p-ISSN: 2184-2205 e-ISSN: 2184-3414 ISBN: 978-989-35106-6-7 © 2024
https://doi.org/10.36315/2024inpact009

STANDARDISING MEDICAL SECLUSION REVIEWS AT THE HARBOR PSYCHIATRIC HOSPITAL

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Abstract

Background: Seclusion is a common method used to contain severe behavioural disturbance in psychiatric patients. Given the nature of the treatment the Mental health act 1983 (2015) advise regular medical reviews of patients in seclusion. Medical reviews are often conducted by junior doctors with little or no psychiatric experience, and with little awareness of guidance, standard of reviews often vary. *Aim:* To understand the impact of a template on the quality of seclusion review documentation by Junior doctors within the hospital. *Methods:* We retrospectively collected data on seclusion reviews 1 month prior to any intervention. After discussion with MDT including psychiatrists, psychologists, nurses, and junior doctors, formulated a documentation template for reviews. All juniors were made aware of this template. Data was collected 1 month after implementation of template to assess their use. Doctors' opinions were also evaluated by feedback surveys. *Results:* Prior to to the implementation of the template, although general physical health and reasons for seclusion were well documented, more in depth aspects were missed such as diet and fluid intake, physical observations, seclusion information and nursing team input. Following implementation of the template documentation of information in all relevant fields improved except for fluid and dietary intake. Junior doctors felt more confident in conduction seclusion reviews and nursing team felt more involved in reviews. *Conclusion:* Implementation of a template for documenting seclusion reviews improved quality of reviews by junior doctors and is expected to improve quality of care and patient safety and also communication between professionals.

Keywords: *Medical, seclusion review, guidance, template, standard.*

1. Introduction

Seclusion is a psychiatric intervention used for patients with severe behavioural disturbances which pose a risk to themselves or others. Although practice worldwide varies, this typically involves the confinement of a patient in a minimally furnished room, whilst under supervision (Newton-Howes, 2013). Patients in seclusion are at an increased risk of physical harm due to their own mental illnesses as well as staff factors (Varpula et al., 2021). Often adjustments to usual patient care techniques are required due to the nature of patients' mental illnesses (Clark et al., 2022). In order to maintain patient safety regular medical and psychiatric reviews are conducted by medical professionals.

In the United Kingdon the Mental Health Act 1983 code of practice (MHA CoP) outlines the frequency and standards of medical seclusion reviews (Royal College of Psychiatrists, 2016). According to MHA CoP medical reviews should include a review of patients physical and psychiatric health, assessment of medication, review of observations, risk assessment and need to continue seclusion. The translation of these guidelines into local trust guidance and into clinical practice can be difficult. Medical reviews are often carried out by junior doctors with no training in psychiatry and little awareness of guidence. Audits in various trusts have highlighted the need for further junior doctor training to improve quality of seclusion reviews (Alkasser, 2023; Middleton, 2023).

In this quality improvement project, we aim to audit the medical seclusion review documentation at The Harbour Psychiatric Hospital, Blackpool, England. Furthermore, we aimed to improve patient safety by addressing quality of reviews and junior doctor confidence in completing them. This was carried out by implementing a new documentation template.

2. Methods

We conducted audits of medical review documentation prior to and after implementation of documentation template. Data was collected from one adult male and one adult female psychiatric intensive care unit ward.

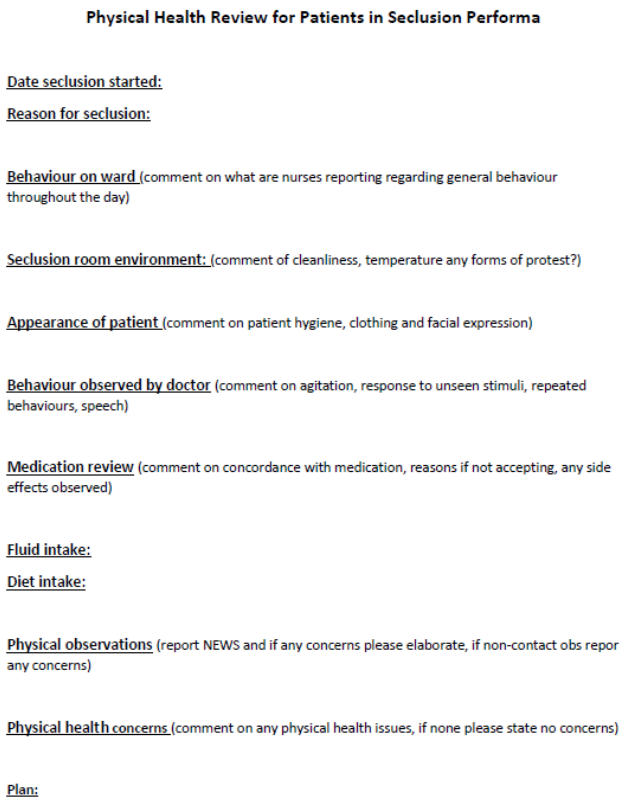
2.1. Pre-intervention documentation audit

