Measurement Matters

Reporting on seclusion and restraint in NSW public hospitals

bureau of health information

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About this report

Context

There have been a number of reviews into the use of seclusion and restraint in mental health facilities in Australia. These reviews, alongside national and international research studies, have shown that seclusion and restraint practices are not therapeutic for patients and increase the risk of trauma and harm to patients and staff, including death.[1] Across Australia, and internationally, there are ongoing efforts to reduce and eliminate the use of seclusion and restraint in mental health facilities.

In NSW, there has been a sustained effort to reduce seclusion and restraint over the past decade. This includes investing in service change, setting key performance indicators (KPIs) for these restrictive practices in performance agreements, clinical benchmarking, improved data collection and public reporting on seclusion and restraint.

A 2017 review led by the Chief Psychiatrist of NSW outlined 19 recommendations to prevent the use of seclusion and restraint practices in specialised mental health inpatient units and declared emergency departments across the state.[1] Subsequently, the NSW Ministry of Health released an implementation plan that outlined actions and milestones to address the 19 recommendations.[2] Better collection and reporting of data for seclusion and restraint was identified as a key area for improvement in the NSW health system.

Purpose

The collection and use of seclusion and restraint data is a well-recognised strategy to help reduce the use of these restrictive practices.[3] Transparency about the performance of hospitals allows patients and local communities – and those who act on their behalf – to hold their local health services accountable. It allows health services to monitor their own performance, and to see the progress of other hospitals across the state.

Frequent routine reporting on seclusion and restraint is currently occurring within the health system. The NSW Ministry of Health provides local health districts (LHDs) and speciality health networks (SHNs) with detailed quarterly reporting on seclusion and restraint events, including measures at a unit level and with peer group comparisons for hospital and unit performance. There is also public reporting of seclusion and restraint at facility level on an annual basis.

To expand on the existing public reporting and support the implementation of the recommendations of the *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities* (the Review), the Bureau of Health Information (BHI) will provide the public with more frequent and detailed quarterly information about facility-level seclusion and restraint practices in NSW public hospitals.

To report in *Healthcare Quarterly*, BHI selected measures that are meaningful for NSW patients, carers and communities, and helpful to healthcare professionals in their efforts to improve practices.

In relation to reporting on seclusion and restraint practices in specialised acute mental health units across NSW, BHI will include quarterly information on the frequency, volume, rate and duration of these events.

The aims of this *Measurement Matters* report are to:

- provide a brief overview of the legislative and policy contexts surrounding the use of seclusion and restraint in NSW mental health facilities to inform BHI's approach to reporting
- describe actions that are considered to be, and counted as, seclusion or restraint events
- describe the measures used to report seclusion and restraint in *Healthcare Quarterly*, including data sources
- explain the methodology and analyses that will be included in *Healthcare Quarterly*

BHI aims for our language to be inclusive and empathetic, though at the same time precise, to indicate which information refers to specific population groups. We recognise that contemporary recovery-oriented mental health services no longer use the term 'patient'. However, to align with the terminology in *Healthcare Quarterly*, the word 'patient' has been used to refer to any person accessing or using a health service.

Setting the scene

Legislative and policy context

All admissions to specialised mental health inpatient units in NSW are subject to the *NSW Mental Health Act 2007* (the Act). The Act seeks to ensure that people receive the best possible care and treatment in the least restrictive way. According to the Act and NSW Health policy, health professionals working in mental health facilities must undertake all possible measures to reduce the use of restrictive practices such as seclusion and restraint. The NSW Health Policy, *Aggression, Seclusion and Restraint: Preventing, Minimising and Managing Disturbed Behaviour in Mental Health Facilities in NSW,* is undergoing review and will be updated in 2019 as part of the implementation plan of the Review.

The NSW Health Performance Management and Purchasing Frameworks are used to monitor the effectiveness and efficiency of mental health service provision. This includes through Service Agreements with LHDs/SHNs, quarterly LHD/SHN performance reviews, and mental health-specific data systems and reporting. Compliance with Policy Directives is mandatory for NSW Health services and is a condition of funding for LHDs/SHNs. If performance concerns are identified, including concerns about seclusion and restraint measures, these are raised with the LHD or SHN executive teams through structured processes established in the NSW Health Performance Framework.

The Australian Commission on Safety and Quality in Health Care's *National Safety and Quality in Health Service Standards (2nd edition)* now include requirements for minimising restraint (action 5.35) and seclusion (action 5.36).

