

CHALLENGING BEHAVIOUR TOOLKIT

TOOL 7

Evaluation and metrics



**Government
of South Australia**

SA Health

Evaluation and metrics

This tool provides an overview of the minimum for governance and provision of health care relating to the prevention and response to challenging behaviour, and recommended metrics for evaluation.

The Table outlines the standards, key actions and data requirements for appropriate monitoring and evaluation of challenging behaviour strategies. These will provide evidence of the health service meeting the requirements of the National Safety and Quality Health Service Standards.

1 – GOVERNANCE

There is a governance structure and systems in place to ensure:

- > responsibility for developing, implementing, monitoring and evaluating quality improvement and risk management activities
- > inclusion of expertise from Work Health and Safety, Safety and Quality, risk management, clinical, management, security and non-clinical workers
- > policies, local procedures, best practice guidelines are available and accessible
- > consumer and carer engagement
- > review of relevant data, measures and information.

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>1.1 Ensure that there is a governance structure for quality improvement (QI) activities to meet the requirements of standards, policy and legislation and to evaluate the outcomes of strategies.</p> <p>Further information is available: Tool 3 Example Terms of Reference for a health service Challenging Behaviour Prevention and Response Committee</p> <p>1.2 Allocate sufficient human and material resources, and delegate day-to-day responsibility to enable:</p> <ul style="list-style-type: none"> > annual completion of risk assessment using Tool 2 Organisation-wide Self-assessment Audit Tool for challenging behaviour committees. > procedures and protocols to be developed, implemented and reviewed > effective programs aimed at prevention of challenging behaviour to be developed and implemented using quality improvement methodology > appropriate data to be gathered, analysed, reported and monitored (for example using SLS data reports and the QIP Hub CB dashboard) to inform planning and evaluation, and meet requirements of legislation, policy etc. > consumer and carer engagement > workforce training and education 	<p>Committee</p> <ul style="list-style-type: none"> > agendas, minutes, reports, QI activities documented, consumer and carer engagement documented > Procedures, work instructions, protocols <p>Suite of procedures, protocols and work instructions exist and are reviewed by committee</p> <ul style="list-style-type: none"> > Relevant agreements with other agencies > Patient safety culture survey <p>Tool 2 – Organisation-wide Self-assessment Audit Tool for challenging behaviour committees</p> <p>Tool 5 – Education and Training Framework – training gap analysis</p> <p>Analysis of case mix for the service</p> <ul style="list-style-type: none"> > Human Resources <ul style="list-style-type: none"> - staffing numbers and skill mix - Claims data - SLS data - Patient incidents - Worker incidents - Security incidents - Consumer feedback - Employee Disciplinary Module

> **Monitoring safety culture**

- > use of current evidence, evaluation and consumer feedback to inform:
 - regular review of the layout/design of services and facilities
 - changes to work practices and service delivery
 - purchase of new equipment.

1.3 Provide advice to the respective Chief Executive Officer, LHN Governing Board, Chief Executive and Minister for Health on issues of public/media concern, criminal or medico-legal issues or significant risk.

1.4 Ensure that there are protocols, including but not limited to;

- > the communication and collaboration with other agencies such as SA Police , SA Ambulance Service, DASSA
- > the actions/sanctions to be taken against patients or members of the public who are alleged to have committed an offence. Options may include referral for clinical review, developing an agreement regarding service provision, addition of precaution orders in EMR and flagging in medical record , referral to the respective LHN SA Police Community Liaison Officer or SA Police, to make a report.
Further information is available: Tool 9 Consequences of challenging behaviour, violence and aggression
- > protection/privacy for workers
- > the actions/sanctions to be taken against employees for alleged misconduct or who have are alleged to have committed an offence.
Further information is available: Tool 9 Consequences of challenging behaviour, violence and aggression

2 – PREVENTION – CLINICAL MANAGEMENT OF CHALLENGING BEHAVIOUR

There are systems of care that enable prevention, which includes consumers being screened and/or assessed for risk or predisposition to challenging behaviour on presentation, and preventative care plans developed as required (**primary risk control measures**).

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>2.1 Review of screening, assessment and care to ensure that it is provided in accord with legislative and policy requirements, and with current clinical best practice.</p> <p>2.2 Ensure that there are procedures including but not limited to:</p> <ul style="list-style-type: none"> > preventative strategies, such as screening , observation and monitoring for deterioration in physiological and mental state then care planning, with those at risk > restrictive practices minimisation strategies > clinical management including de-escalation, diversion, medication and other strategies leading up to, then during, and after the incident, for example debriefing, open disclosure and worker support procedures, including how workers can make a report to SAPOL against alleged offenders 	<p>Medical records audit*</p> <p>(*These include EMR electronic and paper-based medical records.)</p> <ul style="list-style-type: none"> > rates of screening within required timeframes > audits of observation/ monitoring, care planning > incident records of successful de-escalation > personal protection plans/comfort plans/prevention plans.