Inital data was collected from February 2023. 29 patient records were identified who had been under seclusion during the initial month of data collection retrospectively. Initial medical review documentation in patients' electronic records were reviewed. Documentation assessment criteria was determined after discussion with MDT including psychiatrists, psychologists, nursing team and junior doctors. Assessment criteria included: reason for seclusion, patient behaviour, mental state examination. Physical observations, fluid and diet intake, medication concordance and review, environment, nursing comments and seclusion duration were assessed.

2.2. Implementation of a template for documentation

A template for documentation of seclusion reviews (Figure 1) was created after discussion with the MDT. Junior doctors conducting medical reviews were made aware of the tool and the location of it. The template, whilst not exhaustive, had some explanation of some headings to help the junior doctor complete it as some junior doctors are new to psychiatry.

Figure 1. Seclusion review template created for medical seclusion reviews



Physical Health Review for Patients in Seclusion Performa

Date seclusion started:

Reason for seclusion:

Behaviour on ward (comment on what are nurses reporting regarding general behaviour throughout the day)

Seclusion room environment: (comment of cleanliness, temperature any forms of protest?)

Appearance of patient (comment on patient hygiene, clothing and facial expression)

Behaviour observed by doctor (comment on agitation, response to unseen stimuli, repeated behaviours, speech)

Medication review (comment on concordance with medication, reasons if not accepting, any side effects observed)

Fluid intake:

Diet intake:

Physical observations (report NEWS and if any concerns please elaborate, if non-contact obs repor any concerns)

Physical health concerns (comment on any physical health issues, if none please state no concerns)

Plan:

Junior doctor feedback was collected 1 month after implementation of the template anonymously through feedback forms. Informal feedback was also taken from the wider medical team. All 10 junior doctors at the hospital conducting reviews engaged in the feedback collection process.

2.3. Re-audit Post implementation of the template

In the month following the implementation of the documentation tool 12 patients were identified as being placed in seclusion. The same parameters were assessed for documentation standards as the pre-intervention audit. Electronic records were assessed retrospectively once the change had been made.

p-ISSN: 2184-2205 e-ISSN: 2184-3414 ISBN: 978-989-35106-6-7 © 2024
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3. Results

Comparatively more areas of documentation were covered after implementation of the documentation tool. Initially only 3 areas were covered in most patients' records, which included reasons for seclusion (19 of 29 records), patient behavior (27 of 29 records) and general comments on physical health (20 of 29) (Figure 2). These also remained well documented after the template with 85% of records including this information (Figure 3) 14 of the 29 initial patient records had nursing comments.

Improvement was also seen in medication reviews with initially only 28% of records evidencing medication reviews improving to 85% of records. Other physical health parameters also improved with physical observations being recorded initially in only 34% of records, improving to 85%.

Fluid and dietary intake remained poorly documented in both audits. Initially only 5 of 29 records mentioned this and after implementation of the tool 2 out of 12 of the records did. Nursing documentation and barriers to diet and fluid monitoring were identified as factors contributing to this.

After implementation of the tool only two reviews were documented without using the tool. It was these two reviews which showed the poorer standard of documentation. On further inspection of notes, these were completed by locum doctors who were not aware of the tool.

Figure 2. Figure showing the areas documented (purple) and not documented (grey) prior to any intervention.