In *Healthcare Quarterly*, BHI will report on seclusion and restraint data for public hospitals that have one or more specialised acute mental health inpatient units. For this reason, the hospitals that are reported on in the seclusion and restraint section of *Healthcare Quarterly* may differ from the hospitals included in other sections of the report.

Seclusion and restraint events

A **seclusion event** occurs when a patient is confined alone at any time of the day or night in a room or area from which they are not free to exit. The duration of the event is not relevant for defining whether or not the patient has been secluded.[4]

A seclusion event may take place in a designated seclusion room within a unit. However the size and type of area in which a patient is confined is not relevant in determining what is or is not seclusion. A person may be secluded in an open area, for example, a courtyard.[4]

The intended purpose of the confinement is not relevant in determining what is or is not seclusion. The awareness of the patient that they are confined alone and denied exit is not relevant in determining what is or is not seclusion. Some specialised mental health inpatient units have a small number of high dependency or observation beds located in a specific section of the unit to manage acute conditions and behaviours. If a person is alone and not free to exit these specific sections, it is classified as seclusion.[4]

A **restraint event** occurs when a patient's freedom of movement is restricted by physical or mechanical means.[4]

Physical restraint refers to the application by health care staff of 'hands-on' immobilisation or the physical restriction of a person to prevent harm to themselves or others, or to ensure the provision of essential medical treatment.

Mechanical restraint refers to the application of devices on a person's body to restrict their movement. This is to prevent the person harming themselves or others, or to ensure the provision of essential medical treatment.

Chemical restraint refers to a pharmacological method used solely to restrict the movement or freedom of a patient. Chemical restraint through the overuse of sedation is not an acceptable form of restraint and, under NSW Health policy, is not to be used in NSW Health facilities.[4]

In *Healthcare Quarterly*, BHI will report on **seclusion, physical** and **mechanical restraint** events for public hospitals that have one or more specialised acute mental health inpatient units. Due to the infrequent use of mechanical restraint in NSW and to respect the confidentiality of patients who experience these events while admitted to a hospital, BHI will report total counts and average duration – where these events occurred on a quarterly basis – rather than publish a count of mechanical restraint events in each hospital.

Analyses

Measures of seclusion and restraint

Current approaches to internal and public reporting

There are various ways through which NSW mental health information is provided to the system to monitor and measure effectiveness and efficiency of service delivery. Improvements are driven through both internal reporting of mental health data collected by services and public reporting.

Information on seclusion and restraint events occurring in specialised mental health units are collected by staff in NSW public hospitals. The clinical staff involved in the restrictive events complete local registers. The information from the registers is then collated by LHDs and provided to NSW Health. Under the *NSW Mental Health Act 2007*, these registers are subject to audits by the legislative authorities appointed by the NSW Minister for Mental Health.

The NSW Ministry of Health receives ward-level frequency, counts of seclusion and restraint and total duration. Based on these data and using administrative data available in the Health Information Exchange (HIE), the Ministry calculates the rate at ward or unit, hospital, LHD/SHN and state level. Total counts and duration at ward or unit level are also used to calculate average duration and frequency for hospital, LHD/SHN and state level. Frequency is reported on the basis of the percentage of episodes with at least one seclusion and restraint event, and the rate is reported for the number of seclusion and restraint events on the basis of bed days (i.e. rate per 1,000 bed days). These values are assessed for their validity against those from previous quarters for quality assurance processes.

The NSW Ministry of Health does not request information regarding range of duration so it is not possible at present to report (internally or publicly) on measures of minimum or maximum value. LHDs also do not provide duration for each seclusion or restraint event, so it is not possible to calculate the median or 90th percentile duration.

These measures of performance (i.e. frequency, rate per 1000 bed days and duration) are provided to LHDs/SHNs at ward or unit, facility and LHD/SHN level on a quarterly basis.

In 2019–20 there are two KPIs and one improvement measure related to seclusion in the Service Agreements between the NSW Ministry of Health and LHDs/SHNs. These are:

- Acute Seclusion Occurrence (Rate) – Number of acute seclusion events as a rate per 1,000 bed days
- Acute Seclusion Duration – Average hours per seclusion event
- Frequency of Seclusion – Percentage of acute mental health admitted care episodes with at least one seclusion event (improvement measure).