3 – PREVENTION – CHANGES TO SYSTEMS OF CARE

There are systems of care to enable prevention, through design of service delivery (**primary risk control measures**).

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>3.1 Develop and implement strategies to review and improve:</p> <ul style="list-style-type: none"> > the safety of service design and environment, > workflow and work practices, > use of and integration with security services and > patient journey. 	<p>Committee</p> <ul style="list-style-type: none"> > agendas, minutes, reports, > QI and risk management activities documented > security data > security threat analysis <p>Clinical teamwork and safety culture</p> <ul style="list-style-type: none"> > periodic patient safety culture surveys > review of staffing numbers and skill mix > use of teamwork strategies such as huddles, structured handover

4 – DURING AN INCIDENT

There are systems to enable safe, effective and timely response, protection of patients and workers, and resolution of incidents by clinical and security officers (**secondary and tertiary risk control measures**).

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>4.1 Ensure that there are procedures and instructions, protocols, for safe care during an incident, including but not limited to:</p> <ul style="list-style-type: none"> > stepped response (timeliness) > calling Code Black, and/or use of duress calls > activities and roles of authorised officers and Security officers > activities and roles of Emergency response teams > drills for evacuation, securing an area, managing emergencies. <p>4.2 Ensure that workers have skills, knowledge and have had the relevant training for their roles, around getting help, personal protection and protection of others including practice of emergency plans.</p>	<p>Education and training</p> <ul style="list-style-type: none"> > Worker attendance at relevant education and training. <p>Procedures, work instructions, protocols</p> <ul style="list-style-type: none"> > Suite of procedures, protocols and work instructions exist and are reviewed and improved. <p>SLS Consumer feedback</p> <ul style="list-style-type: none"> > Complaints about rough handling, neglect, poor care, abuse, other inappropriate behaviour. <p>SLS Security incident data – e.g. outcomes, duration, Code Black vs Security Assist</p> <p>Restraint and seclusion applied under relevant Acts</p>

5 – RECOVERY

There are systems to promote recovery of participants and witnesses.

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>5.1 Ensure that there are policies and procedures including but not limited to:</p> <ul style="list-style-type: none"> > recovery strategies for workers, patients, other people such as witnesses and carers > worker supervision and monitoring, and support after an incident including debriefing and how to make a report against alleged offenders through respective LHN SAPOL Community Liaison Officer or SAPOL > patient debriefing and access to complaints mechanisms and open disclosure > access to support for workers from manager, Workforce Professionals, Employee Assistance Program for counselling etc. > access to organisational support for workers who wish to pursue legal action against alleged offenders, for example, including access to the respective LHNS SAPOL Community Liaison officer > access to support for patients, carers to debrief and make plans to prevent recurrence. 	<p>SLS Patient incidents</p> <ul style="list-style-type: none"> > management review and action > open disclosure/debriefing with patients, family and carers. <p>Team review post incident, actions arising</p> <p>SLS Worker incidents</p> <ul style="list-style-type: none"> > debriefing workers and the team > use of Employee Assistance Program > injury management, claims > workers making SAPOL report against alleged offenders

6 – TRAINING AND EDUCATION

Workers are participating in relevant education and training.

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>6.1 Ensure that workers have access to relevant training, guidelines and equipment to support their role and responsibilities.</p> <p>6.2 Ensure that workers have access and training around policy, procedures and safe work practices.</p>	<p>Gap analysis for training requirements for individuals and teams</p> <p>Education and training schedules and participation.</p> <p>Further information is available: –</p> <p>Tool 5 Education and training Framework</p>

7 – PATIENT AND CONSUMER ENGAGEMENT

Patients, consumers, carers and family are engaged in planning, design and evaluation of services, and in the development of their own health care plans, and this is documented. Patients and consumers report that their health care rights are upheld.

