register updated 3 monthly. Last update was March 2015. Next update will be June 2015.

6. NHS Violence Policy

- After review of this Policy it was identified that a Guideline is needed for use of restraint
- Calming and restraint is currently only used in Mental Health at Grey
- Build relationship with Police with a mutual agreement regarding when they should leave after coming to site
- Contingency Plan to be put in place in case of crisis
- No Emergency Response Team on site



- Clear guidelines to be prepared re Basic Emergency Management and default to Police in a crisis. Identify phased graduated steps before Police are involved

7. General

De-escalation Training

Notification to be sent out advising training coming up. Looking at a minimum of 3 people per area. Trainees need to be self-starters, level headed and motivated.

Action: *In response to RCA recommendation, Yvonne to contact Patient Safety Officer to confirm training will be undertaken*

RCA Recommendation Request

RCA recommendation from Reefton that Restraint Co-ordinator provide training in bedrail use. It was noted that bedrails are an enabler not a restraint.

Action: *Yvonne to check types of beds and if bedrails can be removed.*

There being no further business the meeting ended at 9.52am.

Next meeting will be Tuesday 5 May 2015 9-10am in the Allied Health meeting room.



WCDHB Restraint Committee

Summary notes from Restraint Committee Meeting
held Tuesday 5 May 2015 @ 9.00am
in the Allied Health Meeting Room

Present: Paul Norton (Chair), Yvonne Anisy, Julie Bell (minute-taker)
Apologies: Janette Anderson, Chris Black

1. Welcome/Apologies

Quorum was not met so only discussion of agenda took place.

2. Previous Minutes

Minutes of the meeting held on 7 April will be discussed at the next meeting.

3. Actions arising from previous minutes

To be discussed at the next meeting in presence of quorum.

Revised Terms of Reference waiting for approval from CQIT.

Cascade training to be considered as well as standardising with CDHB training process. Identify key staff from clinical areas.

4. General

New Quality Facilitator for Mental Health starts 24 May. New appointee will nominate IPU representative for Restraint Committee.

Restraint Audit in Buller completed after concern with restraint register.
Waiting on feedback from Buller Clinical Nurse Manager.

Training on bed rails has been provided and traffic light guideline system in place.

There being no further discussion the meeting ended at 10.00am.

Next meeting will be Tuesday 2 June 2015 9-10am in the Allied Health meeting room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting
held Tuesday 2 June 2015 @ 9.00am
in the Allied Health Meeting Room

Present: Paul Norton (Chair), Janette Anderson, Chris Black, Anne Tacon, Jackie Richardson, Julie Bell (minute-taker)
Apologies: Sue Duff, Yvonne Anisy, Paula Mason

1. **Welcome/Apologies**

2. **Previous Minutes**

Minutes of the meeting held on 7 April 2015 were accepted as a true and accurate record.

3. **Actions arising from previous minutes**

- **CDHB Policy**
Need for a clear policy which states when to call the Police and Security
- **Terms of Reference**
Revised version to go to next CQIT meeting for approval
- **Training**
Training Group has disappeared due to resignations
Need to identify who to train
Looking at Spec (pain-free) model of training
IPU staff to be part of Training Group
Dates set for de-escalation training in Reefton
Counties Manakau holding train the trainers course – recommend Paula attend

Action: *Anne to discuss training with Lynley McInroe*

4. **Terms of Reference**

Revised Terms of Reference to go to next CQIT meeting (19 June) for approval.

Action: *Paul to contact Lois Scott requesting representative from IPU*

5. **Review of Restraint Register**

Restraint Register update for June will be presented at the July meeting.

6. **NHS Violence Policy**

Action: *Julie to recirculate for further comment.*



7. **General**

Episodes of restraint

Question regarding number of restraints per month and trends.

Action: *Paul to check with Yvonne for figures*

There being no further business the meeting ended at 9.30am.

Next meeting will be Tuesday 7 July 2015 9-10am in the Allied Health meeting room.

DRAFT



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting
Tuesday 7 July 2015 @ 9.00am
Allied Health Meeting Room

Present: Paul Norton (Chair), Janette Anderson, Yvonne Anisy, Chris Black, Jackie Richardson, Julie Bell (minute-taker)
Apologies: Sue Duff, Paula Mason, Anne Tacon

1. Welcome/Apologies

2. Previous Minutes

Minutes of the meeting held on 2 June 2015 were accepted as a true and accurate record.

Revised *terms of reference* will go to CQIT meeting 10 July for approval.

Paul has spoken to Lynley McInroe at Emergency Department regarding *security* options, i.e. surveillance stickers, CCTV monitoring. Agreed we need to work with what we have got. See actions below to support this issue

3. Actions arising from previous minutes

IPU Representative

- Emily Ide new representative from Inpatient Unit, Mental Health.

De-escalation Training

- Confirm Training is 2 yearly
- Educational video available on intranet 45 minutes long
- Paula to provide next step up training from this

Action: *Paul to follow up with Paula regarding progress via email.*

Action: *Yvonne to discuss details of training with Paula then contact Lynley McInroe for names for training. Need ED support as to responsibility to oversee training of own ED staff? Goal is to achieve resident in-house expert*

Outcome Plan:

Develop guideline to use, stepped approach (Lynley and Police to talk) then provide de-escalation/challenging behaviour training.

4. Restraint Register Update

- Since April 2015 only one restraint recorded in Safety1st from Mental Health.



5. **Restraint Policy & Procedure Manual (for review)**

- **MHS Jackie & Anne / Paula**
 - **Non Mental Health Yvonne & Chris / Paula**
- Current Policies, Procedures and Forms were discussed at the meeting.

Action: *Chris to check to see if any standards have been changed.*

Action: *Jackie and Anne to review Mental Health documents and provide comments back to committee prior to next meeting.*

Action: *Paula and Carl Gihon (Buller) to review Restraint Approval – Lap Belt Policy and Restraint Use (non-mental health) Policy and provide comments back to committee prior to next meeting.*

Action: *Seclusion forms to be incorporated into Seclusion of Clients Procedure as appendices. Jackie Anne*

Action: *With the introduction of Safety1st the Restraint Register and Restraint Record forms can be removed from the manual all agreed.*

6. **General Items**

Proposed process for addressing restraint / challenging behaviour concerns:

a. **Restraint Committee** to discuss & agree as to best practice within the industry. Committee focuses on detail looking at area, frequency concerns relating to staff, environment and issues of training and education. Look at trend analysis on restraint.

b. **Restraint Committee** formulates recommendations and plan as expert panel and submits to CQIT.



c. **CQIT** endorses and approves above plan and recommendations as acceptable. CQIT forwards above to Incident Review Group (IRG).



d. **Incident Review Group (IRG)** to send out recommendations as outcome actions to areas following an incident.

There being no further business the meeting ended at 10.10am.

Next meeting will be **Tuesday 4 August 9-10am** in the Allied Health meeting room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting
Tuesday 4 August 2015 @ 9.00am
Allied Health Meeting Room

Present: Paul Norton (Chair), Janette Anderson, Yvonne Anisy, Chris Black, Anne Tacon, Jackie Richardson, Julie Bell (minute-taker)

1. Welcome/Apologies

It was agreed that Sue Duff no longer is to attend these meetings since Jackie Richardson appointed as Quality Facilitator – Mental Health.

2. Previous Minutes

Minutes of the meeting held on 7 July 2015 were accepted as a true and accurate record.

Revised Terms of Reference approved at 10 July CQIT meeting.

3. Actions arising from previous minutes

De-escalation Training

- Paula and her team will continue with training
- Jackie will take over as Restraint Co-ordinator for Mental Health
- De-escalation training will be done for everyone
- Tom Jones (Emergency Department) to be appointed as additional trainer
- Training dates to be confirmed (looking at 10/11 November)

Restraint Policies & Procedures

Jackie currently reviewing the restraint policies and procedures with relevant staff. Jackie provided the meeting with a status update on these documents plus comments received from Anne.

Yvonne provided the meeting with a marked-up revised version of the Restraint Use Policy (non Mental Health) and comments were discussed.

Action: *Yvonne to update document from comments received.*

4. Restraint Register and Challenging Behaviour Report

Yvonne provided the meeting with a report on behaviour and safety and episodes of restraint.



Anne provided the meeting with a report on restraint over the past 6 months – 39 hours accumulated across 3 events.

5. General Items

Training for Outpatients Staff

Proposed training for Outpatients staff now not practical. It was agreed that as many as possible of the staff complete challenging behaviour training and liaison person be identified regarding Police contact.

There being no further business the meeting ended at 10.00am.

Next meeting will be **Tuesday 1 September 9-10am** in the Allied Health meeting room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting

Tuesday 1 September 2015 @ 9.00am

Allied Health Meeting Room

Present: Paul Norton (Chair), Chris Black, Janette Anderson, Yvonne Anisy, Jackie Richardson, Sharon Symons, Emily Ide, Julie Bell (minute-taker)

Apologies: Anne Tacon, Paula Mason

1. Welcome/Apologies

It was agreed that Anne Tacon no longer is to attend these meetings since Jackie Richardson appointed as Quality Facilitator – Mental Health.

It was agreed that the meeting time be changed to 9.30-10.30am and an alternative venue be found.

2. Previous Minutes

Minutes of the meeting held on 4 August 2015 were accepted as a true and accurate record.

3. Actions arising from previous minutes

De-escalation Training

Tom Jones (ED) to attend training plus one other.

Action: Jackie to discuss with Anne re additional person to attend training.

Restraint Policies & Procedures

Changes made to Restraint (non Mental Health) Policy. Heading changed to 'Restraint Use in Secondary Services and Elder Care Services (non Mental Health) Policy'. Maori Mental Health Manager reviewed Cultural Recognition section of Policy.

2.01 - To be amended – under Change add (within Safety1st).

5.01 - Training to be completed within 6 weeks.

Action: Paul to discuss Orientation Process with Marion (Learning & Development).



Audit

Action: *Paul to discuss (13.03) Audit with Vicki Piner re getting information Out of Safety1st.*

Systematic audit across the services to be undertaken in October.

Look at data meeting 13.03 criteria then undertake Audit.

Legislation checked. Check reference date and advise.

Document to be reviewed again in 2 years.

When signed notify re changes.

Action: *Paul to send Memo out notifying changes to document and name change.*

4. General Business

Challenging Behaviour

Yvonne has spoken to Lynley McInroe (Emergency Department (ED)) and advised that no 'challenging behaviour' had been reported from ED since the introduction of Safety1st. No separately Policy required for ED.

Liaison person still to be sorted for Policy control.

De-escalation Training

Action: *Paul to talk to Karyn Bousfield (DONM) then Rose Kennedy (CNM Morice Ward) and Buller to identify additional person to be trained.*

Restraint Register

Four reports of Restraint since introduction of Safety1st.

SAC rating in Safety1st

It was noted that SAC rating entered into Safety1st can be changed by reviewer when carrying out follow up.

There being no further business the meeting ended at 9.48am.

Next meeting will be **Tuesday 6 October 9.30-10.30am** in the Corporate Board Room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting
Tuesday 6 October 2015 @ 9.30am
Corporate Board Room

Present: Paul Norton (Chair), Janette Anderson, Yvonne Anisy, Jackie Richardson, Paula Mason, Julie Bell (minute-taker)

Apologies: Chris Black, Kas Beaufill

1. Welcome/Apologies

2. Previous Minutes

Minutes of the meeting held on 1 September 2015 were accepted as a true and accurate record.

3. Actions arising from previous minutes

De-escalation Training

Spec training in November to be finalised. Jackie has spoken to Paul and advises that inpatient staff still need calming and restraint training.

Action: *Jackie to escalate training requirements with Paula.*

Stocktake to be done of staff that have completed training and those due for refresher. Plus staff who have not done the training.

Action: *Jackie to discuss details of staff for training with Anne Tacon then it can be rolled out.*

It was recommended that Paula (with Lecia Cocker) get a team together and hold a half-day de-escalation training workshop.

Tom Jones (ED) and Lecia Cocker (Mental Health) to be sent for training then will be able to train other staff.

Once training of above, Jackie and Lecia will get together a training schedule with input from Jackie Newton (IPU).

Concern raised regarding ageing workforce and suggestion of appropriate training for aged care.

Action: *Paul to investigate information on CPI training and send to Committee.*

Restraint Policies & Procedures

Revised Restraint Use in Secondary Services and Elder Care Services (non Mental Health) Policy went to 2 October CQIT meeting for approval.



CQIT advise they are happy to approve revised Policy with inclusion of a paragraph around Safety1st process for entering Restraint data.

Action: *Yvonne to discuss with Vicki words to add on Safety1st process.*

Action: *Remove 'non Mental Health' from Policy heading.*

4. Restraint Information on Safety1st

Restraint on Safety1st will form the basis of the Restraint Register and reduce documentation.

Question raised regarding information on drop down boxes on Safety1st Restraint form.

Action: *Paula to go into Safety1st to identify information in drop down boxes.*

Relevant staff to be advised about completing Restraint information on Safety1st.

5. Restraint Register

There are currently 9 incidents of Restraint on the Restraint Register, 5 from Kahurangi and the remaining 4 have now been resolved.

Action: *Yvonne to print off report from Safety1st for next meeting.*

6. Restraint Audit Standards 2015

Draft Annual Restraint Audit 2015-2017 check list discussed. It was agreed that the Mental Health document is used and matched up for non Mental Health.

Action: *Paul to add N/A box on check list and bring to the next meeting.*

7. Other

Paul advised that the TAS Certification audit for the Hospital will be carried out in February 2016.

There being no further business the meeting ended at 10.24am.

Next meeting will be **Tuesday 3 November 2015 9.30-10.30am** in the Corporate Board Room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 3 November 2015 @ 9.30am in the Corporate Board Room

Present: Paul Norton (Chair), Jackie Richardson, Chris Black, Paula Mason, Julie Bell
(minute-taker)

Apologies: Janette Anderson, Yvonne Anisy, Emily Ide

1. Welcome/Apologies

Action: *Paul to contact Lynley McInroe to request a representative from
Emergency Department for this Committee.*

2. Previous Minutes

Minutes of the meeting held on 6 October 2015 were accepted as a true and accurate record.

3. Actions arising from previous minutes

De-escalation Training

Three Mental Health staff and one from Accident & Emergency to attend training this week. Schedule to be prepared for train the trainers.

Training schedule to be prepared by January 2016 and able to demonstrate training has already occurred by then.

CPI Training

This is the American Passive Restraint Model of training.

Action: *Paul to send website details to the Committee.*

Restraint Information on Safety1st

Action: *Paula to work with Jackie re Restraint information updating on
Safety1st then Registered Nurses will do the updates on Safety1st.*

Restraint Audit Standards 2015

Agreed on one template.

Question raised re location of Restraint Audit Template on the intranet.

Action: *Jackie to find out location of Restraint Audit Template via Sue
Brown and circulate details to this Committee.*

Action: *Jackie to bring Audit information to the next meeting.*



4. Risk Register

Nine incidents of Restraint recorded. Most are tray table lapbelts.

It was agreed that information provided from Safety1st is useful but should be provided quarterly in a simple graph noting numbers, types, times and location. Trends will be identified from this information.

Action: *Jackie to discuss data requirements with Yvonne then Yvonne to produce a graph from Safety1st information for next meeting. Mental Health and non-Mental Health information to be provided in 1 graph.*

Incident of restraint by locking Inpatient Unit door discussed. It was agreed that a memo will go out this week about this.

Action: *Jackie to prepare a memo from the Restraint Committee advising relevant staff of the process around locking the Inpatient entrance door. Jackie to present this at the Staff meeting on Monday.*

5. Other

Restraint documents on the Intranet

The Policy for Restraint and other Mental Health documents are out for comment.

Action: *Jackie to bring revised documents to the next meeting.*

Chris advised that the Restraint Orientation, Register and Record form were still accessible via the intranet and should be removed.

Action: *Chris to meet to identify which documents should be removed and which should be updated on the intranet. Lap belt Policy to be changed to Lap belt Guideline.*

Action: *Chris to identify changes to wording on Intranet regarding Restraint Training. SPEC training to be added and link sent to relevant staff.*

There being no further business the meeting ended at 10.19am.

Next meeting will be **Tuesday 1 December 2015 9.30-10.30am** in the Corporate Board Room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 1 December 2015 @ 9.30am in the Corporate Board Room

Present: Paul Norton (Chair), Jackie Richardson, Paula Mason, Yvonne Anisy, Emily Ide, Julie Bell (minute-taker)

Apologies: Vicki Piner, Chris Black

1. Welcome/Apologies

It was agreed that meetings in 2016 will be held 2 monthly.

2. Previous Minutes

Minutes of the meeting held on 3 November 2015 were accepted as a true and accurate record.