Since 2018–19, the target for each hospital identified by the NSW Ministry of Health for acute seclusion rate has been less than 5.1 episodes per 1,000 bed days. The target for each hospital for acute seclusion duration is an average of less than four hours per seclusion event. There is currently no target for the improvement measure for seclusion frequency.

There are currently no KPIs or improvement measures related to restraint.

In *Healthcare Quarterly*, BHI will report on public hospitals against targets established by the NSW Ministry of Health for seclusion events for public hospitals that have one or more specialised acute mental health inpatient units.

Data on seclusion and restraint occurring in NSW hospitals are currently publicly available from two main sources: The *NSW Health Annual Report* and the Australian Institute of Health and Welfare (AIHW) report *Mental Health Services in Australia.*

The rate, average duration and frequency of seclusion for acute mental health services are published annually at the facility, LHD/SHN and state level in the *NSW Health Annual Report.*

The NSW Ministry of Health provides seclusion and restraint data to AIHW to inform their *Mental Health Services in Australia* public reports. AIHW reports annually on restrictive interventions in acute mental health inpatient services at the facility level in NSW including seclusion rate, physical restraint rate and mechanical restraint rate per 1,000 bed days. AIHW currently reports seclusion and restraint measures at a national level by target population of the unit. These targets populations are: general; child and adolescent; older person; forensic; and mixed units. It also releases hospital-level information for hospitals with an acute mental health inpatient unit.

The *Report on Government Services,* produced by the Productivity Commission also publicly shows performance information about seclusion rates at a state level, as sourced from AIHW data.

NSW Health classifies specialised mental health inpatient units into one of 12 peer groups for benchmarking and internal reporting purposes, including for seclusion and restraint data comparison. These include acute and non-acute adult peer groups, child and adolescent mental health services (CAMHS) peer groups, older persons peer groups and forensic peer groups. The quarterly reports provided to LHDs/SHNs from the NSW Ministry of Health compare their performance on all indicators at the unit, hospital and LHD/SHN level. Individual wards or units are compared with other units from the same peer group.

There is wide diversity in how hospitals organise their mental health services and it can be difficult to interpret unit-level data without a detailed understanding of those differences. There can also be wide quarter to quarter variation when examining small services or units. For this reason, hospital-level public reporting on seclusion and restraint provides fairer comparison.

In *Healthcare Quarterly*, BHI will report frequency, volume, rate and average duration of seclusion and physical restraint at the hospital level, and volume and average duration of mechanical restraint at NSW level, for hospitals with one or more specialised acute mental health inpatient units.

Data sources

BHI analyses are based on data extracted from the centralised data warehouse, the HIE, administered by the NSW Ministry of Health, and a data file provided by the Ministry.

HIE provides information on:

- the number of mental health episodes of care
- the number of days a mental health bed was in use.

The data on seclusion and restraint are manually collected by each LHD/SHN at mental health service unit level, providing information on:

- the total number of seclusion and restraint events
- the number of mental health episodes of care with at least one seclusion or restraint event
- the duration of seclusion and restraint events.

Specialised mental health units in public hospitals

A person can be admitted to a specialised mental health unit as an involuntary or voluntary patient. According to the *NSW Mental Health Act 2007,* if a person needs to be admitted involuntarily, they can only be admitted to a declared mental health facility. Under NSW Ministry of Health policy, seclusion and restraint should only be used for involuntary patients who are being treated within a declared mental health facility. However, in a crisis, seclusion and restraint may be used in a non-declared mental health facility on a voluntary patient.

While seclusion and restraint can occur in non-acute mental health units, it is less likely given the lower acuity of the patient cohort. Seclusion and restraint can also occur in emergency departments, but at the time of the Review, "there is no state reporting or ability for emergency departments to compare their performance" on use of restrictive practices.[1]

Districts and networks are now collecting and submitting data from declared emergency departments. Work is underway by the Ministry to improve the completeness, consistency and comparability of this data.

In *Healthcare Quarterly*, BHI will report on facilities with specialised declared acute mental health units and specialised non-declared acute mental health units, with both voluntary and involuntary episodes of care included. This also includes specialised acute mental health units without a seclusion room as NSW Ministry of Health policy requires collection of data about episodes where a person is confined alone in any setting, such as a bedroom or courtyard.