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>7.1 Support patient and carer participation in their own care.</p> <p>7.2 Support patient and carer participation in the design, planning and evaluation of relevant parts of the service.</p> <p>7.3 Promote Consumer Health Care Charter of Rights and ensure that care is delivered in accord with this.</p>	<p>Medical records (<i>*see above</i>)</p> <p>Patient, family and carer involvement in care planning.</p> <p>SLS – consumer feedback</p> <p>Lived experience register (Mental Health)</p> <p>SLS Consumer feedback</p> <p>> Complaints resolution.</p> <p>Consumer experience (SA Consumer Experience Survey)</p> <p>> indicates that their rights are supported and they are treated with dignity and respect. Free text search for relevant terms.</p>

8 – REPORTING AND REVIEWING INCIDENTS

- > An organisation-wide system is in use, and is reviewed.
- > Workers have skills and knowledge of reporting and review, relevant to their roles.
- > Incident reporting, investigation and other data capture is in accord with SA Health policy and local procedure/instructions.
- > Requirements for reporting national indicators for restraint and seclusion in mental health are met.
- > Requirements for notification of notifiable incidents to SafeWork SA are met.
- > Other requirements for notification are met.

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>8.1 Use data to inform the planning and evaluation of quality improvement strategies and collate data from sites, wards, units, services.</p> <p>8.2 Discuss aggregated data and actions arising at local and executive level of clinical governance, and ensure high risk matters are escalated to the respective LHN Governing Board.</p> <p>8.3 Ensure that there are procedures including but not limited to:</p> <ul style="list-style-type: none"> > reporting, notification, incident investigation review, action taken and data analysis > site/evidence preservation requirements. <p>8.4 Ensure that reporting and review of incidents affecting workers and/or visitors, others meet requirements of the Work Health and Safety Reporting and Investigation policy.</p> <p>8.5 Ensure that reporting and review of patient incidents will meet requirements of the Patient Incident Management and Open Disclosure Policy Directive</p> <p>8.6 Ensure that reporting and review of security incidents will meet requirements of SA Health Protective Security Policy Directive and local procedures/instructions.</p> <p>Further information is available: Prevention and responding to challenging behaviour Toolkit – Tool 6 Guide to reporting and review of challenging behaviour incidents</p>	<p>Audit of SLS and medical records to review rates, quality of reporting</p> <ul style="list-style-type: none"> > Rate of documentation of circumstances of challenging behaviour including prevention strategies implemented, response and outcome. <p>SLS Patient incidents</p> <ul style="list-style-type: none"> > challenging behaviour classifications > restraint and seclusion classifications > management review and action. <p>SLS Worker incidents</p> <ul style="list-style-type: none"> > physical harm, and psychological harm > management review and action <p>SLS – Security services and Emergency Response Teams</p> <ul style="list-style-type: none"> > security assist calls – urgent and planned. > duress alarm calls. > Code Black calls. <p>For all of these,</p> <ul style="list-style-type: none"> > the proportion where outcome was successful de-escalation, team was stood down on arrival, or security only. > the proportion where security officers applied physical force, escorted a person (not a patient) from the premises, searched a person or their possessions, enforced hospital by laws > proportion of incidents where SA Police attended <p>WHS Notifiable incidents and claims data</p> <p>Mental Health Critical incidents (reportable to Office for the Chief Psychiatrist)</p>

9 – RESTRICTIVE PRACTICES

Any application of force, restraint, seclusion, containment and detainment is done as a last resort and is lawful and minimal frequency and duration, and is least restrictive for maintenance of safety.

Key actions. Each LHN and health service will:	Data source, evaluation and metrics
<p>9.1 Report and review incidents where restrictive practices are used and will meet requirements of SA Health Minimising Restrictive practices in health care Policy Directive.</p> <p>9.2 Incidents are investigated, reviewed and action taken.</p> <p>9.3 Ensure that there are local procedures including but not limited to:</p> <ul style="list-style-type: none"> > approval and authorisation for restraint and reporting all incidents of restraint and/or seclusion > safe application of restraint, seclusion, including monitoring of physiological and mental state. > withdrawal, breakaway, disengagement and evacuation of the area. 	<p>Medical records (<i>*see above</i>)</p> <ul style="list-style-type: none"> > Rate of documentation of the clinical monitoring of any application of force, restraint and/or seclusion <p>SLS Patient incidents</p> <ul style="list-style-type: none"> > restraint and seclusion categories > management review and action > duration of restraint or seclusion > rates of repeat restraint or seclusion
<p>Further information is available:</p> <p>Minimising Restrictive Practices Policy Directive and toolkit – Tool 2 – Reporting and review of incidents of restrictive Practices</p> <p>Restraint and Seclusion in Mental Health Services Policy guideline – Fact sheet 8 – Restraint and seclusion reporting</p>	

For more information

SA Health
Safety and Quality Unit
Telephone: (08) 8226 9599
sahealth.sa.gov.au/challengingbehaviourstrategy

Public: I1-A1



<https://creativecommons.org/licenses>

© Department for Health and Wellbeing, Government of South Australia.
All rights reserved. August 2020. FIS: 20082.3



**Government
of South Australia**

SA Health