3. Actions arising from previous minutes

De-escalation Training

Paul has spoken to Lynley regarding training. Will send a reminder for a response re staff to be trained.

Jackie to meet with relevant staff prior to preparing training schedule. A maximum of 8, 3 initially to undertake training. It is anticipated that training will commence in late February. Priority is to get staff training during the first half of 2016.

Action: *Jackie to call a meeting to discuss.*

Crisis Prevention Intervention (CPI) Training

This is the American Passive Restraint Model of training.

Action: *Paul to send website details to the Committee.*

Restraint Information on Safety1st

Action: *Yvonne to talk to Vicki re movement on updating Restraint information on Safety1st.*

Action: *Paula, Jackie, Yvonne and Vicki to meet to discuss Restraint Register on Safety1st and reporting.*

Goal is to simplify report and ensure critical information is tracked.

Audit Template

Action: *Jackie to circulate audit template.*



Risk Register

This is to be reported on quarterly. Next report due March 2016.

Restraint Documents on the Intranet

Documents have been sent out for review and comments received. Revised documents to be updated on the Intranet and documents which have been replaced by Safety1st to be removed from the Intranet.

Action: *Jackie to add wording around locking the Inpatient Unit door to the Restraint Procedure.*

Action: *Remove Restraint Orientation, Restraint Monitoring form and Restraint Register from the Intranet and keep Approval Form and Care Plan.*

4. Other

Certification

A Restraint Minimisation Self-Assessment will need to be prepared against relevant Standards for Certification.

Action: *Jackie to look at CDHB's self-assessment document and previous self-assessment and prepare self-assessment with Yvonne.*

There being no further business the meeting ended at 10.34am.

The next meeting will be Tuesday 2 February 2016 9.30-10.30am in the Corporate Board Room. Rescheduled for **Tuesday 9 February 2016** same time and venue.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 9 February 2016 @ 9.30am in the Corporate Board Room

Present: Paul Norton (Chair), Jackie Richardson, Kas Beaufill, Yvonne Anisy, Janette Anderson, Julie Bell (minute-taker)
In Attendance: Carmel Hurley-Watts (via vc)
Apologies: Vicki Piner, Paula Mason

1. Welcome/Apologies

Carmel Hurley-Watts (Nurse Co-ordinator, CDHB Corporate Quality and Patient Safety) was welcomed to the meeting.

Action: *Paul to invite Jithin Thomas to the next meeting as Kahurangi Representative.*

2. Previous Minutes

Minutes of the meeting held on 1 December 2015 were accepted as a true and accurate record after the amendment of wording on the last action point on Item 3. Should read 'keep Approval Form and Care Plan'.

3. Actions arising from previous minutes

De-escalation Training

There will be a meeting this week with Spec trainers and timetable started. Limit on how many can be trained. Will start with 4-6 staff from TACT, Inpatient Unit and Kahurangi and then extend training to other areas.

CDHB provide training for Administration/Support staff on how to manage people who are agitated.

Action: *Carmel to send through information on training provided.*

Policies, Procedures & Forms

Finalise which documents are to be updated and removed from the Intranet.

Restraint Information on Safety1st

It was noted that Kahurangi staff use enabler/restraint when using tray tables for meals to keep inpatients in place. These are removed when meal completed. Discussion had regarding this being an enabler or restraint. Drop down box on Safety1st to include this type of enabler/restraint.

Certification

A Restraint Minimisation Self-Assessment will need to be prepared against relevant Standards for Certification.

Action: *Jackie to look at CDHB's self-assessment document and previous self-assessment and prepare self-assessment with Yvonne.*

Action: *Kas to get a report from Trendcare.*

4. Restraint Register

Revised graph from Safety1st data was provided at the meeting and discussed.

Action: *Yvonne to provide this information at each meeting.*

5. Other

Terms of Reference

The Terms of Reference was discussed and the following changes to be made:

2. Membership

Add Buller, Community and Consumer representative.

Combine Quality Facilitator – Mental Health and Restraint Co-ordinator – Mental Health.

4. Meeting Procedure

Amend bullet point 7 to read 'The Committee will meet on the first Tuesday 2 monthly from 9.30am to 10.30am in the Corporate Board Room or as advised alternative venue'.

Action: *Above amendments to be made and revised Terms of Reference update on the intranet.*

Representative required from Buller and the Community.

Action: *Paul to contact Maureen Frankpitt for Community representative and Kathleen Gavigan/Joc Wallace for Buller representative.*

Action: *Paul to add Consumer Representative for Restraint Committee to next Consumer Council meeting Agenda.*

Closing Note

Carmel thanked the Committee for invite to the meeting and offered assistance. Carmel and Irena de Rooy to attend next meeting to discuss similar issues with CDHB Restraint.

Action: *Send calendar invite to Carmel and Irena for the next meeting.*

There being no further business the meeting ended at 10.34am.

The next meeting will be Tuesday 5 April 2016 9.30-10.30am in the Corporate Board Room.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 5 April 2016 @ 10.00am in the Corporate Board Room

Present: Jackie Richardson (Chair), Paula Mason, Jithin Thomas, Yvonne Anisy, Janette Anderson, Julie Bell (minute-taker)
In Attendance: Carmel Hurley-Watts (via vc)
Apologies: Paul Norton, Vicki Piner

1. Welcome/Apologies

2. Previous Minutes

Minutes of the meeting held on 9 February 2016 were accepted as a true and accurate record.

3. Actions arising from previous minutes

De-escalation Training

Action: *Carmel to send through information on training provided for circulation to Restraint Committee.*

Self Assessment Document

Action: *Jackie to contact Counties Manakau for self-assessment document then circulate to Restraint Committee.*

Action: *Jackie to formalise self-assessment for Certification for WCDHB use.*

Action: *Carmel to discuss certification requirements with Yvonne.*

Terms of Reference

Revised Terms of Reference was discussed and suggestion made to add someone from Emergency Department to membership as well as a representative from Buller and Reefton. Also a Consumer representative.

Action: *Jackie to approach Trish Loughnan in Reefton and Joc Wallace in Buller regarding joining the Restraint Committee.*

Action: *Amend Terms of Reference to note representative from Buller and Reefton as well as Consumer Representative.*

Action: *Amended Terms of Reference to be sent to Clinical Quality Improvement Team (CQIT) for approval.*

Policies & Procedures

Action: *Jackie to review Policy to remove reference to paper documents as details are now entered into Safety1st.*

Training

Additional training available for Administration staff and should be repeated regularly, i.e. yearly or 2 yearly.

Action: *Jackie and Yvonne to review training information.*

4. Restraint Register

Graph from Safety1st data was provided at the meeting and discussed.

5. Other

Lap Belt Information

Action: *Carmel to send through lap belt information, i.e. what has been approved for use by Canterbury District Health Board (CDHB).*

Carmel advised that CDHB Restraints as approved by RAMG Matrix has been developed as an interactive document on the intranet for clinical use.

Note: Lap Belts are not an approved Restraint for CDHB and are therefore not included on the approved matrix.

The CDHB Restraints as approved by RAMG interactive document is available via the following CDHB Intranet link:

http://cdhbintranet/corporate/Quality/SitePages/CDHB_Restraints_as_Approved_by_RAMG.aspx

There being no further business the meeting ended at 10.32am.

The next meeting will be Tuesday 7 June 2016 9.30-10.30am in the Corporate Board Room.

WCDHB Restraint Committee

Summary Notes of Restraint Committee Meeting held on
Tuesday 14 June 2016 @ 9.00am in the Corporate Board Room

Present: Paul Norton (Chair), Jackie Richardson, Yvonne Anisy, Janette Anderson, Sonya Neill, Julie Bell (minute-taker)
Apologies: Jithin Thomas Emily Ide

1. Welcome/Apologies

As the quorum was not reached only discussion of Agenda items.

Action: *Paul to send email out to Restraint Committee members to stress importance of attendance at these meetings.*

2. Previous Minutes

Minutes of the meeting held on 5 April 2016 to be accepted at the next meeting.

3. Actions arising from previous minutes

De-escalation Training

Yvonne has spoken to Lynley McInroe (ED) and noted that Lynley is struggling to get numbers for training due to a staffing crisis. Buller staff are getting training done.

The long term plan is to train the trainers.

Training is being done every 4 weeks with 2 from Kahurangi, 2 from the Inpatient Unit, 2 from TACT and 2 from Buller. Eight to 10 staff to be trained each time. Training is done over 4 days. Consider 2 days then a break then another 2 days for the training.

Action: *Jackie to discuss timeline for training with Trainers.*

Self Assessment Document

Action: *Jackie still trying to make contact with Counties Manakau for self-assessment document to circulate to Restraint Committee.*

Action: *Jackie to look at CDHB self-assessment document when next there.*

Terms of Reference

Discussion on membership and agreement for Consumer Representative to be on Restraint Committee as well as representative from Buller and Reefton.

Action: *Paul to contact Consumer Council Chair to request expression of interest from members for Consumer representation on Restraint Committee.*

Action: *Paul to contact Joc Wallace in Buller and Trisha Loughnan in Buller to invite them to be members of the Restraint Committee.*

Changes as discussed at previous meeting to be made to Terms of Reference and then recirculated for comment. Final revised Terms of Reference to go to Clinical Quality Improvement Team (CQIT) for sign off.

Policies & Procedures

Action: *Jackie to review documents on intranet under Restraint Policy & Procedure Manual and report back on changes.*

4. Restraint Register

Graph from Safety1st data was provided at the meeting and discussed. Suggestion made to made graph over annual period.

Action: *Yvonne to forward graph to Paul to update.*

The incident number from Safety1st is being documented in the Inpatient Unit (IPU). Falls in other areas are documented but Safety1st number is not being recorded. It would be useful for the Safety1st incident number to be used when reporting on all Falls.

5. Other

Training

The Mandatory training calendar on the intranet does not have anything on Restraint training. The mention of Essential training has been removed. There are now 3 types of training: Mandatory, Core Skills and Professional Development.

Action: *Paul to talk to Marion Davis (Learning & Development) regarding location of Restraint training on intranet and how to make it more visible.*

The Departmental Manager needs to monitor staff training and the Line Manager to ensure staff are released to attend training. The process needs to be clear and simple to manage.

There being no further business the meeting ended at 10.00am.

The next meeting will be Tuesday 2 August 9.30-10.30am in the Corporate Board Room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 2 August 2016 @ 9.30am in the Corporate Board Room

Present: Paul Norton (Chair), Paula Mason, Janette Anderson, Kas Beaufill, Jackie Richardson, Yvonne Anisy, Jithin Thomas, Julie Bell (minute-taker)

In Attendance: Marion Davis (Learning & Development), Ann Bettridge (EN Buller) via vc

Apologies: Carmel Hurley-Watts, Tricia Loughnan, Joc Wallace

1. Welcome/Apologies

2. Previous Minutes

Minutes of the 5 April 2016 meeting were confirmed. Summary Notes of the 14 June 2016 meeting were confirmed.

3. Actions arising from previous minutes

De-escalation Training

Still no information received from training provider. Working on getting enough up to scratch before training.

Self Assessment Document

Survey Monkey is available for online surveys. Look at doing 35-40 self-assessments in Kahurangi. There are 11 permanent and 4 casual in the Inpatient Unit.

Getting Grey and TACT. One session per month. This is resource intensive as it is 4 days. Request from Trainers to split up 2 days one week and 2 days the following week.

Spec Training

One hundred percent (100%) compliance will not be reached by Christmas but close. Four Trainers with 1 possibly leaving. Looking at other areas – Buller staff are coming down. Inpatient areas do 4 days training and others do a 1 day course. Lynley McInroe (Emergency Department) is supportive of the training but currently has a staff shortage.

Buller & Reefton Representatives

Tricia Loughnan and Joc Wallace have been contacted and asked to join this meeting.

Carmel sent through Ministry of Health 'Self-Assessment & audit preparation guidelines for DHBs' document.

Jackie still to visit CDHB for obtaining CDHB self-assessment document.



Policies & Procedure

Jackie has looked at Restraint documents on the intranet and has spoken to Andreas.

Terms of Reference

Revised Terms of Reference was agreed on and approved for updating on the intranet.

Training

Discussion had regarding the location of the Restraint Training on the Intranet and how we can raise the profile to find information earlier.

Marion advised that she had looked at the intranet and some information is under 'Latest Opportunities' and other training is under 'Training – Restraint page'. Also under Health Learn there is training on Restraint, i.e. bedrails and CDHB training.

Mandatory Training is getting too large so looking at more online learning.

Ability to put face to face training on Health Learn. There is a bit of mix and match.

Needs a team to say what you want and where to put it.

Julie A Ritchie (Learning & Development) looks after the physical face to face training.

No one is owning the Restraint package.

It needs streamlining.

Marion has a process and certain criteria.

The Matrix is still in its infancy. Julie A Ritchie is mapping training. It has formed the lifecycle of the employee.

Each role has a specific series of training. Only started with the Mandatory training.

Some on the intranet and some on Health Learn, i.e. Theory Restraint and Practical Restraint.

Marion explained what is currently in place and gave suggestions for improvement.

Looking at options.

Action: *Kas and Marion to discuss improvements outside this meeting.
Feature something on the intranet revolving slides*

Paul attended a half day training at CDHB on dealing with challenging customers. Training was aimed at Administrators, Ward Clerks and Administration Staff at General Practices. A work book was provided which is a useful reference tool. Line Managers attend the first 2 hours of the training to note learning expectations.



Action: *Paul to email work book to Restraint Committee for feedback.*

It would be worthwhile having this training on site in Grey and Buller. Look at adopting the work book for WCDHB use.

Action: *Paul to talk to Tony Farrow (Mental Health Training Unit – Hillmorton).*

The priority is to get Clinical staff trained first.

4. Restraint Register

Figures show a big rise since last report due to increase in reporting. Figures are now accurate. It was noted that personal restraint with 1 seclusion incident reported. Seclusion time is usually 5-6 hours.

5. Use of 3/5 point Harnesses

Carmel sent through request regarding types of restraint. Yvonne went to Kahurangi and noted they have never used them and don't know how to use them. Why have them on our 'approval' list. They are classed as a full restraint.

Only the Police or the Prison would use it.

The 3 part harness has a lot of straps.

We do not endorse mechanical restraint but would use in an exceptional circumstance.

Request that the 3/5 point harness be taken off the list of approved items and note as exceptional and training would be approved at the time of use.

Current outdated equipment to be disposed of other equipment to be reviewed to ensure 'fit for purpose' plus details of what we use in exceptional circumstances.

CDHB are asking the same questions and we need to be inline with CDHB.

Action: *Jithin needs to see if current restraints in Kahurangi meet the ARC requirements in restraint.*

Action: *Paul to discuss details of CDHB's restraint equipment with Tony Farrow.*

Action: *Yvonne to discuss details of CDHB's restraint equipment with Carmel and do a stock take of what we currently have.*

There being no further business the meeting ended at 10.32am.

The next meeting will be Tuesday 8 September 2016 9.30-10.30am in the Corporate Board Room.



WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Wednesday 5 October 2016 @ 9.30am in the Kahurangi Board Room

Present: Paul Norton (Chair), Paula Mason, Jithin Thomas, Kas Beaufill, Jackie Richardson, Carmel Hurley-Watts (via vc), Julie Bell (minute-taker)
Apologies: Yvonne Anisy, Emily Ide

1. Welcome/Apologies

2. Previous Minutes

Minutes of the 2 August 2016 meeting were confirmed after Spec Training heading added under point 3.

3. Actions arising from previous minutes

Use of 3/5 point Harnesses

Jithin advised (from Rhonda) that we are working towards a restraint-free environment.

The current restraint use record form does not meet ARC requirements. Form to be reviewed to include monitoring required every 15 minutes. Preference is to use a transalpine form.

Action: *Jithin to review 'Individual Restraint Use Record' form and advise changes.*

Action: *Yvonne to amend Restraint Policy to reflect changes to record form.*

Action: *Carmel to send through CDHB wide Policy.*

Action: *Paul to discuss details of CDHB's restraint equipment with Diana Gunn @ CDHB.*

Action: *Yvonne and Carmel still to catch up to discuss details of CDHB's restraint equipment and undertake a stock take of what we currently have.*

4. Restraint Register

Graphs provided to show the number of events lodged through Safety1st. There has been an increase in environmental restraint due to locking the Mental Health Inpatient door now. This is a magnetised lock that can be turned off during the day.

Restraint numbers for September are down and expect October will be low as well.

5. Restraint Incident in Kahurangi for comment to Serious Incident Review Group

Concerns re using lap belt. There were 2 types of restraint used during this incident.

Issue: Language used is not appropriate, i.e. 'escaped'. Duty Nurse Manager (DNM) to be advised of this. It is not best practice to 'restrain' someone. A culture change is required in the Ward.