In *Healthcare Quarterly*, BHI will not report on seclusion and restraint in non-acute specialised mental health inpatient units or in emergency departments. In future, BHI will report on emergency departments when the state-wide collection of this seclusion and restraint data has matured. Collection of this ED data commenced in late 2018.

Benchmarking

Hospitals can have different types of specialised mental health inpatient units to treat patients who need varying levels of care.

MHICUs provide specialist, intensive multidisciplinary care to people with high levels of clinical complexity and risk who cannot be safely and effectively managed in a standard acute mental health unit. For this reason, the six hospitals with a MHICU will be grouped together in *Healthcare Quarterly* to acknowledge their delivery of state-wide tertiary care services.

The Justice Health and Forensic Mental Health Network (JHFMHN) is the principal service provider and coordinating agency for forensic mental health services in NSW. JHFMHN provides assessment, care, treatment and other services to people with mental illness who are, or have been, in contact with the criminal justice system. JHFMHN treats a different type of consumer and has different models of care. Most facilities have high rates of involuntary care. JHFMHN is reported on separately in the *Healthcare Quarterly* seclusion and restraint section to acknowledge this difference in case mix, and episodes and events at JHFMHN are not included in the NSW totals.

In *Healthcare Quarterly*, the public hospitals will be grouped into three broad categories: hospitals with a MHICU, hospitals without a MHICU, and JFMHN.

BHI reporting of seclusion and restraint measures

In *Healthcare Quarterly*, BHI will use the following measures:

- The percentage of acute mental health episodes in which at least one seclusion or physical restraint event occurs at the NSW and facility level (i.e. frequency alongside the change in percentage since the same quarter the previous year).
- The number of seclusion and physical restraint events at the NSW and facility level alongside the change in number of events since the same quarter the previous year.
- The number of mechanical restraint events at the NSW level.
- The rate of seclusion and physical restraint events per 1,000 bed days at the NSW and facility level.
- The average duration of seclusion and physical restraint events at the NSW and facility level, alongside the change compared with the same quarter the previous year, and the average duration of mechanical restraint events at the NSW level.

In calculating the frequency of seclusion and physical restraint events, the denominator is all mental health episodes of care in specialised acute mental health units in NSW. For the NSW total, this includes same day, overnight, completed and non-completed episodes, excluding JHFMHN. Episodes of care for JHFMHN include same day, overnight, completed and non-completed episodes and are reported separately. These episodes of care are not included in NSW totals.

There is potential public interest in reporting the number of patients or long duration events for seclusion and restraint in NSW. However, this information is not currently collected in the aggregated state-wide data collection.

In calculating the rate of seclusion and physical restraint per 1,000 bed days in *Healthcare Quarterly*, the denominator is all acute bed days for all NSW specialised acute mental health units excluding JHFMHN. The denominator includes same-day separations and excludes leave days. For JHFMHN, the denominator is all acute bed days including same-day separations and excluding leave days.

Further information on BHI's data specifications for measuring seclusion and restraint is available in the Technical Supplement for *Healthcare Quarterly*.

Interpreting measures of seclusion and restraint

Understanding how seclusion and restraint is being used in our hospitals, and monitoring changes over time, is important in increasing accountability and informing improvement in the health system.

NSW Health identifies improvement in the use of restrictive practices as a broad reduction in the number and duration of seclusion and restraint episodes, without substitution of other forms of restrictive practices. Reducing the use of restrictive practices is a dynamic and multi-dimensional process that requires the involvement of a number of domains. No single performance measure is able to capture all aspects of seclusion and restraint use. It is important to monitor all measures available over time to ensure that improvements in one indicator are not offset by declines in others.

In *Healthcare Quarterly*, BHI will publicly report a range of quarterly performance measures for seclusion and restraint in NSW public hospitals that are currently provided internally to LHDs/SHNs by the NSW Ministry of Health. Performance information in each *Healthcare Quarterly* report will be compared with the same quarter the previous year, rather than the previous quarter.

Performance improvement in the use of restrictive practices is seen when both the number and average duration of seclusion or restraint events decreases over time. A decline in performance is seen when there is an increase in the number of events and an increase in average duration of events over time.

It is more difficult, however, to measure improvement when the number and duration of events are moving in different directions. To identifty an improvement, ideally we would see both indicators decreasing together.

References

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bureau of health information

About the Bureau of Health Information

The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW healthcare system.

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences and outcomes of care in public hospitals and other healthcare facilities.

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and supply data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

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