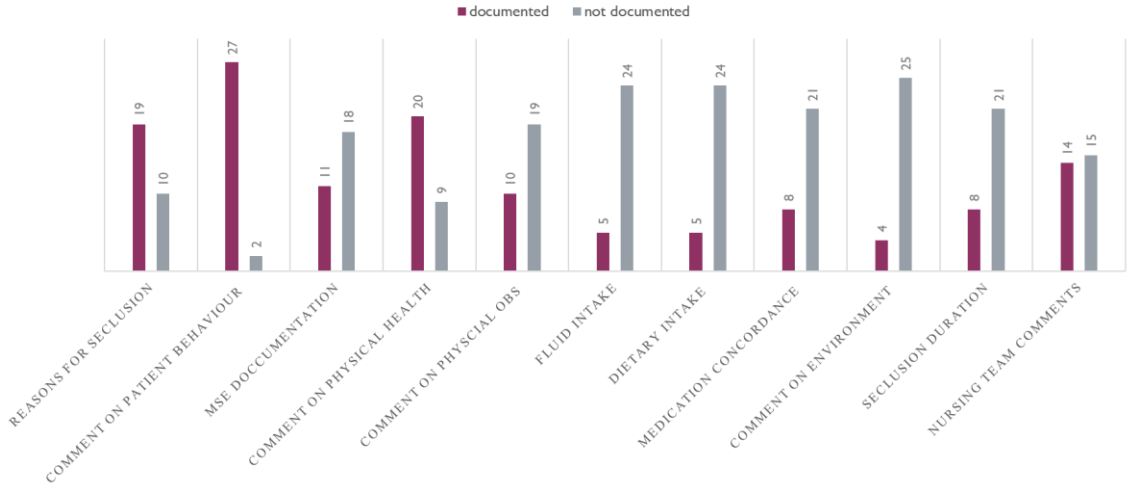
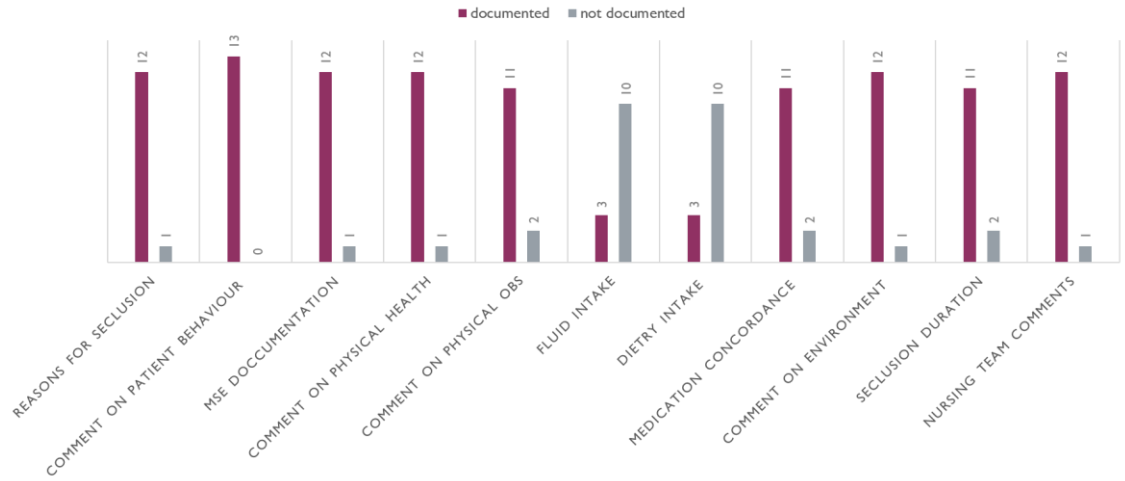


Figure 3. Figure showing the areas documented (purple) and not documented (grey) after implementation of documentation tool.



Confidence of junior doctors generally showed improvement in conducting seclusion reviews. Initally confidece was scored between 1 and 7 out of 10, after the template confidence ranged between 8 to 10 out of 10 (Figure 4 and 5). All doctors thought he tool was easy to use and found it helpful with 91.7% finding the tool extremly useful (Figure 6) and easy to use (Figure 7).

Figure 4. Self-reported junior doctor confidence ratings in completing seclusion reviews prior to template.

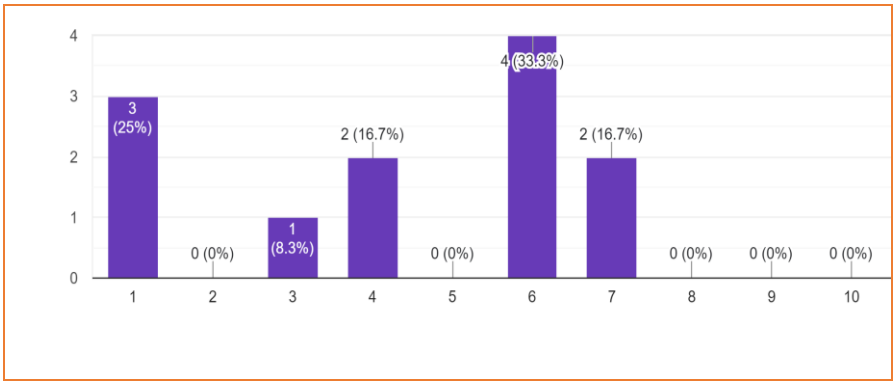


Figure 5. Self-reported junior doctor confidence in completing seclusion reviews after template.