Outcomes: Paula and Jithin to meet with the 3 staff involved to talk through different options (involve Srnka Flegar and Sue Duff) then provide Spec training for the 3 staff. Once this particular incident has been dealt with roll out further education for staff in dealing with challenging behaviours.

Action: *Paul to report back to S.I.R.G. the strategy*

Action: *Paula and Jithin to report back after their meeting with the 3 staff involved in the incident.*

Carmel advised 'lap belt' removed from use at CDHB due to concern about safety.

Tray tables are not a restraint or approved restraint or to be used to restraint a patient.

We should be discouraging the use of 'lap belts'.

Action: *Paul and Jackie to discuss this with Rhonda on Friday when she is on site.*

Action: *Carmel to send through information on approved restraint for CDHB.*

6. Consumer Representative

Barbara Holland (ex Chair of the WCDHB Consumer Council) has expressed an interest in being a consumer representative on this Committee. The Committee accepted Barbara's expression of interest and Barbara to be invited to the next meeting.

Action: *Julie to send invitation to Barbara Holland to attend next meeting.*

7. Spec Training

There will be 2 more training sessions this month and at the end of December. A casual Psych Assistant has been co-opted to help in the last 2 days of the 4 day training.

It is expected that most of training for Inpatient Unit staff will be done by the end of the year. Looking at rolling out more of the 4 day training in the new year plus 1 day training for other Mental Health and ED staff.

There being no further discussion the meeting ended at 11.51am.

The next meeting will be Tuesday 6 December 2016 9.30-10.30am in the Corporate Board Room.

WCDHB Restraint Committee

Minutes of the Restraint Committee Additional Meeting held on
Thursday 3 November 2016 @ 9.00am in the Kahurangi Board Room

Present: Paul Norton (Chair), Barbara Holland, Janette Anderson, Deb Wright, Paula Mason, Jithin Thomas, Yvonne Anisy, Jackie Richardson, Carmel Hurley-Watts (via vc), Julie Bell (minute-taker)

Apologies: Kas Beaufill, Emily Ide

Welcome/Apologies

Introductions from new members Deb Wright (Patient Safety Health & Adverse Events Facilitator) and Barbara Holland (Consumer Representative)

Issue re restraint sign off especially around the use of lap belts in Aged Care.

Align with CDHB -> South Island Alliance Regional Policy.

CDHB Documents

Attach joint logo to reflect Transalpine approach.

Monitoring Physical Restraint Form (old dates on footer).

CDHB are in the process of reviewing their Restraint forms which are used in areas that do not use the Safety1st system.

Action: *Carmel to send through updated CDHB forms.*

No problem with the use of these forms.

Observation form and Monitoring Physical Restraint Form – question raised re use of both forms or can they be combined.

Action: *Members to send through their thoughts on these and then Paula will prepare a joint email*

Issues: 3-5 point harnesses and use of lap belts and tables
Lap Belts – want to stop using

CDHB have removed Lap Belts from their approved restraints and removed from all areas. This is reflected in their current Policy.

Harness is not approved by CDHB as well. They were used in Older Person's Health but are no longer available (removed 2 months ago).

The type of restraint used at CDHB (refer CDHB register) has a standard and documentation from the Company. Specifications for use – approved for Older Person's Health in limited areas to remove 3-5 point harness.

Action: *Carmel to investigate further and report back.*

Restraint Minimisation and Safe Practice Policy from CDHB sent to Restraint Committee for comment.

Action: *Yvonne to liaise with Carmel re WCDHB resources available and how we can access CDHB resources if required.*

There is a current IT issue matching our system with CDHB.

Action: *Julie to scan through copy of 'Restraint Minimisation Standard' (NZS8134.2:2008) to Barbara Holland.*

Action: *Carmel to send through relevant CDHB documents so they can be used by WCDHB and placed on the intranet.*

Concern raised by Yvonne regarding implementation of these documents and suggested a plan be put into place around how this is going to happen.

An Action Plan is required for the change for Allied Health and Nursing as they are the primary users of restraint. Clinical Managers and Allied Health to meet with Restraint Committee and then training will be rolled out.

Training and self-learning packages discussed. Carmel advised that it is was difficult to manage or show who has completed the self-learning packages. It is up to the Line Manager to ensure staff have completed the relevant learning packages as part of orientation and records kept.

Paula to attend Spec Forum this month and will confirm if the Standard is 1 or 2 years for Calming & Restraint Training. The full training is 4 full days for Mental Health, Kahurangi and Emergency Department staff. Cohort staff and others undertake a 1 day course.

Spec training booked for 3 December and the first quarter of 2017. Still to undertake training for staff not trained in 2016. Paula advised Emergency Department staff in other Hospitals are not being offered this training.

Security are not approved to use restraint in Emergency Department. A "pathway" is being developed in Emergency Department around hard to manage people.

Action: *Paula to look at training numbers and strategise how to roll out the 1 day training (restraint minimisation focused).*

Restraint Register

Tabled at the meeting and discussed.

Action: *Julie to forward from Yvonne Restraint Register update.*

Previous Minutes/Matters arising from Previous Minutes

Minutes of the meeting held on 5 October 2016 were discussed and approved.

Matters arising from previous Minutes:

Action: *Paul to visit Diana Dunn (Director of Nursing for Older Person's Health) at Burwood to discuss restraint.*

Action: *Item 5 - Paula and Jithin to discuss Restraint Incident in Kahurangi and report back to Paul for discussion at Serious Incident Review Group.*

Carmel raised the question regarding WCDHB's approved restraints to incorporate into CDHB's register. They need to reflect what has been approved. WCDHB have a list of approved restraints.

Action: *Yvonne and Carmel to work on the list and add photos of restraints if relevant.*

Fall Out Chair

The Fall Out Chair was discussed.

Action: *Carmel to send information on Fall Out Chair and details of Supplier.*

Soft Limb Restraints

Used in Critical Care Unit for patients to stop them pulling out their tubes. Patients are not awake while these are in place. Form to be updated to specify what areas this restraint is used in.

There being no further discussion the meeting ended at 10.03am.

The next meeting will be Tuesday 6 December 2016 9.30-10.30am in the Corporate Board Room.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 6 December 2016 @ 10am in the Corporate Board Room

Present: Paul Norton (Chair), Barbara Holland, Janette Anderson, Deb Wright, Paula Mason, Yvonne Anisy, Jackie Richardson, Emily Ide, Kas Beaufill, Carmel Hurley-Watts (via vc and phone), Julie Bell (minute-taker)

Apologies: Jithin Thomas

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the Additional Restraint Committee meeting held on 3 November 2016 were confirmed as true and accurate.

3. Actions arising from previous Minutes

CDHB Policies & Procedures

Concern raised around inability to access to CDHB Restraint documents. A link is required to CDHB documents via WCDHB intranet under Documents/Policies & Procedures/Restraint.

Action: Kas to send screen shot of Medication Policy & Procedure Manual's link to relevant CDHB documents. Paul will discuss this with CDHB Document Control person Phil Crawford

Action: Paul to email Carmel for an up to date list of CDHB Restraint Policies & Procedures

Forms

Paula meeting with Jackie tomorrow to go through members feedback on CDHB documents and prepare a joint email with requirements for forms.

Training

Concern around lack of train the trainers. This is new training and the bulk of Mental Health staff have been trained. Current priority for the SPEC group is to provide training for Mental Health and Emergency Department staff then 1 day training will be rolled out.

Action: Paul to discuss resources for this training with Rosalie Waghorn and Julie Lucas.

Action: Paul still to visit Diana Gunn (Director of Nursing for Older Person's Health) at Burwood to discuss restraint.

Action: Yvonne and Carmel still to work on the list of restraints and photos of restraints if relevant.

Fall out chair

Information on this not required.

4. Restraint Register

Yvonne spoke to the graphs from Safety1st which will be sent out by email. She advised that numbers are down for most areas.

5. CDHB Restraint Resources

Current CDHB restraints were sent out in November by Carmel for member's comments regarding relevancy for WCDHB.

Action: Jackie and Paula to meet regarding seclusion and restraint information to see if it matches with WCDHB.

6. Other

Issues

Janette raised a concern regarding nurses in non Mental Health wards who do not understand restraint. Online learning needs to be applied in practice.

Action: Kas to look into this re education for non Mental Health nurses.

Mandatory Training

A list of what is Mandatory training is required. It is the responsibility of the Manager of the Clinical area for ensuring their staff are trained in restraint.

Action: Kas to talk to Brittany Jenkins and Karyn Bousfield regarding this and raise as an issue of concern.

7. Rotation of Chairperson

Paul advised of need to rotate chair position following 2 year occupancy, happy to receive nominations and vote next meeting. Happy to remain as part of group.

There being no further discussion the meeting ended at 11.00am.

The next meeting will be Tuesday 7 February 2017 10.00-11.00am in the Corporate Board Room.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 7 February 2017 @ 10.00am in the Corporate Board Room

Present: Paul Norton (Chair), Kayla Brown (replacing Kas Beaufill), Barbara Holland, Janette Anderson, Deb Wright, Paula Mason, Yvonne Anisy, Jackie Richardson, Carmel Hurley-Watts (via vc and phone), Julie Bell (minute-taker)

1. Welcome/Apologies

Welcome to Kayla Brown replacing Kas Beaufill. Remove Emily Ide from distribution list.

Action: *Paul to contact Jackie Newton for replacement representative from Mental Health Inpatient Unit*

2. Confirmation of previous Minutes

The minutes of the Additional Restraint Committee meeting held on 6 December 2016 were confirmed as true and accurate.

3. Actions arising from previous Minutes

Seclusion Policy – Unable to use CDHB Seclusion Policy due to the set up at CDHB. Revised WCDHB Seclusion Policy going through Mental Health Leadership Team meeting today with the addition of 2 CDHB checklists. Document will then go to CQIT for approval.

CDHB Documents – Access required to Associated Documents as noted in CDHB Policies and Procedures

Action: *Carmel to send through Associated Documents and Jackie to identify which ones can be transalpinised.*

Training – Carmel working with RAMG Education Group reviewing how best to provide training around Restraint for all CDHB staff (except SMHS). Plan is to develop a programme which is generic enabling its use across divisions other than those requiring the 4 day SPEC training. There is also the availability of the Personal Safety Day Training which is useful for those working in the community and frontline/administration staff working with the public and receiving telephone calls. The previous NVCI training utilised by Burwood & TPMH has been replaced/renamed MAPA (Management of the Aggressive Patient, due to costs and suitability this course is no longer available at CDHB.

Action: *Carmel to advise what Restraint training will look like as planning progresses*

Mandatory Training

The Restraint self-learning package ideally is for all Clinical staff. This should be completed as part of staff's orientation and signed off as completed. Refresher training cycle is dependant on the area the person is working in. SPEC has an annual requirement for review for specific areas using it.

Concern regarding lack of staff available to undertake SPEC training (4 days). This is a NZ wide initiative and a national standard that needs to be rolled out. One option is to get a couple of staff from CDHB to assist running the course.

Paula has verbal agreement that CDHB will support WCDB staff to undertake SPEC training. To be discussed at the Mental Health Leadership Team meeting.

4. Safety1st Incident

The Serious Incident Review Group (S.I.R.G.) requested that this incident go to the Restraint Committee for noting and comment. This event was downgraded by S.I.R.G. to a SAC 3 rating. This event underpins a training issue in that particular area.

Request to check that Nurses have done the 'basic learning package' online.

Action: *Paula to follow up on request.*

5. Restraint Register

Yvonne spoke to the graphs from Safety1st. Of note:

Jackie to upskill staff on 'length' of stay in seclusion. Trying to find an orientation package for staff around seclusion.

Note: Data is not accurate before June 2016.

The Committee were asked if the reporting format is useful. The Clinical Incident Review Group go through data re times of events.

6. Rotation of Chairperson

Paul again called for expressions of interest for Chairperson. Yvonne agreed to be Chair on a rotational basis.

7. General Business

Targets

Deb suggested setting targets for this group, i.e. one for online training including Buller and about raising the profile of the Restraint Committee and awareness. Targets to be put on the Global Update for staff to read.

Meetings

Meeting dates to be monthly for the rest of 2017 instead of 2 monthly.

Action: *Julie to send out calendar invites for monthly meetings*

Concern raised regarding non attendance by Clinical Managers.

Action: *Paul to send out an email to all Clinical Managers regarding attendance at these meetings.*

There being no further discussion the meeting ended at 11.00am.

The next meeting will be Tuesday 7 March 2017 11.30am in the Corporate Board Room.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 7 March 2017 @ 11.30am in the Corporate Board Room

Present: Paul Norton (Chair), Kas Beaufill, Barbara Holland, Janette Anderson, Deb Wright, Paula Mason, Jackie Newton, Jackie Richardson, Carmel Hurley-Watts (via vc), Julie Bell (minute-taker)

Apologies: Yvonne Anisy, Kayla Brown

1. Welcome/Apologies

Welcome to Jackie Newton as Mental Health Inpatient Unit (IPU) representative.

2. Confirmation of previous Minutes

The minutes of the Restraint Committee meeting held on 7 February 2017 were confirmed as true and accurate.

3. Actions arising from previous Minutes

CDHB Documents – Carmel still to send through Associated Documents, as noted in CDHB Seclusion Policy, to Jackie to identify which ones can be transalpinised.

Training – nothing much to report. Carmel advised there is a paper going to RAMG next week around the training project. Will keep this meeting advised on progress.

SAC3 Safety1st Incident #72079 - regarding SPEC training. Paula to ask Dunsford staff if they have completed online training package. Kas will refer Dunsford staff to this when visiting Buller on 21 March

4. Safety1st Incident

No report provided for this meeting.

5. SPEC Trainers

Paula attended National meeting last month. National Governance Group have held their first meeting. April CDHB will drive SPEC train the trainer training. We are 50% through the 4 day training. Delay due to approval for cost of training. Also limited resources available to cover staff while being trained.

Nine full time Registered Nurses have been trained from Emergency Department Buller and Grey. Two casuals have not been trained. The majority of IPU staff have been trained.

Concern raised around incident where District Nurse was being abused by a patient in their home identifying the need for de-escalation training for District Nurse staff.

Message to get out that all staff should complete the online de-escalation programme.

Carmel advised that the CDHB Quiz has been revamped in the Health Learn Package.

Action: *Chair to send memo to Clinical Leads to encourage staff working face to face with the public to complete the online training package until SPEC training can be carried out.*

6. Revised Terms of Reference

Revised Terms of Reference was discussed and further changes to be made. Carmel to provide comments for approval at the next meeting.

Action: *Julie to make changes as discussed and re-circulate for feedback after Carmel has provided comments.*

Carmel left the meeting at 11.56am

7. Other

Incident in Morice Ward

Janette expressed concern about incident in Morice Ward yesterday when a patient was using a trolley table and a commode chair had been pushed to the end of the table by a Nurse so patient could not move away. Issue also around unacceptable response from Nurse when questioned about what was witnessed.

Understanding of the diversion processes needs to be introduced to the other areas, i.e. Falls.

Action: *Janette to talk to Clinical Nurse Manager of Morice Ward regarding concern*

Action: *Chair to send memo out regarding restraint versus enablers. Memo to be a general reminder regarding use of tables to use as an enabler for eating and not as a form of restraint.*

Safety1st Reporting

A change has been noticed around reporting of SAC 1 and 2 events.

Vicki Piner was asked, as Safety1st Systems Administrator, to meet with Managers regarding the proper process for evaluating Safety1st incidents.

Flow Chart of Safety1st submission process laminated and circulated to Clinical Nurse Managers for their reference.

There being no further discussion the meeting ended at 12.13pm.

The next meeting will be Tuesday 4 April 2017 at 10.00am in the Corporate Board Room.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 4 April 2017 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Kayla Brown, Barbara Holland, ,
Deb Wright, Jackie Newton, Jackie Richardson, Julie Bell (minute-
taker)

Apologies: Janette Anderson, Paula Mason, Carmel Hurley-Watts

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the Restraint Committee meeting held on 7 March 2017 were confirmed as true and accurate.

3. Actions arising from previous Minutes

Incident Event #72009

Action: *Paul to follow up with Paula*

Online Training Package Buller

Action: *Kayla to follow up with Kas to confirm this was discussed during her visit to Buller*

Incident in Morice Ward

All Clinical staff to complete online Restraint training package

A conversation has been made to staff member of concern.

Action: *Paul to check with Janette regarding action taken after this incident*

Paul has requested from Learning & Development a list of all who have completed the training.

Action: *Deb to identify on list Department via Trend Care system (Contact: Angela Scott) and send to Paul who will highlight and send to Clinical Manager to note which of their staff attended the training*

This will provide a platform to start from.

Revised Terms of Reference

Changes from last meeting and suggested changes from Carmel noted and accepted.

