Handing Autonomy Back to the Patient: Reducing Restrictive Practice

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Background

Promoting positive patient experience within the healthcare setting is paramount in the creation of a safe and happy environment for patients to continue their healing process. Key ways in which this can be achieved is through ensuring the patient's voice is heard throughout their care journey and through handing autonomy back to the patient. Research suggests that patients and staff can often have very differing perceptions surrounding incidents involving behaviours that challenge (Vermuelen et al., 2019; Duxbury & Whitting, 2005). Indeed, research has found that patients will often report distressing events outside of hospital as key triggers for aggressive behaviour, however, clinicians do not tend to consider outside stressors in their perception of these events. Furthermore, clinicians tend to place greater emphasis on the role of symptoms of psychiatric illness in causing patient aggression, yet these are not typically reported by the patients themselves (Lamanna et al., 2018). This research highlights the importance of gathering patients' perspectives post-incident to ensure care reflects the needs of the individual and remains as person-centred and least restrictive as possible. Understanding these incidents from the patient's perspective may also help to reduce staff stigma towards patients with mental health difficulties and improve relational security (Lammie, 2010).

Furthermore, the benefits of giving patients autonomy and engaging them in the process of decision-making concerning their care has been found to have a plethora of benefits. Research suggests that patients are keen to be involved in the decision-making process and value provider collaboration (Eliacin, 2014). Shared decision-making between patients and providers leads to a range of health benefits such as increased medication adherence and improved satisfaction with treatment (Prey et al., 2014). Increasing patient satisfaction has the effect of helping to reduce patient distress and frustration, reducing the number of challenging instances which may have resulted in restrictive practice occurring. Consequently, it is vital that involvement and autonomy is granted to patients within inpatient settings to improve standards of care and provide the best healing environment for patients. To do this, we propose the use of a patient debrief form post-incident and the use of patient representative groups.

Idea One: Post-Incident Debrief Form

The debrief form is to be completed by both staff and patients post-incident. The form will focus on how the incident was experienced from the perspective of the person completing the form and on what factors patients and staff feel contributed to the incident. This data will include what went well during each incident as well as what could have gone better. The questions have been built around the patient perspective, and reflect the six safeguarding principles: empowerment, proportionality, accountability, prevention, protection & partnership and aim to prompt involvement by asking who the patient would like to be involved in the post-incident response process. It asks what outcome the service user would like to see, if they feel safe, what actions they would like to take and focuses on positive risk taking. Other factors such as the time of day and location of the incident will be recorded, as well as how long after the incident the form is being completed, for analytical purposes.

Idea Two: Patient Representative Groups

Wards will have regular patient representative groups in which service users will be invited to discuss any incidents that are happening on their wards and share their perspectives and opinions. Each meeting will aim to generate action plans that will be implemented into practice, utilising patient involvement to improve the overall therapeutic environment. Patients will also receive a copy of the patient representative group newsletter every month, which includes a summary of their meeting, current issues and actions, and ideas, and will allow patients to experience some of the therapeutic value of the group even when they are not attending.

"I really like the groups; I like coming out for a coffee and meeting other patients".

"It was useful to discuss my AWOL incidents and why they happened".

"The reflective opportunity the group gave me was very helpful".

Strengths and Implications

Idea One:

The debrief forms will allow direct comparisons between patient and staff experiences providing useful information around the contributory factors surrounding incidents in mental health settings, and how these are perceived differently by patients and staff involved. This may help reduce barriers between patients and staff, therefore promoting a more collaborative therapeutic relationship. It may also help staff to better understand the escalation of incidents from patients' perspectives, improving relational security. It will be important to ensure that the debrief form is filled out as soon as appropriate and is possible as details including the context of the incident may be forgotten or misremembered over time.

Idea Two:

Patient representative groups provide patients with a space to reflect upon why incidents are occurring and what steps should be implemented to avoid similar incidents from happening. By sharing their perspectives and opinions on the incidents, patients may gain a sense of autonomy and feel that their opinions matter. Their opinions will contribute towards action plans that are aimed to address the occurring incidents on the ward. This would give the patients a chance to have input into their own care and relevant decision-making processes. So far, patients have stated that they like being able to discuss issues that are apparent on their wards and that they feel it has improved communication between staff and patients. Patients have reported feeling 'more in control of their environments' and described the groups helping them further understand why incidents are occurring, something which wasn't explained to them before.

Future Directions and Lessons Learnt

Baseline data on the number and type of incidents occurring across wards has been in collection since April 2021. These initiatives have been implemented across some wards since April 2022 with the aim being to incorporate the remaining wards towards the end of the year. This will allow for comparative analysis of the type and number of incidents prior and post implementation of the debrief form and patient representation groups. Since starting the ideas for change, it has been difficult to hold the patient representative groups collectively between sites. Issues such as staffing, patient well-being on the day, transportation, and COVID outbreaks have contributed to a decrease in patient membership. The team decided to carry these out individually on wards to make it easier for patients to attend.

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