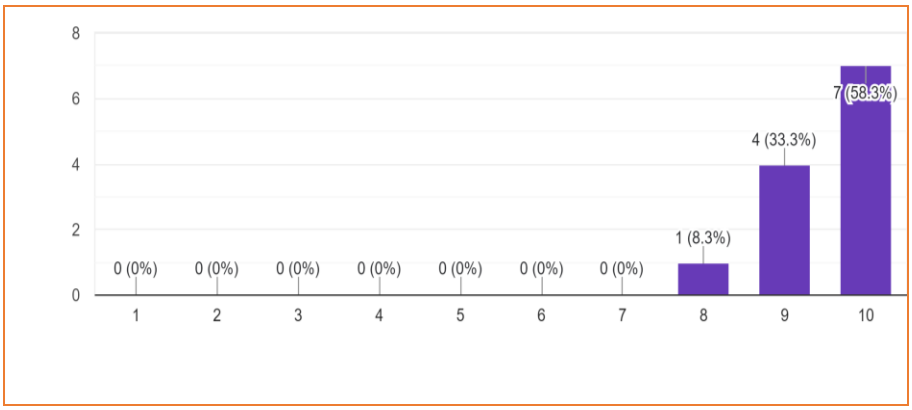


Figure 6. Representation of feedback regarding usefulness of documentation tool from junior doctors.

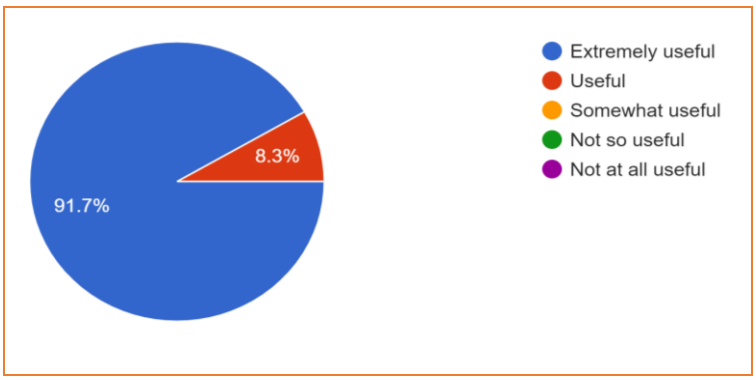


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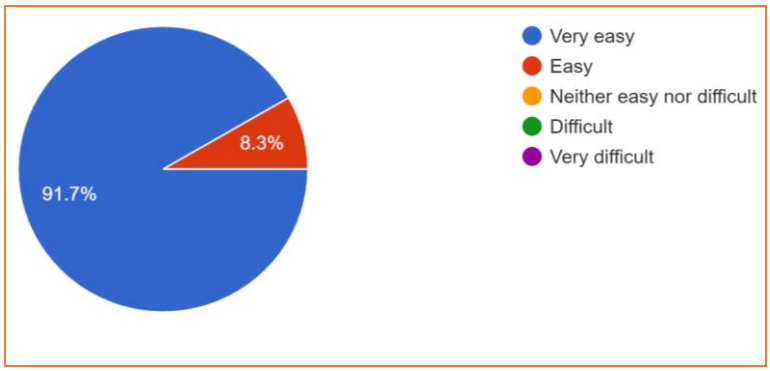
Figure 7. Representation of feedback regarding ease of use of documentation tool from junior doctors.



Informal feedback from the nursing team was that they felt more involved in seclusion reviews and were able to raise any concerns more effectively.

4. Conclusions

The use of the seclusion review template improved the quality of documentation of seclusion reviews by junior doctors. The quality of seclusion reviews were poor prior to the template because it was difficult for junior doctors to know what they were looking for without prompts which they later had with the template. After the template was implemented the only factor which affected less than full compliance was occasions when locum doctors were working who were not aware of the template. All junior doctors felt that the template was not only useful but also easy to use. It was felt that junior doctors became more confident in conducting seclusion reviews and it increased overall multidisciplinary team communication. This survey shows how templates can be very useful in clinically important areas and can impact patient safety although this survey was not designed to identify any major clinical issue.

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