Action: *Julie to amend Terms of Reference accepting changes and update on the intranet.*

Safety1st Process Flow Chart

Amendment to last action on flow chart to be made and re-distributed to Departments

4. Episode of Restraint / Restraint events by month

Graphs provided for discussion. Most are for door locks. These will be signed off at this week's Mental Health Incident Review Group (MHIRG) meeting.

Great improvement from when doors were locked continuously. The Service needs to find way of dealing with volatile people and staff need to access the room 2 hourly to have a conversation with the patient.

Discussion had around episode of personal restraint in seclusion and the need for education for staff around seclusion.

5. SPEC Training

Paula to provide an update at the next meeting.

There are 2 vacancies in May for SPEC training. There is a problem across the country re lack of trained staff and there are only 3 Master Trainers in New Zealand.

6. Revised Terms of Reference

Discussed under Item 2 and suggested changes approved.

7. Security Staff

Agreement to employ Security staff in place but they are not on site yet. Need to identify who is employing the Security staff. These staff will need to be SPEC trained.

Action: *Yvonne to check details of Security Staff employment with Hamish Brown*

8. Other

No discussion.

There being no further discussion the meeting ended at 10.45am.

The next meeting will be Tuesday 2 May 2017 at 10.00am in the Corporate Board Room.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 2 May 2017 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Caroll Bryers, Deb Wright, Paula Mason, Carmel Hurley-Watts (via vc), Jackie Richardson, Kayla Brown, Julie Bell (minute-taker)

Apologies: Janette Anderson, Barbara Holland

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the Restraint Committee meeting held on 4 April 2017 were confirmed as true and accurate.

3. Actions arising from previous Minutes

Online Training Package Buller

Kayla advised that Kas Beaufill has spoken to Dunsford Staff re completing online training. Kayla to provide an update at the next meeting.

Incident in Morice Ward

A conversation has been made to staff member of concern.

Action: *Paul to check with Janette regarding action taken after this incident*

Paul has spoken to Rose Kennedy and Janette re not putting barriers up for patients. This was a one off event.

Training Attendance

Action: *Deb still to identify on list Department via Trend Care system (Contact: Angela Scott and Julie Lucas) and send to Paul who will highlight and send to Clinical Manager to note which of their staff attended the training*

Revised Terms of Reference

Revised Terms of Reference updated on the intranet.

4. Episode of Restraint / Restraint events by month

Graph provided notes restraint use is down. Only 1 episode of full personal restraint. The Psychiatrist has regular review (daily) with unwell person.

5. SPEC Training

Two people away on national spec training. This is a national tool that is being rolled out. It is estimated that 60 people are to be trained as trainers. Hopefully will have another training this year in the South Island. A number of staff keen to do the training. Train the trainer training is 4 days. Refresher is a 1 day course. Other training for community people is 1 day.

Training needs to be supported by CDHB.

Action: *Paul to discuss with Director of Nursing and Training Manager at CDHB.*

Paula advised that a training proposal was done at the beginning of the year. When trained staff return a meeting will be held to formalise a strategy. Six to 8 people at a time to be trained.

Request for support from CDHB. A reasonable pool of staff needs to do the job. It is expected that the training will be done in June with experienced trainer from CDHB to support them.

Forward planning required for releasing staff to do the training. There is a problem with short staffing and staff do not have any delegation.

6. Revised Terms of Reference

Carmel advised there is a typo in the revised Terms of Reference.

Action: *Carmel to send details to Julie and Julie to amend and update Terms of Reference on the intranet.*

7. Security Staff

Yvonne to contact Support Services Manager (Rachel Cadle) re training requirements for Security staff.

Action: *Julie to send Rachel Cadle's contact details to Yvonne.*

8. Other

Article from The Press worth noting. We are good at record keeping around restraint.

Southern DHB have a plan that they will be seclusion free by 2020.

There being no further discussion the meeting ended at 10.48am.

The next meeting will be Tuesday 6 June 2017.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 6 June 2017 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Barbara Holland, Deb Wright, Paula Mason, Carmel Hurley-Watts (via vc), Kayla Brown, Julie Bell (minute-taker)

Apologies: Janette Anderson, Jackie Newton

Absent: Carol Bryers, Rennor Campos

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the Restraint Committee meeting held on 2 May 2017 were confirmed as true and accurate.

3. Actions arising from previous Minutes

Training Attendance

Learning & Development (Julie A Ritchie) keep a record of staff training and the Clinical Manager is to keep track of their own staff's training.

CDHB training is tracked through HealthLearn.

Action: *Paula to bring up at next Senior Nurses meeting requirement for staff to undertake Restraint Minimisation training as part of Nurses performance appraisal*

Action: *Paula to discuss with Julie A Ritchie Restraint Minimisation training to be Mandatory training*

Action: *Paul to meet with Janette Dallas at CDHB Professional Development Unit next Friday and report back to this Committee.*

SPEC Training

Paul raised training needs with Director of Nursing. We will make do with what we have for now.

Another train the trainer course is scheduled for August. The first SPEC training for the year will be rolled out in July.

4. Episode of Restraint / Restraint events by month

Action: *Yvonne to check re cycle in handover folder*

Note: Jackie unable to attend to discuss restraint events in IPU as this meeting clashes with Mental Health Service MDT meeting.

Last month attributed to 1 particular patient (7-9 in the evening) who is a high risk of suicide patient and also intellectually disabled. Support from CDHB required for this patient.

Some episodes have not been through the Mental Health Incident Review Group (MIRG) for discussion.

Action: *Yvonne to sort report by area*

Environmental restraint is a locked door into IPU. Seclusion is only IPU.

Action: *Carmel to confirm re colour coding from Safety1st as it is hard to identify restraint type*

Action: *Yvonne to add to legend number of restraint episodes, i.e. environmental 24 and comments to explain what the graph is telling*

Action: *Carmel to send through report templates to break down into areas.*

5. SPEC Training

Discussed under Item 3 and 7.

6. Security Staff

Training for Security staff – they are subcontractors and training is part of their contract. They need to go through our training programme.

Enforcement re training – Clinical Quality Improvement Team (CQIT) to be alerted re Security staff contract and SPEC training. CQIT to enforce that Security staff undertake de-escalation, SPEC and break away training.

Action: *Yvonne to go back to Support Services Manager (Rachel Cadle) to find out what they are doing about this training for Security staff in order to meet the requirements of the contract. Security staff will work under the direction of a Registered Nurse – this is to be clarified.*

Carmel advised Security Staff for Christchurch Hospital are not trained in SPEC or Restraint by CDHB. CDHB Security staff are contracted staff.

7. Other

Replacement for Quality Facilitator – Mental Health on this Committee

This has left a gap in monitoring ability. Jackie monitored seclusion restraint and reported it to the Ministry.

Action: *Deb to check Jackie's handover document for details*

Replacement process – sitting with People and Capability. Once position description finalised advertising can be done.

Action: *Paul to follow up progress with People & Capability (Lisa Rogers)*

CDHB Policy

We need to update CDHB Policy for WCDHB use.

Action: *Yvonne to send email to Carmel re what we want done to make it a transalpine document*

Action: *Julie to send CDHB Policy to all for comment by next week*

Environmental Scan

Carmel advised the Environmental Scan audit has been trialled at Burwood Hospital and Ashburton & Rural Hospitals over a number of wards. The Environmental Scan was developed in preparation for reviewing 'Safe use of Bed Rails' policy. Audit completed to provide a snapshot picture of what is currently happening on the wards for Restraint & Enablers, and to ensure Lap Belts are no longer used, as these items have been removed from Physical Restraints approved list by RAMG.

Environmental Scan developed in preparation for the review of Enablers and the 'Safe Use of Bedrails' Policy. Once completed will share results/findings experience with this Committee.

There being no further discussion the meeting ended at 10.47am.

The next meeting will be Tuesday 4 July 2017.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 4 July 2017 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Barbara Holland, Paula Mason,
Caroll Bryers, Carmel Hurley-Watts (via vc), Julie Bell (minute-taker)
Apologies: Janette Anderson, Jackie Newton, Kayla Brown
Absent: Deb Wright, Rennor Campos

1. **Welcome/Apologies**

2. **Confirmation of previous Minutes**

The minutes of the Restraint Committee meeting held on 6 June 2017 were confirmed as true and accurate.

3. **Actions arising from previous Minutes**

Training Attendance

Learning & Development have access to HealthLearn.

Action: *Invite Julie A Ritchie to next meeting to clarify.*

4. **Episode of Restraint / Restraint events by month**

Episode of Restraint – continuing trend for environmental restraint over the month in the Inpatient Unit.

Increase in locked door environmental restraint. Higher numbers in the Inpatient Unit.

Action: *Yvonne and Jackie to meet to look at trends. Paula to send calendar invite.*

Carmel sent through report templates – they are different to ours and we don't have access to the actual reports.

5. **SPEC Training**

Train the trainer available this month. Only 1 person available. Two people already trained. Aim is to get 6 people trained so work load can be shared. One Registered Nurse and 1 Support Worker have been trained. There are only 2 staff in the Inpatient Unit that have not done the SPEC Training.

There is an excel spreadsheet in place for tracking attendees at SPEC training. The database was not updated for the last training. It is still the Clinical Nurse Manager's responsibility to ensure training is done.

6. Security Staff

Yvonne received email back from Support Services Manager (Rachel Cadle) advising that the Security firm are awaiting the CDHB sign off on an approved course that they can put staff through.

Deleted: Supper

7. Other

Restraint Forms

Flagged by Brent in IPU re Forms. Paula to meet with Brent to discuss. To be measured against the Standards.

Time of Meetings

Jackie unable to attend due to their multidisciplinary team meeting at the same time. Look at changing time of meeting

External Restraint

Legally we (? Presume this means WCDHB staff) cannot restrain someone outside of the Hospital. If it is life threatening a member of the public can restrain (to prevent harm, i.e. someone running in front of a car).

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Informal patient and someone under the Mental health Act. Some procedures are the same. Under the Mental Health Act there are more legal requirements.

Replacement Quality Facilitator – Mental Health

Revised Position Description currently with People & Capability to scope the role this week.

Restraint Minimisation Policy

CDHB Policy is an overview. Nothing to take exception to except for the related documents.

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Commented [CH1]: Not sure where with this – re making this a trans-alpine document – have not received a track change copy with any suggestions – please confirm happy for it to be a trans-alpine document as it stands with no specific additions for WCDHB

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Action: General Manager still to sign off on revised Seclusion document and attachments

Action: Once revised Seclusion document approval Document Control Officer to put on intranet for use

There being no further discussion the meeting ended at 10.48am.

The next meeting will be Tuesday 1 August 2017.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 1 August 2017 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Deb Wright, Paula Mason, Kas Beaufill (as Proxy for Kayla Brown), Julie Bell (minute-taker)
Apologies: Jackie Newton, Carmel Hurley-Watts
Absent: Rennor Campos, Barbara Holland

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the Restraint Committee meeting held on 4 July 2017 were confirmed as true and accurate.

3. Actions arising from previous Minutes

Training Attendance

To clarify re Clinical Managers accessing staff training records.

Episodes of Restraint

Look at trends.

Action: *Paula and Jackie to meet with Yvonne to discuss.*

CDHB Restraint Policy and Forms

Action: *Julie to access word version of Policy and Forms and circulate for comment.*

Action: *Paula to review CDHB Forms to make sure they are relevant for West Coast use and fit for purpose.*

4. Episode of Restraint / Restraint events by month

No reports provided for this meeting.

Five (5) only episodes relating to locked doors.

5. SPEC Training

One staff member, who is now permanent, will be undertaking part 2 of the training this week which will mean there will be 3 trainers.

Paula emailed [*Paula to advise position title of Tony*] Tony Farrell to discuss strategy for rolling out training.

6. **Proposed Nursing Orientation Programme**

New Programme developed.

Need to identify what is required for restraint minimisation training.

Safety1st Administrator (Vicki Piner) does a training session on Safety1st.

Most education is available on HealthLearn though we are unable to measure how effective it is

The 'Shift from Hell', i.e. throwing the scenarios at the group. Participants need to work out what to do. Dummied and tried out. A couple of workshops organised for Reefton. To be run every 4 weeks – not big numbers. In first 4 weeks of training. Any one can come to the day.

7. **Security Staff**

Remove from Agenda – out of our hands re training.

Action: *Paul to contact Rachel Cadle re follow up on progress with training for Security Staff. Rachel to provide update for next meeting. cc in Phil as General Manager.*

Highlight criteria around spec training to Allied Security. Find out if the contract is signed and can be acted on.

There are a few items in the contract that this Committee needs to keep a watchful eye on.

8. **Other**

No discussion.

There being no further discussion the meeting ended at 10.40am.

The next meeting will be Tuesday 5 September 2017.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 5 September 2017 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Deb Wright, Paula Mason, Kayla Brown, Barbara Holland, Jackie Newton Julie Bell (minute-taker)
Apologies: Paul Norton, Carmel Hurley-Watts
Absent: Rennor Campos

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the Restraint Minimisation Committee meeting held on 1 August 2017 were confirmed as true and accurate.

3. Actions arising from previous Minutes

CDHB Policy

Circulated for comment.

Suggestion made for 2-3 members of this Committee (Paula, Yvonne and Kayla) to meet to measure CDHB Policy against WCDHB Policy plus forms. Paula, Yvonne and Kayla.

Action: *Yvonne to get a copy of the HDS standard around Restraint*

Action: *Yvonne to set up meeting for Thursday 11-12 to review WCDHB Policy, CDHB Policy and forms*

Action: *Paula to circulate and review Mental Health forms*

Training

Julie A Ritchie from Learning & Development to attend next meeting.

Seventy two (72) staff have fully completed restraint training as advised by Neil Halliwell from CDHB.

SPEC Training for Security Staff

Action: *Paul to provide an update at next meeting.*

4. Episodes of Restraint / Restraint events by month

Episodes of Restraint go to Mental Health Incident Review Group (MIRG) for discussion.

5. **SPEC Training**

Paula in process of asking CDHB to send a Trainer. Issue with capacity to release a Trainer from CDHB. Looking at November/December. Three people trained now. Looking at 4-5 trained in the next year.

6. **Proposed modification to Safety1st Restraint form**

No discussion. Held over until next meeting.

7. **PRIMHD Seclusion Report**

Report discussed. Of note:

- The raw data is sent to the Ministry
- Our figures are below the national average

8. **Audit Findings re Restraint**

No problems were reported in Mental Health from the recent Audit. Concern around enablers used in Kahurangi. Request made for an Enabler Register. Patient tracers were done. Update required on the Care Plan.

Action: *Kayla to talk to TrendCare Co-ordinator (Angela Scott) regarding need for an online Enabler Register.*

Yvonne advised that on 7/1/16 an Audit Report was prepared regarding use of bedrails. Analysis done on 20 patient tracer reviews. Rosalie Waghorn has completed 3 of the tracer reviews which Yvonne will discuss with her.

Deb advised when you log on to the Safety1st system there is 1 Register of Restraint.

Action: *Yvonne to discuss above with Vicki Piner as Safety1st Administrator.*

9. **General**

Update from Consumer Representative

Barbara advised that previous concerns have been addressed regarding consent from someone with dementia.

There being no further discussion the meeting ended at 10.45am.

The next meeting will be Tuesday 3 October 2017.

WCDHB Restraint Committee

Minutes of the Restraint Committee Meeting held on
Tuesday 3 October 2017 @ 10.00am in the Corporate Board Room

Present: Paul Norton (Acting Chair), Caroll Bryers, Deb Wright, Barbara Holland, Kayla Brown, Julie Bell (minute-taker)
In Attendance: Julie A Ritchie
Apologies: Yvonne Anisy, Carmel Hurley-Watts, Jackie Newton, Paula Mason, Janette Anderson
Absent: Rennor Campos

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the Restraint Minimisation Committee meeting held on 5 September 2017 were confirmed as true and accurate.

3. Actions arising from previous Minutes

CDHB Policy

Circulated for comment. Kayla met once with Yvonne and Paula. Another meeting to be held to finalise changes to Policy and forms.

Action: *Yvonne to get a copy of the HDS standard around Restraint*

Action: *Yvonne to set up meeting for Thursday 11-12 to review WCDHB Policy, CDHB Policy and forms*

Action: *Paula to circulate and review Mental Health forms*

Training

Julie A Ritchie from Learning & Development attended meeting to answer any questions regarding Restraint training.

SPEC Training for Security Staff

Support Services Manager advised by email that Allied Security use their own version of SPEC Training. We can use our WCDHB training package to carry this out if we choose.

Action: *Julie A Ritchie to contact Allied Security when arranging SPEC Training. Training not to coincide with shift work*

This Committee will be the author of the revised Restraint Minimisation Policy. External Security staff to be added to Policy in section which outlines who the Policy covers.

Action: *Yvonne and Paula to look into amendment to Policy to reflect above.*

Julie advised that training sessions are for 12 15 attendees per sessions with 3 trainers.

Discussion around Refresher Training and Declaration of fitness for staff to undertaken the training. Look at developing a 'Health Check List'.

Action: *Deb to draft with assistance from Julie A Ritchie a 'Declaration of Fitness' form.*

Action: *Julie A Ritchie to talk to Paula when she is back regarding training details.*

Audit Findings

Kayla contacted TrendCare Co-ordinator (Angela Scott) to see if it was possible to use Trendcare to register those requiring enablers. Trendcare advise they are unable to do this due to lack of technology.

Poster Campaign

Posters will be made up visually representing what an enable and disabler is. Target areas are medical, surgical, Kahurangi, Dunsford and Foote wards

Action: Paul to discuss with Yvonne full package for this campaign, i.e. posters, registers, spot audits and HealthLearn training

Enabler Register

Action: Caroll to contact Carmel re enabler register to find out how it is engineered and who takes the responsibility for managing it.

Action: Deb to log on to Safety1st to check (final bullet point) if there is an enabler register for restraint. Deb to discuss with Yvonne to follow up with Vicki Piner.

4. Learning & Development

Julie A Ritchie advised there are 4 courses online available on Restraint. This resource is used by Counties Manakau – Note: the resources for the SLP's on Health Learn - RMSP – registered and non-registered staff, both have an introduction component which is from Counties Manakau, the remainder of the components within this package have been developed by CDHB, the Communication and De-escalation package was developed by Counties Manakau, and the Bedrails package is a CDHB package.

This Committee needs to have their Policy ratified first then can go through and ensure these courses relate to have we do here. All of these resources have been reviewed by Learning & Development and other professional development unit team members. They have all originated from Counties Manakau but have been given with CDHB updates.

Action: Julie to put forward for our Policy to be added to this (for clinical) and 1 for non clinical staff.

Action: Committee members to go online and look at training in HealthLearn for discussion at next meeting.

5. Episodes of Restraint / Restraint events by month

Of note:

- Environment restraint is where doors are locked externally. Locked doors can apply to internal and external doors – not just external doors – if locked doors used then a Restraint event should be recorded
- Environmental Restraint covers both locked doors and seclusion. Note: If doors are routinely locked overnight then this is generally not considered as a restraint event. If it is determined the locking of external doors is completed routinely to maintain a safe environment
- Report is for 5 different people relating to 12 episodes (1 seclusion, 1 full personal the rest environmental restraint)
- Report is consistent with previous reporting

6. SPEC Training

Discussed above.

7. Proposed modification to Safety1st Restraint form

To be discussed at next meeting.

8. Audit Findings re Restraint

To be discussed at next meeting.

9. General

No items for discussion.

There being no further discussion the meeting ended at 11.00am

The next meeting will be Tuesday 7 November 2017.

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 7 November 2017 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Carmel Hurley-Watts (via vc), Paul Norton
Caroll Bryers, Deb Wright, Barbara Holland, Kayla Brown, Julie Bell
(minute-taker)

Apologies: Jackie Newton, Paula Mason, Janette Anderson

Absent: Rennor Campos

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the Restraint Minimisation Committee meeting held on 3 October 2017 were confirmed as true and accurate.

3. Actions arising from previous Minutes

Amended CDHB Policy for WCDHB use

Action: *Carmel to take Policy to Restraint Approval Monitoring Group (RAMG) for approval.*

RAMG would welcome a representative from the West Coast. RAMG would need to provide approval on restraints on the West Coast. Next meeting Thursday 16 November. Paul agreed to attend RAMG meetings.

RAMG will be the overall approval and monitoring group for restraint. Will become a transalpine approval and monitoring group.

Action: *Carmel to send through information on next RAMG meeting.*

This Committee needs to provide RAMG with a list of restraints. Only Mental Health are using restraints. All Physical restraints have been stopped in the Aged Care facilities.

Mental Health Forms

Review of Mental Health forms still to be done.

Action: *Paula still to circulate. Add to Agenda for next meeting*

SPEC Training

Nelson have capacity to take people from the West Coast for SPEC training. They could come down or we could go there. Paul suggested Buller. Waiting on contact details for Christine Ball NMDGB from Carmel.. Clinical staff to be training first.

Action: *Carmel to send Yvonne her Christine's details*

Training for Security Staff

Yvonne sent Carmel contract document today with highlighted section on training. Carmel to present to CDHB RAMG for discussion. Currently Restraint training for security staff is not provided at CDHB divisions. Restraint training across CDHB is currently under review including consideration for Security Staff training requirements.

Action: *Work in progress in CDHB. Carmel to keep everyone in the loop.*

Declaration of Fitness Form

Action: *Deb still to prepare new Declaration of Fitness form for discussion at next meeting.*

Action: *Carmel will ask SMHS how they manage the situation of fitness of staff. It is manager/personnel issue.*

Education Campaign

Campaign underway to get Clinical staff aware of difference between enablers and restraints. Yvonne has posters from rural learning training day which will be used.

Action: *Carmel to send through Environmental Audit Scan to Yvonne.*

Enabler Register

CDHB do not have an enabler register. There is not a definitive list of enablers, however there is the Bedrails SLP on HealthLearn, which may assist for education of staff. Of note the use of Bedrails and/or tray tables might become a restraint, if not removed appropriately.

Safety1st does not have an Enabler Register.

Committee members to find out what other DHB's do in this situation and how they manage restraint.

Action: *Julie A Ritchie to find out about training on HealthLearn training. We need to have our Transalpine Policy ratified first.*

Draft Transalpine Policy is with CDHB. We will have a localised Procedure around the use of restraint for local services.

Caroll left the meeting at 10.34am

Register of Restraint on Safety1st

Hold over for discussion at next meeting.

4. Episodes of Restraint/Restraint events by month

17 environmental, 1 seclusion last month – about 3 people

Action: *Yvonne to request an email report from Mental Health Incident Review Group (MIRG) as no minutes taken. Next meeting this Thursday.*

Action: Yvonne to look up and check all episodes have been closed and find explanations.

5. **SPEC Training**

Hold until next meeting.

6. **Other**

Infection Control Restraint

Paul had an email regarding Infection Control restraint. Query raised re environment where person is infectious and needs restraining. What are the risk issues associated with restraint? Issue has been resolved.

Corrective Action Requests (CARs) for Restraint

To some extent this has already been addressed.

Four people were found with bedrails up that had not given consent. Staff could not explain rationale.

Action: *Yvonne to send through a copy of the CARs.*

Posters will be good for renewing awareness of what is an enabler and what is a restraint.

Tracers

Staff are writing in the Care Plan about obtaining consent. Yvonne needs to be more forceful when doing tracers to find the nurse and ask questions for clarification of what is written.

Action: *Yvonne to ensure nurses update the Care Plans appropriately.*

Leadership at the grass roots level is key. Spot audits and snapshot audits to be undertaken and feedback provided back to the Unit.

There being no further discussion the meeting ended at 10.53am.

Next meeting will be held on Tuesday 5 December 2017.

WCDHB Restraint Minimisation Committee

Summary notes from Restraint Minimisation Committee meeting held on
Tuesday 5 December 2017 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Carmel Hurley-Watts (via vc) Caroll Bryers, Julie Bell (minute-taker)
Apologies: Deb Wright, Barbara Holland, Kayla Brown, Jackie Newton, Paula Mason, Janette Anderson
Absent: Rennor Campos

1. Welcome/Apologies

Note: Quorum was not reached as under 5 Committee members present. Meeting for discussion of Agenda items only.

2. Confirmation of previous Minutes

The minutes of the Restraint Minimisation Committee meeting held on 7 November 2017 will be added to the next meeting Agenda for approval.

3. Actions arising from previous Minutes

Mental Health Forms – Paul to advise progress at next meeting.

SPEC Training – Yvonne has contacted Christine Ball and waiting on a response. Specifics required around cost for 4 days training. Clinical Staff Mental Health (Duty Nurse Co-ordinators) and Emergency Staff to be trained first then Security Staff.

Security Staff – still have to organise with Juliette re training on HealthLearn.

Action: Yvonne to talk to Juliette.

Education – Yvonne has spoken to Communications.

Tracers – Improvements noted in Morice Ward, in particular they now have an internal documentation audit running. Janette asked if she had noticed anything around restraint. Barclay Ward are still using cot sides without consent. Only used on patients that are cognitively impaired. They have safety measures in place.

Carmel joined meeting at 10.17am

4. Episodes of Restraint

Of note 1 incident was recorded twice.

Poor colour coding on Safety1st reports. Hard to distinguish from other headings, i.e. seclusion and environmental.

There were 7 people involved in the episodes of restraint of which 1 was reported twice. There is a back log of them to close off. Paul working with Jackie on them.

5. SPEC Training

Looking at running training session in Westport. Target Emergency Department and Mental Health staff. Need cost and approval first.

6. Other

Update from CDHB Restraint Approval & Monitoring Group (RAMG)

Education Proposal – CDHB Restraint Minimisation & Safety Practice (except SMHS). A lot of discussion had around how we are going to provide education around the divisions. Carmel advised that an education day will be held for other areas. A pilot day will be held next week. A wider conversation around education for Emergency Department and Security staff still to be had.

RAMG meet monthly. Paul attended last meeting. Will attend meetings and report back to this meeting.

Transalpine Policy

Close to sign off. Need to get education signed off first for Policy then Transalpine Policy. Carmel to send document back for final check. West Coast need to develop a Procedure around Restraint, i.e. a process flow chart around initiating restraint. What to do and when, including training. This will be a local guideline at how it is managed at our level.

Action: *Yvonne to, in conjunction with Paula, prepare a list of all WCDHB personal, physical and environmental restraints.*

Staff Fitness and Injury Form

The staff member fills in the form then gives a copy to the line manager and actual spec trainers so they know who is coming to the course with specific issues, i.e. injury/illness.

No pass or fail for attending the training – if staff member has an injury they can be involved in restraint in another way as a support.

Carmel advised that CDHB have a 'Management of your Staff' form in use by CDHB Specialist Mental Health. Hillmorton and Christchurch Hospital use it. Look at using form for WCDHB.

There being no further discussion the meeting ended at 10.43am.



WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Wednesday 7 February 2018 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Carmel Hurley-Watts (via vc), Deb Wright,
Barbara Holland, Kayla Brown
Apologies: Paul Norton, Jackie Newton, Paula Mason, Rennor Campos, Janette
Anderson

1. Welcome/Apologies

2. Confirmation of previous Minutes

The minutes of the meeting held on 7 November 2017 were confirmed as true and accurate.

The summary notes of the meeting held on 5 December 2017 were confirmed as true and accurate.

Carried: Barbara Holland
Seconded: Deb Wright

3. Actions arising from previous Minutes

Amended CDHB Policy for WCDHB use

Presented to RAMG but still in process for approval.

Physical Restraint

Staff in the Dementia Unit have expressed difficulties keeping patients safe without using bedrails, etc. WCDHB to review other departments, i.e. Burwood.

Action: *Carmel to forward contract*

Restraint Register

Unable to analyse report as do not have Mental Health Co-ordinator and no Mental Health Representative present.

SPEC Training

- Four (4) day training – issue to release large number of staff from WCDHB
- Early discussion re Nelson team coming to Westport. Maybe too large a project

Action: *Yvonne to get Nelson's Schedule and forward to Managers (Emergency Department, duty Nurse Co-ordinator, Inpatient Unit and Security)*

Training for Security Staff

- Contracted for WCDHB Security Services to be included in Training Schedule
- Access to Health Learn – de-escalation training

Declaration of Fitness Form

Form approved for use. Document ownership to be determined



Action: *Deb to forward form to Paula Mason for implementation*

Education Campaign

New posters to be finalised.

Action: *Yvonne to work on staff education process with Lee Harris (Communications) and Andreas Urban (Website Developer).*

Enabler Register

Register revised by Auditors in July 2017 but is not included in Corrective Actions therefore no further action required.

Action: *Julie A Ritchie to find out about Restraint Minimisation training on Health Learn. We need to have our Transalpine Policy ratified first*

Tracers

Not up to date.

4. Episodes of Restraint

Concern raised around delayed closure of files. Restraint incident numbers within usual range.

5. SPEC Training

As discussed under Item 3.

6. Other

No other items for discussion.

Next meeting will be held on Tuesday 6 March 2017. Yvonne will be on annual leave.



WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Wednesday 6 March 2018 @ 11.00am in the Corporate Board Room

Present: Paul Norton (Acting Chair), Carmel Hurley-Watts (via vc), Deb Wright, Barbara Holland, Kayla Brown, Paula Mason, Julie Bell (for Minutes)

Apologies: Yvonne Anisy, Jackie Newton, Rennor Campos, Janette Anderson

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of previous Minutes

Minutes of the meeting held on 7 February 2018 were confirmed as true and accurate.

Matters arising from previous Minutes:

Transalpine Restraint Policy

Still with RAMG for final approval

RAMG Meeting Minutes

Circulate previous meeting's minutes

Physical Restraint - Enablers

We can only use restraints that have been approved. Yvonne has been working on checking our restraints meet standards and identifying what CDHB have in place.

Restraint Register

Jackie and Paula have been on leave. Not up to date regarding what has been happening on the Ward. There were 39 days of locked wards. Times to be advised. Update to be provided at next meeting.

Action: Paula to look into the system and print up to date report.

SPEC Training

Yvonne has done some work with Nelson regarding getting SPEC training done here. For Mental Health it is a priority. Three (3) SPEC trainers trained last year (and 1 resignation of trained staff member). Preliminary discussion with CDHB had regarding sharing our Trainer with them. Look at Transalpine or going to Nelson for training.

The 1 day course is different. WCDHB to pay. De-escalation training on HealthLearn to be done first. Training is more around effective communication.

Action: Paula to get 4 day course calendar from Tony Farrow.

Kayla contacted Tony Farrow around all the Mental Health training on HealthLearn.



Action: Paula to take training proposal to Mental Health Leadership team for sign off.

Training for Security Staff

Current focus is on getting our staff trained first. Communication and De-escalation training is available on HealthLearn for CDHB contracted Security Staff. Carmel advised they are there to support the staff. They are not involved in the restraint of patients.

Based on the constraints that exist we want to formalise a process to include training for Security Staff. We have a duty of care to the safety of staff and patients.

Action: Paul to ask about Mental Health Leadership view on sub-contracting training out to security firm and on use of security staff in restraint under direction of RN in ED.

Declaration of Fitness Form

Form approved at last meeting. To be formatted for use.

Action: Deb to forward to Paula

Action: Carmel to check and confirm (linked in with HealthLearn training)

Education Programme

Poster on enablers prepared. Need to see a draft version.

Action: Yvonne to circulate draft poster.

Carmel left the meeting at 11.58am

Joint WCDHB Comprehensive List of Restraints

List sent to Carmel. Need to confirm what restraint techniques we do.

Carmel requesting a list of all approved personal physical and environmental restraint. Yvonne has sent them to Carmel previously.

Action: Paul to update Restraint Training Matrix and send to Carmel today.
Completed ☒

4. Episodes of Restraint

Paula to provide a summary for the next meeting.

5. SPEC Training

As discussed under Item 3.

6. Other

Reporting Template for RAMG

Divisional Restraint Update Template draft provided to RAMG 2 monthly.



Managing Challenging Behaviours Procedure

Carry over for next meeting.

Action: Julie to send out Procedure for comment.

There being no further discussion the meeting ended at 12.15pm.

Next meeting will be held on Tuesday 3 April 2018 at 10.00am.



WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Wednesday 3 April 2018 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Deb Wright, Kayla Brown, Carmel Hurley-Watts (via vc), Barbara Holland, Paula Mason, Julie Bell (for Minutes)

Apologies: Jackie Newton, Janette Anderson

1. Welcome/Apologies

Members were welcomed and apologies received.

It was noted that Paula is covering Mental Health and IPU in absence of Jackie Newton. Rennor Campos to be removed from distribution list and replacement Buller representative to be advised.

Action: Yvonne to send Acting Clinical Nurse Manager Buller Paige Samuels invite as Buller representative and cc in Nurse Manager Clinical Services Julie Lucas.

2. Confirmation of previous Minutes

The minutes of the meeting held on 6 March 2018 were confirmed as true and accurate.

Carried:	Kayla
Seconded:	Deb

3. Matters/Actions arising from previous minutes

CDHB Policy - approved and on the Intranet.

Training for Security Staff – remove from Agenda.

Declaration of Fitness form – approved for use. Remove from Agenda.

Education Programme – posters to be made

Enabler Register – still problems in the general wards (Barclay and Morice) with physical restraint enablers being used. Using bedrails is being logged but no rationale about why they are using. Still a lot of work to be done in this area. A quiz went out with a good response from Reefton. Patient Tracers continue to show the same. There have been no incidents where bedrails have caused harm with their use.

Yvonne will continue with patient tracers and 1 environment check has been done.



Visual representation posters are important to show what is good and what is bad for staff information as well as families. Posters to include a note at the bottom with an explanation.

Bedrails are an enabler not a restraint. Same with tray tables.

Action: Yvonne to go back to the contact person at Medical Illustrations to get images then talk to local Printer for a quote.

Action: Movie Tickets to be purchased for winner of Restraint Quiz.

Joint WCDHB Comprehensive List of Restraint – done. Remove from Agenda.

4. Restraint Self-Assessment RAMG

This has been signed off.

5. Episodes of Restraint / Restraint events by month

Data prepared before Easter. A few episodes of restraint to be added.

Another seclusion event before end of month (full and partial restraint).

Environmental restraint has significantly dropped due to more accurate reporting. Education provided to staff and staff are now daily challenging why the doors are shut. Congratulations to Paula for providing education.

Zero seclusion by 2022 conference held on 7 March with follow up Workshop on 28 March. Paul attended Workshop and will circulate literature. To be driven from the Units.

Action: Paul to set up a meeting with Mental Health Services (at their Communication meeting on Wednesday @ 3pm) to discuss Workshop and follow up webinars and workshops.

6. SPEC Training

Yvonne has sent out dates for Nelson scheduled SPEC Training.

Paula spoke to Mental Health Leadership team and emailed Tony Farrow re us supplying a trainer for CDHB and us also securing a number of seats in each training.

Four day trainees can go to CDHB sessions and we will provide 1 day updates and 1 day person safety training.

Longitudinal planning required for the training.

Look at HealthLearn (post personal safety and updates on CDHB website). Timetable for SPEC training should be on HealthLearn.

Commented [CH1]: Suggest this statement has a note attached which states

Enablers:

It is important to note that it is not the equipment, device or furniture that makes something an **enabler** rather than a **restraint**, but the intention behind its use. When something is used with the intent to promote independence, comfort and safety, and the use is voluntary, it can be called an **enabler**.

The use being voluntary is a key factor, and that it can be removed by the consumer or they have access to a call bell to request its removal, makes it an enabler – not a restraint



Action: Paula to discuss training with Kayla.

Timetable for July for starting training.

No strategy in place around fitness of staff to undertake restraint.

People aren't debriefing after the events. People are starting to change their way of thinking.

7. Update CARs Status

Around Restraint – discussed above.

It is important that we have a plan on paper. Do more quality initiatives and monitored them. There is a lot of work that is not being captured. A bit of work required around debriefing of staff.

8. Policies, Procedures & Forms for review

Action: Julie to print and circulate for comment.

9. Other

Table as summary in MIRG then Yvonne to close off once she has permission (Safety1st). Environmental, Personal and Seclusion.

There being no further discussion the meeting ended at 11.02am.

Next meeting will be held on Tuesday 1 May 2018 at 10.00am.



RESTRAINT APPROVAL AND MONITORING GROUP

RESTRAINT APPROVAL REQUEST FORM

All Restraint Approval Request Forms must be reviewed and endorsed by the Divisional Restraint Monitoring Committee prior to being forwarded to the Restraint Approval and Monitoring Group

Type of Request:		✓ one	(ONE FORM FOR EACH TYPE OF REQUEST)		✓ one
Restraint equipment/practice	<input checked="" type="checkbox"/> (SEE PART 'A')	Is this currently being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Restraint education/training	<input checked="" type="checkbox"/> (SEE PART 'B')	Is this currently being taught?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Restraint educator/trainer	<input checked="" type="checkbox"/> (SEE PART 'C')	Is person currently teaching?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
PART 'A' 'Restraint equipment/practice'					
Category of Restraint (✓ one): Personal <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Enabler <input type="checkbox"/>					
Description of Restraint T: <i>Full & Partial, applicable to SMHS in patient areas only</i> <i>Seclusion IPU x1 room equipped for seclusion use</i> <i>Locked doors SMHS IPU and Dementia Unit KDU only,</i> <i>Nil Physical restraint utilised in the WCDHB</i>					
Indications for useT: <ul style="list-style-type: none"> • Risk to self and others • Last resort when all other less invasive options exhausted • Legal requirement to provide treatment to save patient life • MHA/ Public Health Act 					
Alternatives that could be attempted prior to this restraintT: <ul style="list-style-type: none"> • Low stimulus use of quiet room • Redirection / distraction • De-escalation communication • Prn medication • Limit – setting and informing of consequence of action • Clear communication • Boundary containment • Offering choice • Consult with family Whānau 					
Level of reporting, monitoring, documentation and reviewing required (see Trans-alpine restraint policy). Please ✓ one: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>					
Maintenance requirements (for equipment)T: No equipment required Seclusion room checked as per standing S.o.P & policy / procedure for managing a secure environment Safety 1 st					
Risks associated with using this restraint (to both staff and patient)T: Physical injury Psychological trauma of event [debrief is provided to both groups]					
Is there a policy/procedure for this restraint (✓ one)?: Yes <input checked="" type="checkbox"/> (please attach copy) No <input type="checkbox"/>					
PART 'B' 'Restraint education/training' SPEC national recognised standards What type of restraint is education/training aimed at: frontline inpatient staff ED and SMHS IPU / KDU The following <u>must</u> accompany this request: details of content of education/training; copies of any handouts/handbooks; and details of competency requirements, including frequency of updates.					

PART 'C' 'Restraint educator/trainer'

Restraint educator/trainer's details: Name: RN Ashleigh Sheldon , Psych' Assistant Neil Parker
Designation:

Type of education/training to be provided:

- 4 day full SPEC training
- 1-day Communication De-escalation strategies / Breakaway training
- 1 -Day refresher
- Online Health learn training

The following must accompany this request: details of qualifications/experience; details of how competencies are maintained; and any supporting information.

Requester's Details

Name: Paul Norton

Designation: QPSM

Proposed Restraint Use:

Unit/ward: WCDHB

Service: *Inpatient services Division: SMHS / General Medicine ED, Morice & Barclay / Foote wards Greymouth ,Buller & Reefton Hospitals*

Breakaway / De-escalation / communication Strategies: WCDHB SMMHS CMHS/ CAMHS / AoD/ TACT/

Signature:

Date: 03 March 2018

Divisional Restraint Monitoring Committee Details

Request Endorsed (✓ one): Yes ☒ (forward to Restraint Approval and Monitoring Group)

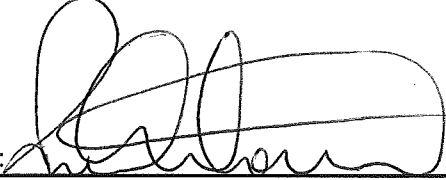
No ☐ (give reasons/instructions below and return to requester)

Reasons/InstructionsT:

Approved

Name: *Paul Norton*

Position on Committee: WCDHB Restraint Committee

Signature: 

Date: 06 March 2018

(T Continue overleaf if required or attach further information)

Further Information:

Further information attached

Response from Canterbury DHB Restraint Approval and Monitoring CommitteeRequest approved ☐

This restraint, education/training or educator trainer has been approved for:

3 Months* ☐ 6 Months* ☐ 1 Year* ☐ 2 Years ☒ (* Short term approval - see conditions)Request denied ☐**You must stop using this restraint, or providing this education/training, or using this educator/trainer from the date of receipt of this response.**Further Information/Opinion is required ☐

Please submit the following information within _ weeks:

Further details attached ☐**Conditions for Short Term Approval**

The following identified issue/s must be reviewed by the Divisional Restraint Monitoring Committee prior to re-approval:

Further details attached ☐

Name:

Position on RAMG:

Signature:

Date:



WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Wednesday 5 June 2018 @ 11.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Paul Norton, Rosalie Waghorn, Carmel Hurley-Watts (via vc), Deb Wright, Barbara Holland, Kas Beaufill, Paula Mason, Julie Bell (for Minutes)

Apologies: Jackie Newton, Rennor Campos, Janette Anderson, Paige Samuels

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of previous Minutes

Minutes of the meeting held on 3 April 2018 were confirmed as true and accurate. Note: Meeting 1 May 2018 was cancelled as no quorum was reached.

3. Matters arising from 3 April 2018 Minutes

Invite sent to Paige Samuels as representative from Buller.

Bedrails – Too many posters already on the walls. Put responsibility to Clinical Nurse Managers and Clinical Nurse Manager Inpatient Wards (Randy Gopalla) to check that it is being enforced. Patient tracers shows everyone does get consent for bedrails but do not always show reason for us. This still needs work.

Episodes of Restraint – Paul went to Wellington and met other District Health Board representatives. All District Health Boards have to participate in zero seclusion 2020 target. Typo under Item 5 with paragraph – change to 2020.

SPEC Training

Fourth person training (4 days) this month then Paula will meet with trainers to put a plan in place for refresher and 1 day personal safety.

Email sent to Managers to go into HealthLearn to do 4 day Spec training at Canterbury District Health Board. On HealthLearn there are 2 levels – either fully fit or disability and reason why you cannot do the full restraint. De-escalation is the focus.

Patients are not being debriefed. A Debriefing Plan for the whole District Health Board is being prepared.

Policies Procedures and Forms

Managing Challenging Behaviours – to be reviewed.

Paula and Yvonne to review Challenging Behaviours Procedure and Paula to review other documents.



Mental Health Incident Review Group (MIRG)

Up to date and completed.

4. Episodes of Restraint/ Restraint events by month

Latest episodes of restraint were discussed.

Seclusion events – 2 in March and 1 in May. Events default to environmental restraint when patient is absent without leave (AWOL).

Two (2) AWOLs (1 under Mental Health Act). Low occupancy at the moment.

5. SPEC Training

As discussed above under Item 3.

6. Policies, Procedures & Forms for review

To be reviewed by Yvonne and Paula.

7. Other

Consumer Representation

Two candidates interested in being a consumer representative on this Committee. Process for appointment to be finalised at next Consumer Council meeting on 11 June.

Quality & Patient Safety Manager

Rosalie Waghorn will be covering the role of Quality & Patient Safety Manager for 1 year as resignation of Paul Norton effective from 15 June.

RAMG Agenda

Circulated for noting.

Carmel confirmed that the transalpine Policy has been signed off but still awaiting Executive Director of Nursing's (Mary Gordon) final sign off. Carmel to advise once final approval received and when copy will be available on the intranet.

Forms

Yvonne still to meet with Vicki Piner re Safety1st as Vicki Piner is currently unable to fit it in to her schedule. Will look at merging Safety1st forms with CDHB and standardising other forms. Look at standardisation of other forms.

There being no further discussion the meeting ended at 11.00am.

Next meeting will be Tuesday 3 July 2018.



WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Wednesday 3 July 2018 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Russ Aiton, Rosalie Waghorn, Deb Wright, Kas Beaufill, Jo Tiller, Paula Mason, Julie Bell (for Minutes)

Apologies: Paige Samuels, Carmel Hurley-Watts, Carol Bryers

1. Welcome/Apologies

Members were welcomed and apologies received.

Russ Aiton was welcome as the new Consumer Representative. A letter of thanks was sent to previous Consumer Representative Barbara Holland.

Jo Tiller was welcomed as the new Nurse Educator.

Resignations received from Jackie Newton and Paul Norton.

2. Confirmation of previous Minutes

Minutes of the meeting held on 5 June 2018 were confirmed as true and correct after change to wording of last line of first page to read 'Paula and Yvonne to review Challenging Behaviours Procedure and Paula to review other documents'.

3. Matters arising from 5 June 2018 Minutes

Policy

Final sign off by Mary Gordon. Carmel to confirm details next meeting.

SPEC* Training

Paula advised the last trainer has done the first part of the training. Paula will be meeting this month with trainers and looking at rolling out the 1 day course. Nurse Educator to be involved.

As a result of a recommendation from an adverse event, training is to be advertised appropriately on the intranet. The first part is on HealthLearn.

Action: Paula to send out a memo to all MH staff regarding this training.

The Workforce Development Team will assist with communicating the availability and accessibility of the programme in the remainder of the DHB, e.g. Emergency Department, Duty Nurse Co-ordinators.

Action: Nurse Educators to advertise SPEC training widely.

(*SPEC stands for Safe Practice Effective Communication).



Review of Policies, Procedures and Forms

Accept changes to comments made on Managing Challenging Behaviours Procedure and update on intranet. Change owner of document to Restraint Minimisation Committee and job title to Director of Nursing instead of Nursing and Midwifery.

Action: Julie to format document, update on the intranet and circulate to Committee members.

Consumer Representative

Russ Aiton has been appointed as the new Consumer Representative for this Committee. Barbara Holland has been sent a letter to thank her for her participation on this Committee.

4. Episodes of Restraint / Restraint events by month

Latest events were discussed.

Environmental restraint means locking of the Inpatient Unit front door (9.00pm to 7.00am).

Episodes of Restraint report noted 3 patients over 1 full day – dates wrong on report.

Action: Yvonne to check and review results [completed ☒

Restraint Events report noted 2 events of 1 person on the same day.

Note: The difference between partial and full restraint is that full restraint involved the head.

5. Other

Taxonomy change on Safety1st form

To go to southern regional Safety1st Co-ordinators meeting to discuss.

Restraint Standards

Action: Yvonne to get a copy of the Restraint Standards and send to Russ for his information.

There being no further discussion the meeting ended at 10.41am.

The next scheduled meeting is Tuesday 7 August 2018. Date and time of meeting to be reviewed.



WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 7/8/ 2018 @ 10.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair, Rosalie Waghorn, Carmel Hurley-Watts (via vc), Deb Wright, Russ Aiton, Jo Tiller, Paula Mason,
Apologies: Paige Samuels

1. Welcome/Apologies

Members were welcomed and apologies received. Russ and Carmel were introduced.

2. Confirmation of previous Minutes

Minutes of the meeting held on 3 July 2018 were confirmed as true and accurate.

3. Matters arising from 3 April 2018 Minutes

SPEC training: Paula (CNM IPU) working on one day training programme this month and will organise a meeting to proceed planning. Julie Ritchie has data on HealthLearn. Jo (Workforce Development) has flyer half prepared.

Restraint Standard sent to Russ

Episodes of Restraint :

There were 11 events involving 5 patients.
9 environmental (Locked doors)
1 personal restraint
1 seclusion

Paula outlined work progressing with “safe place” for interviewing. Details included; decommissioning one seclusion room, weighted furniture (7 pieces) has been ordered, strengthened glass, 5 priorities within the IPU including eliminating ligature risk, weekly staff /patient meetings..

4. Other

CDHB through Carmel provided a draft procedure: **“Safe and Appropriate Use of Enablers (including Bedrails)”** for review. This would be useful as a Transalpine document.

Action: Yvonne to send out.

Russ would like to visit IPU to get an understanding of implications for considering restraint/seclusion events.

Action: Paula accepted request.

Paula suggested Sue Brown attend meetings as she is the technical lead for seclusion to restraint.



Action: Yvonne to send invitation.

Paula also advised there could be discrepancies between Safety 1st and paperwork data for Ministry. Paula is not confident that data prior to her appointment is accurate.

Paula Mason highlighted the positives arising from the weekly IPU Patient/Staff meetings that provide patients with an opportunity to participate in aspects of service delivery e.g. to be able to make their own breakfasts; creating an environment that promotes safety for all.

HQSC document “Reducing and Eliminating Seclusion in Mental Health Inpatient Services

Action: Yvonne to send out.

Meeting Time Change: All members present agreed to change the meeting time from 10:00 a.m. to 11:00 a.m.

Action: Members are advised to change the time in their calendars as Yvonne is unable to!

Meeting closed at 10:40 hrs

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 4/9/ 2018 @ 11.00am in the Corporate Board Room

Present: Yvonne Anisy (Chair), Rosalie Waghorn, Carmel Hurley-Watts (via vc), Deb Wright, Russ Aiton, Jo Tiller,

Apologies: Carol Briers, Paula Mason

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of previous Minutes

Minutes of the meeting held on 7th Aug 2018 were confirmed as true and accurate.

3. Matters arising from 3 April 2018 Minutes

SPEC training update: Paula (CNM IPU) and Jo (Clinical Nurse Educator) are working around Day 1 of Programme. Some delay as Paula has had to take a purely clinical role recently.

CDHB Enabler/bedrails guidelines procedure draft document: Committee confirmed acceptance as a Transalpine document.

Invitation to Sue Brown to join committee: Invitation verbally accepted.

Episodes of Restraint:

There were 22 episodes of restraint.

- 15 environmental
- 3 seclusion
- 3 Full personal
- 1 Partial personal

There was a high level of acuity in IPU during August.

4. Other

Vicki Piner confirmed Safety 1st Restraint form taxonomy changes to align with CDHB as requested..

Explanation of role (Sue Brown) was deferred to next meeting.

Russ discussed his familiarisation visit to Manaakitanga with Paula and the value of this to his role as consumer representative on the committee.

Chemical restraint: Rosalie explained the confusion around terminology that still exists in some quarters and the need for education around this.

Meeting concluded at 10:45.

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 02/10/2018 @ 11.00 AM in the Corporate Board Room.

Present: Deb Wright (Acting Chair), Rosalie Waghorn, Russ Aiton, Jo Tiller, Carol Bryers, Diane Topschij.

Apologies: Yvonne Anisy (Chair), Carmel Hurley-Watts (via VC), Sue Brown, Paula Mason.

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of Previous Minutes

Minutes of the meeting held on 7th September 2018 were confirmed as true and accurate.

Moved by Deb
Seconded by Russ

3. Matters arising from 7th September 2018 Minutes

SPEC Training Update: Jo (Nurse Educator) awaiting training schedule with Paula – update to be advised.

Episodes of Restraint

Previously 22, has now decreased to 1 episode of seclusion.

Commendation from the Restraint Minimisation Committee/participants to Maanakitanga clinical team for the excellent Seclusion rate in September 2018.

4. Other

-Sue Brown – discussion to be carried over to next meeting, until Yvonne returns.

-Committee to consider individual for Yvonne's position with restraint skillset, restraint coordinator will continue to sit within Quality space.

-Diane raised that she has thoroughly read the policy for compliance to be an enabler, and has suggested for auditing purposes patient should be on the restraint register. Rosalie will email Carmel for clarification.

-Andrea to follow up on previous action of the Managing Challenging Behaviour policy changes, the document is to be formatted, updated on the intranet and distributed to Committee.

-Yvonne attended Kahurangi on Tuesday 25th September to provide education on the new Managing Challenging Behaviours Procedure, and has provided staff with restraint upskilling.

-Russ states that during the next Consumer Council meeting on Tuesday 9th October, he will request to work with Paula on engaging patients and family for the consumer journey, following his review of the Terms of Reference. Russ would like to expand his scope within the Consumer Council.

Meeting concluded at 11:25.

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 06/11/2018 @ 11.00 AM in the Community Services Meeting Room.

Present: Yvonne Anisy (Chair), Jo Tiller, Rosalie Waghorn, Deb Wright, Russ Aiton, Carmel Hurley-Watts (via VC).

Apologies: Sue Brown, Paula Mason and Carroll Bryers.

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of Previous Minutes

Minutes of the meeting held on 2 October 2018 were confirmed as true and accurate.

Moved by Yvonne
Seconded by Jo

3. Matters arising from 2 October 2018 Minutes

SPEC Training Update: Jo (Clinical Nurse Director) awaiting training schedule with Paula – update to be advised.

4. Episodes of Restraint

Up again for last month, a busy month reported. Mostly locked door matters - one seclusion and one personal. Yvonne concerned as she received behaviour safety form but no restraint form – asked Chrysantha to complete. No one SPEC trained in ED at the moment.

Russ queried if there was any feedback from the family regarding the ED matter discussed – Yvonne confirmed in this instance the person is still unwell and an inpatient.

5. Training

Jo provided update - Theatre is at 99%

Jo looked into uptake for each staff member individually, trending poorly but recently there has been an improvement. 57 are incomplete for total RNs. 71 completed. Buller is currently tracking better than Greymouth.

Educators are trying to think of ways for mandatory training to be more engaging.
Discussed PDRP, and incentives to complete the Healthlearn training modules.

4. Other

Discussed Safe and Approved Use of Enablers – logo needs to be formatted. Odd pages have West Coast even is CDHB.

Managing Challenging Behaviour policy document was updated on the intranet in July 2018 and electronic copy distributed to Committee on 25/10/2018.

Andrea to work with Yvonne to update current **approved restraints/ramage?** document with link - needs to be visible on WCDHB intranet.

Russ provided feedback from Consumer Council meeting – has advised he would like to be more involved with the Committee and actions.

Meeting concluded at 11:35am.



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

AGENDA

Restraint Minimisation Committee Meeting

Tuesday 4 December 2018, 11am – 12pm




Community Services Meeting Room

VC Link to WCDHB Meeting Room 3 (or dial 753704)

Attendees: Yvonne Anisy (Chair), Carmel Hurley Watts, Caroll Bryers, Cassie Sim, Deborah Wright, Janette Anderson, Jo Tiller, Kas Beaufill, Paige Samuels, Paula Mason, Rosalie Waghorn, Russ Aiton

Apologies:

Minutes: Andrea Bruning

ITEM		NAME
1.	Welcome / Apologies	Yvonne
2.	Confirmation of Previous Minutes	Yvonne
3.	Matters / Actions arising from Previous Minutes	Yvonne
4.	Episodes of Restraint / Restraint Events by Month <i>Please note graphs are for month to date and there is an omission for events recorded for October yet to be rectified</i> <div>  Restraint by Month for 041218.pdf  Restraint Event Types for 041218.pdf </div>	Yvonne
5.	Change Request – Restraint Register Decision  Change Request - Restraint Register OC	Yvonne



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

6.	SPEC Training	Jo / Paula
7.	Other / General Business Meeting date for January	Yvonne

Date of Next Meeting: TBA

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 04/12/2018 @ 11.00 AM in the Community Services Meeting Room.

Present: Yvonne Anisy (Chair), Jo Tiller, Deb Wright, Paula Mason, Carol Bryers, Rosalie Waghorn
(from 11:25am)

Apologies: Sue Brown, Russ Aiton, Carmel Hurley-Watts (via VC)

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of Previous Minutes

Minutes of the meeting held on 4 November 2018 were confirmed as true and accurate.

3. Matters arising from 4 November 2018 Minutes

SPEC Training update: 15 staff in IPU, 7 being trained which will leave only one staff member untrained. Cassie is now in Nurse Educator role. CDHB is reducing the training hours from 1 day to 3 hours.

ED requires further work; Cassie has spoken to Anne-Marie Kingi around Trauma and Informed Care training who is coming over on 10 December. They will spend the morning in a workshop type environment planning for next year.

There was one episode in the month of October that wasn't entered in Safety1st - locked doors recorded in day book.

4. Episodes of Restraint

- 4 different patients for environmental restraint with one ending up in seclusion.

- 8 episodes in total for one patient.

Safety1st may not be current as necessary paperwork has not been completed. SAC has not been lodged as yet.

Female patient carries significant risk – Oranga Tamariki and Police will be involved. Debrief has not occurred as yet. Rosalie received email this morning regarding visit from Leigh (debrief lead) which may be postponed until next week.

Paula to show Yvonne documentation for seclusion which includes paper trail. She has queried if there is an electronic process, as there is for CDHB.

Staff levels are low at present.

Patient in Kahurangi attacked without warning 6 times in the month. Medication has been revised with care to avoid over sedation..

5. Training

Manager's name needs to be on each Health Learn module.

Theatre is at 99%. There is one person who can't get onto Health Learn – Jo to assist and rate will improve to 100%.

5. Change Request Form

Change request form reviewed and discussed, Yvonne suggests the document is accepted with changes and passed. Document is being aligned with Safety1st for reports to correlate accordingly.

Carroll commended for pressure injury prevention in patient (Morrison).

Elderly breakaways discussed as a training option, Jo to investigate and talk to Cassie to follow up.

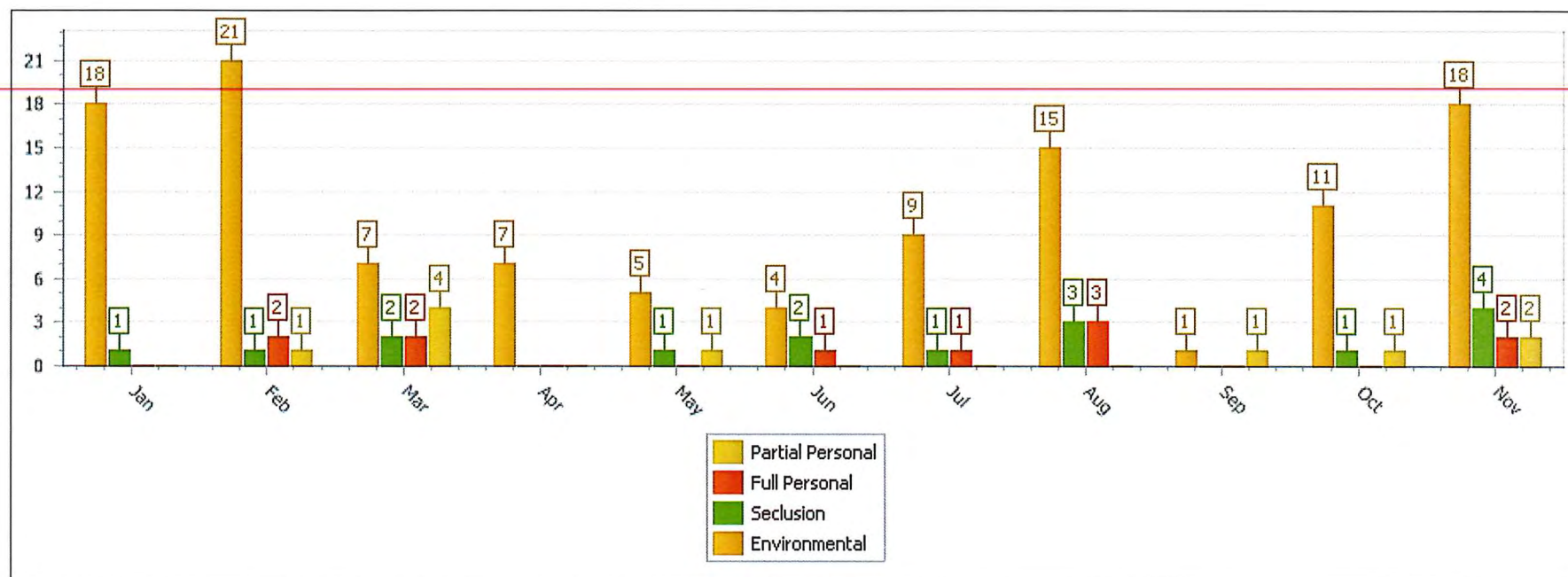
4. Other

- There is a new 0.5 FTE Nurse Educator in Hillmorton. CDHB Emergency Sedation Policy is under review; the feeling of the committee is that a Transalpine approach would be ideal.
- Approved Use of Enablers Procedure changes have been sent to ISG to update on the intranet - causing conflict in Kahurangi.
- Jo attended Allan Bryant – good environment team proud of their efforts – bedrails are not used. New equipment after flood received.
- Yvonne's role to be advertised 1 January 2019. Meeting for January to be cancelled, and scheduled for early February prior to audit.
- Discussed use of bedrails in new beds, queries whether they are able to be patient operated as previously advised by Julie. Posters about use of bedrails discussed.
- Zero seclusion concerns raised by Deb, Paula responded with better support and environment required and still work to do. Learning from each event. Rosalie and Paula going to Wellington - PowerPoint to be done.

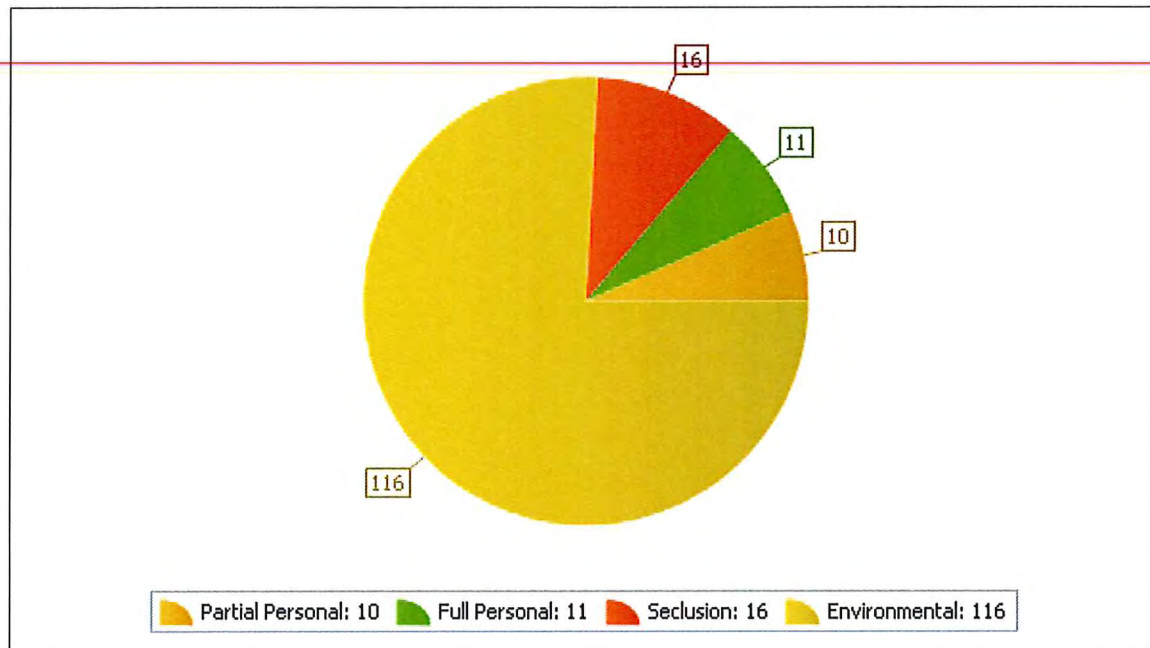
Meeting concluded at 11:57am.

WCDHB - Restraint Events

Calendar Year to date - 29/11/2018



WCDHB - Restraint Events
This Calendar Year to date - 29/11/2018



Change Request - Restraint Register Changes.

Date: 31 October 2018

Change requests for the restraint register has been requested for the following three changes:

1. Add on-screen reminder "Have you recorded the incident that prompted or followed this episode of restraint?" (or similar wording)
2. Add "Activated EPoA for welfare" and "Court-appointed Guardian" to the *Is the Individual under any legislation* picklist
3. Convert *Reason for Restraint* to a multi-pick list.

Details:

Change Request 1:

Add on-screen reminder "Have you recorded the incident that prompted or followed this episode of restraint?" (Or similar wording)

E.g.: Underneath the section title Person affected details, is an on screen reminder.

Request to add wording within the section:

"Have you recorded the incident that prompted or followed this episode of restraint?"

**Person Affected Details****PRIVACY and CONFIDENTIALTY**

Accessing information about other patients or staff without due cause may be regarded by your DHB as a disciplinary matter.

Details of the person affected by the event (If an Employee, use the Employee form). Fill in Patient/Employee details by clicking on magnifying glass and either enter NHI/Employee ID or name. All details will then pull through.

Considerations:

Does a restraint register event usually accompany another incident form when recording a restraint register event within your DHB?

If there are instances of restraint forms that are independent, is there other wording options that can be considered to assist the change request for the requesting DHB that won't affect DHBs who have different processes?

(Table at end of document to record decision)

Change Request 2:

Add "Activated EPoA for welfare" and "Court-appointed Guardian" to the field pick list items: **"What legislation is the Individual under"**

Restraint Register Details

Restraints

[Add](#)
[Modify](#)
[Delete](#)

Restraint Type	Reason for Restraint	Restraint Intervention Used	Restraint Start Date	Restraint Start Time
Not Specified				

Is the Individual under any legislation?

* Yes

* Not Specified

Add/Modify

What legislation is the Individual Under?

Currently the list includes:

Alcohol & Drug Addiction Act
 Care of Children Act 2004
 Children, Young Persons, and Their Families Act 1989
 Civil NIDCA
 Coroners Act 2006
 Criminal Justice Act
 Criminal Procedure (Mentally Impaired Persons) Act - CPMIP
 Informal
 Intellectual Disability Compulsory Care and Rehabilitation Act - IDCC & R
 Mental Health Act
 Mental Health Act - Special Person
 Protection of Personal & Property Rights
 Other (with ability to free text)

Considerations:

Restraints recorded for the previous three years for all DHB's had legislative recording of "EPOA" within their free text options for type of legislation.

Free Text recording the use of this legislation was recorded more than any other free text option. As a free text option the option to add EPOA was recorded with 11 variations across the region which can make reporting and analysis difficult for staff.

This has been recorded a total of 89 times in three years.

Free Text fields written as "Court-Appointed Guardian" has been used zero times across all DHBs in the last three years.

(Table at end of document to record decision)

Change request 3

Convert *Reason for Restraint* to a multi-pick list.

Currently the list is single pick with the following options:

Prevent damage to property
Prevent harm to self
Prevent harm to others
Facilitate essential delivery of treatment
Prevent Unauthorized Leave (UAL)
Other (please specify)

Considerations:

Pick lists cannot be 'converted', instead they need to be replaced with a new pick list which function as a multi pick. This will require reports to be re-structured to replace the current field with the new field.

Currently 76 reports are used across the region, any of the reports that are used frequently will need to be updated to ensure the changes made with replacing the field are captured or replaced to suit changes.

Currently leaving "Other" in the pick list gives the ability to add more than one reason for the restraint and has been utilized this way.

Consideration on the reported data (such as multiple pick list items used in a trend report).

Would multiple pick lists take away the primary reporting of a restraint or would reporting be strengthened by be able to pick multiple choices?

Would multiple pick list options aid organisations instead of using other as a way to record multiple reasons?

Please enter decisions from your DHB into the table and send back to your local System Administrator for data to be collated.

Many thanks.

Change request	DHB agrees to make	Name/Group	Comments
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75_NMDHB Restraint Register October 30 2018

Number	Change Y/N	representing DHB	
1 - Add on-screen reminder "Have you recorded the incident that prompted or followed this episode of restraint?"			
2 – a) Add "Activated EPoA for welfare" to the legislation pick list			
2 - b) Add "Court-appointed Guardian" to the legislation pick list			
3 - Replace <i>Reason for Restraint</i> from a single pick list to a multi-pick list.			

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 05/02/2018 11.00 AM in the Corporate Boardroom.

Present: Rosalie Waghorn (Acting Chair), Jenny Woods, Jo Tiller, Paula Mason, Caroll Bryers, Carmel Hurley-Watts (via VC), Russ Aiton, Diane Topschij

Apologies: Cassie Sim, Sue Brown

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of Previous Minutes

Minutes of the meeting held on 4 December 2018 were confirmed as true and accurate.



Draft Minutes
Restraint Minimisation

3. Matters arising from 4 December 2018 Minutes

Nil

4. Episodes of Restraint

IPU has had some very challenging situations, 3 in particular were major incidents with staff assaults and property damage over 4 events, with numerous staff involved. Increased seclusion and environmental/personal restraint recorded as a result. One report indicates 12 sent for seclusion. Clinical psychologist attended last week for profiling. Confident that doors are not being locked without reason. Canterbury has been doing a lot of work with WCDHB and has been very active in supporting our staff. Incident from December 2017 took a long time for strengthening to be done, which has held up well preventing significant broken glass risk.

5. Change Request Form

Rosalie to follow up with Vicki as it was approved. Removing item from the next agenda.

6. Zero Seclusion

The first meeting is on Thursday for Zero Seclusion and Connecting Care projects. Thoughts raised that consumer voice may need to be present at meetings, which will be discussed in the meeting this week. HQSC Zero Seclusion may have been renamed and is approaching.

7. SPEC Training

Cassie is now Nurse Educator, there is only 1 staff member not trained who works on a very casual basis in IPU. Pharmacist and social worker have been trained, mandatory training being done. ED nurses possibly to be trained. Capacity is not available to release amount of staff to train for 4 days on the West Coast, training being completed via Canterbury.

7. Other

Quality

QF interview has taken place, offer to be made.

Certification

Auditors will be here on 26, 27 and 28 February 2019.

Kahurangi

Issues with one particular resident – medication increased which improved situation, then decreased and resident became agitated. Staff due to increase it again but there are concerns about over-sedating. There are 3 residents in the facility currently with bedrails. Julie has ordered two low beds. Older Person's Health service manager suggested for training preventing skin tears and appropriate holding etc. in Kahurangi. Carmel has contacted Tony about using part of SPEC training for this.

Meeting concluded at 11:28am.

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 05/03/2019 11.00am in the Corporate Boardroom.

Present: Rosalie Waghorn (Acting Chair), Carmel Hurley-Watts (via VC) Deborah Wright, Jo Tiller, Paula Mason, Russ Aiton, Cassie Sim

Apologies: Jenny Woods, Kim Baker, Rikki Sran, Janette Anderson, Paige Samuels

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of Previous Minutes

Minutes of the meeting held on 5 February 2019 were confirmed as true and accurate.



Draft Minutes
Restraint Minimisation

3. Matters arising from 5 February 2019 Minutes

Nil

4. Episodes of Restraint

Reviewed charts and restraint data - Two seclusion events noted against 2 different NHI's. Discussed when to close event files, confirmed Vicki to close in Safety1st once had been discussed in RMC and still to be discussed in MIRC if relevant.

5. Zero Seclusion

No meeting last week due to audit, meetings now being held weekly for 45 minutes. The next national meeting is on 19 March. On Thursday's meeting they will establish who out of the project team go to Christchurch. There will be emphasis on owning data and visibility, the action plan is to get data into run charts, Vicki suggested to do run charts.

6. SPEC Training

Most of IPU staff are trained other than one person. Security guards come under L&D and Julie Ritchie will need to organise this. Hoping to get trainers to run training locally, working on this in the IPU too. Ashleigh and Keith are likely able to provide the training, with Ashleigh to co-facilitate a session in Christchurch to gain confidence. Jane would like representation from Allied Health/ individuals to be SPEC trained.

7. Other

Quality

Restraint Coordinator 0.7 FTE vacancy closing soon, hoping to appoint someone to round out a full Quality team.

Certification

Auditors weren't happy with the Enabler policy (Transalpine from CDHB) stating it did not meet safe practice standard. Confusion around what part of the document is in question as the policy mentions the standard, awaiting specific feedback from TAS. Auditors raised concerns with weighted blankets, but was explained that WCDHB are using them as a therapeutic tool not for restraint and concerns were dissipated.

ARC – restraint risks not identified / no long term care plan identified. Restraint register in medical/surgical wards – CDHB don't have this either. Sue is thinking of a way to do this i.e. in Patienttrack.

Kahurangi

No update –invites sent to Kim and Rikki for 2019 meetings.

Actions:

- Run additional report 1003727/ Restraint Type for previous year 2018 (ongoing)
- Ask Vicki P to pull all seclusion data for 2017 for HQSC – number of events, NHI's and length of events
 - Actioned 06/03 see embedded document below:



Seclusion_17_18.pdf

Meeting concluded at 11:30am.

Date of Next Meeting: 2 April 2019, 11am-12pm – Corporate Boardroom

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 02/04/2019 11.00am in the Corporate Boardroom.

Present: Rosalie Waghorn (Acting Chair), Jo Tiller, Paula Mason, Linda Brace via VC, Jenny MacFadgen, Russ Aiton

Apologies: Carmel Hurley-Watts

NIA: Janette Anderson, Cassie Sim, Kim Baker, Rikki Sran

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of Previous Minutes

Minutes of the meeting held on 5 March 2019 were confirmed as true and accurate.



Draft Minutes
Restraint Minimisation

3. Matters arising from 5 March 2019 Minutes

Nil

4. Episodes of Restraint

Restraint intervention used – locked doors. 20 days locked over 90 day period. One seclusion event in March, went in early Friday morning – out of seclusion mid eve Friday, relocated to police cells for 25 hours – data unable to be captured as a seclusion event because of custody.

Restraint type for 2018 – 17 seclusion events for the year, locked doors throughout December. Acuity for October through to December was very good. Personal restraint low. Environmental restraint – locking doors won't deter current patient. Level of security to be discussed at handover regarding locking doors. James McLean to show audit tool to Rosalie and reviewing medication.

Restraint Files

Environmental restraint – 1 NHI over four days – day 1,2,3, full days with environmental restraint on day 4 was only 10 hours. No issues, signed off.

Environmental restraint – first day as a one off, next day 8am-10am coming out of seclusion. Partial – 4 minutes to affect administration of medication.

3 seclusion events – 3 different people resulting in extensive property damage.

March – little spike experienced with 6 environmental incidents against 1 NHI, 10 in total – reviewed and decisions made.

Paula to review event on 15/03 as start time and finish time should be on the same day, may be seclusion and wrongly coded. All to be closed.

5. CARS - Certification

Discussion around corrective actions – Rosalie wanted to talk to Carmel - apology – will catch up next meeting.

6. Document Review

Brent working on Seclusion Policies – Paula will follow up. Seclusion Policy to be reviewed and dated, and possibly Transalpine. Reviewing the removal of numbering under section 6 with follow up. NESP to work with Jenny aligning with PDRP.

Terms of Reference – amendments to be made:

- No mental health representative documented in the membership section – to be added
- Objectives – review report and monitor – monthly review of all restraint files to ascertain if any further action required prior to closure.
- Update time of meeting 11am-12pm.
- Change wording under section 4 to 'required not essential' for Mental Health Representation.

7. Zero Seclusion

Update provided on project, power point shared with management team in Mental Health. Another months worth of data to be added before the next meeting. HQSC visiting on Thursday for meeting.

8. SPEC Training

- Carried over until next meeting for Cassie to provide update.
- Jo to talk to Cassie about security guard training.
- Refresher training of one day to be organised.
- 16 can be trained at one with four trainers

9. Other**Quality**

QF has been interviewed for restraint coordinator role and offer made.

Kahurangi

No update

Actions:

- January 3 seclusion patients not showing for January – 1003744 from Safety 1st report – check with Vicki Piner

Meeting concluded at 11:30am.

Date of Next Meeting: 7 May 2019, 11am-12pm – Corporate Boardroom

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 07/05/2019 11.00am in the Corporate Boardroom.

Present: Jo Tiller, Paula Mason, Linda Brace via VC, Russ Aiton, Kim Baker, Jenny Woods

Apologies: Rosalie Waghorn (Acting Chair), Carmel Hurley-Watts, Jenny MacFadgen

NIA: Janette Anderson, Cassie Sim

1. Welcome/Apologies

Members were welcomed and apologies received.

2. Confirmation of Previous Minutes

Minutes of the meeting held on 2 April 2019 were confirmed as true and accurate.



Minutes Restraint
Minimisation Committee

Moved: Jo

Seconded: Russ

3. Matters arising from 2 April 2019 Minutes

Nil

4. Episodes of Restraint

A lot less environmental restraint occurred last month, none in May so far.

1 seclusion event at the end of April/ beginning of May to be checked by Paula

Contributing factors to improvement in numbers: better environment, higher staffing levels, more training and improvement in management

Daily management plans for patients have been started as of Thursday last week.

Two different patients in April – one AWOL in seclusion after 2300 hours

February – two outstanding for two days, ready to close. Let Vicki know in the meantime to close all restraint files.

Personal restraint and seclusion – 3 for January have been cleared up.

March – 10 events. Six related to one patient, 5 are part days. 50% are full environmental restraint days.

Locked door policy from 2100 – 0700 hours – Safety1st not completed for this.

5. CARS - Certification

Rosalie (apology) wanted to talk to Carmel (apology) – will catch up next meeting. Nothing further discussed.

6. Document Review

WCDHB and CDHB Seclusion Policy reviewed, suggestion is to Transalpine this document and to take to HQSC meeting - Paula, Jenny MacFadgen and Andrea to meet around this. Terms of Reference – amendments reviewed and carried - Andrea to publish on intranet under Restraint P&P Manual.

7. Zero Seclusion

Work towards Zero Seclusion continues – meet most weeks for 45 minutes.

Meeting in Christchurch tomorrow (learning session) – Russ, Paula, James Mclean and Alison from Cornerstone Family Support attending.

Story board has been done. Commendation to Vicki Piner for her assistance with data, more of this to be collated. Structure around this is a focus.

8. SPEC Training

- Cassie continues to work on SPEC. Paula has highlighted several people for train the trainers for West Coast, pushing for local four day session. Toolbox talks in review for IPU sessions – 10 minute update and practice sessions.

9. Other

Quality

QF Med/Surg starts on 14 May

Kahurangi

Breakaway training last week – highlighted lack of understanding and reporting around restraint, working with Cassie on this. Education continues as noted there hasn't been personal restraint reporting in Safety1st, Kim to further discuss with Jo.

In general it appears there is a lack of education on reporting in Safety1st.

Audit – bed rail restraint queried. Currently not documented as restraint, Paula suggests Kim gets in touch with Christine Ball at Nelson Marlborough DHB. Kim has been suggesting solutions but experiencing resistance.

Buller

No recent restraint activity.

Actions:

- January 3 seclusion patients not showing for January – 1003744 from Safety 1st report – check with Vicki Piner. Paula and Vicki to look at seclusion events and data in Safety1st – Andrea to set up meeting with Paula and Vicki
- Paula to send storyboard to Andrea to circulate with minutes

Meeting concluded at 11:45am.

Date of Next Meeting: 4 June 2019, 11am-12pm – Community Services meeting room

WCDHB Restraint Minimisation Committee

Minutes of the Restraint Minimisation Committee Meeting held on
Tuesday 07/05/2019 11.00am in the Corporate Boardroom.

Present: Jo Tiller, Paula Mason, Linda Brace via VC, Russ Aiton, Kim Baker, Jenny Woods

Apologies: Rosalie Waghorn (Acting Chair), Carmel Hurley-Watts, Jenny MacFadgen

NIA: Janette Anderson, Cassie Sim

1. Welcome/Apologies

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2. Confirmation of Previous Minutes

Minutes of the meeting held on 2 April 2019 were confirmed as true and accurate.



Minutes Restraint
Minimisation Committee

Moved: Jo

Seconded: Russ

3. Matters arising from 2 April 2019 Minutes

Nil

4. Episodes of Restraint

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Meeting concluded at 11:45am.

Date of Next Meeting: 4 June 2019, 11am-12pm – Community Services meeting room

Purpose

The Restraint Minimisation Committee (RMC) is an organisation-wide committee with a mandate to oversee resource and monitor restraint activity across the West Coast District Health Board (WCDHB), and ensure practice meets relevant legislative standards. Promoting Restraint Minimisation Practices.

Application

These Terms of Reference (ToR) shall apply to the meetings of the RMC and to all WCDHB staff members associated with the RMC.

Accountability

Committee reports to Executive Management Team/Clinical Quality Improvement Team via Chair.

Process

1. Scope

The RMC shall meet at a minimum on a monthly basis to oversee resource and monitor restraint activity across the West Coast District Health Board (WCDHB), and ensure practice meets relevant legislative standards.

2. Membership

The RC shall consist of:

- Quality & Patient Safety Manager
- Restraint Co-ordinator – Hospital Services
- Quality Patient Health & Adverse Events Facilitator
- Allied Health
- Nurse Educator
- Consumer Representative
- Cultural Representative co-opted as required
- Reefton Representative
- Buller Representative Inpatient Services
- Emergency Department Representative
- Mental Health Services Representative

Functional Relationship

- CDHB Restraint Approval & Monitoring Group - RAMG

3. Objectives

- Provide advice and guidance on all restraint related matters within the WCDHB to enable services to meet relevant standards and promote the minimisation of restraint use
- Undertake monthly review of Restraint use
- Review restraint and de-escalation policies and procedures bi- annually to ensure they are current and meet recommended contemporary best practice standards
- Review and approve restraint techniques and products at least annually
- Review, report and monitor Safety 1st Reporting System data, by monthly review of all restraint files to ascertain if any further action is required prior to closure.
- Recommend and implement system changes in response to issues where indicated
- Oversee and monitor restraint education throughout the WCDHB
- Make recommendations on any forms of restraint outside of approved techniques being considered for an individual patient
- Conduct an annual restraint audit in all areas where restraint has occurred including:
 - Staff knowledge of de-escalation and options for managing challenging behaviours
 - Staff knowledge of restraint minimisation, approved restraint, processes for assessment and review, and documentation required
 - Documentation review, including registers, care plans, and restraint records/monitoring forms
 - Recommendations regarding system change where this is indicated
- Communicate audit outcomes and trend data re level and type of restraint activity to service areas

4. Meeting Procedure

- A quorum shall consist of no less than 5 RMC members
- It is required but not essential that a Mental Health representative attend each meeting
- The Restraint Minimisation Committee member as delegated yearly, by the Quality & Patient Safety Manager, shall chair the meetings
- Resolutions shall be proposed by one member and seconded by another, except when a resolution is proposed by the Chair, when no second is required
- Resolutions shall be passed or rejected according to the vote of the members
- Absent members can nominate proxies in advance in writing to the chair
- The Committee will meet on the first Tuesday monthly from 11am – 12pm in the Corporate Board Room or as advised alternative venue and time
- Meetings will not exceed one hour in duration without the agreement of all members present at the meeting
- Meeting minutes will be circulated within 5 working days of the meeting being held
- Additional items for discussion will be circulated 1 week prior to the next meeting being held

5. Review/Evaluation

Restraint Minimisation Committee Terms of Reference	Page 2 of 3
Document Owner: Restraint Minimisation Committee	
WCDHB COMToR9; Version 6; Revised : April 2019	Master Copy is Electronic

These Terms of Reference are to be reviewed every two years.

Revision History	Version:	6
	Developed By:	Restraint Committee
	Authorised By:	CQIT
	Date Authorised:	September 2011
	Date Reviewed:	April 2019
	Reviewed by:	Restraint Minimisation Committee
	Date of Next Review:	April 2021