

Challenging Behaviour Toolkit

TOOL 7 **Evaluation and metrics**



Evaluation and metrics

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

The Table outlines the standards, key actions and data requirements for appropriate monitoring and evaluation of challenging behaviour strategies.

Standard 1 - Governance

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

- > responsibility for developing, implementing, monitoring and evaluating quality improvement 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 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 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 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 > 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 and reported to inform planning and evaluation, and meet requirements of legislation, policy etc > consumer engagement > workforce training and education > use of current evidence, evaluation and consumer feedback to inform: <ul style="list-style-type: none"> – regular review of the layout/design of services and facilities – changes to work practices and service delivery – purchase of new equipment. <p>1.3 Provide advice to the Chief Executive and Minister for Health on issues of public/ media concern, criminal or medico-legal issues or significant risk.</p> <p>1.4 Ensure that there are procedures and protocols including but not limited to:</p> <ul style="list-style-type: none"> > the communication and collaboration with other agencies such as SA Police , SA Ambulance Service, DASSA > the actions/sanctions to be taken against consumers or members of the public who are alleged to have committed an offence. Options include referral for clinical review, developing an agreement regarding service provision, referral to SA Police to make charges > 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. 	<p>Committee</p> <ul style="list-style-type: none"> > agendas, minutes, reports, QI activities documented, consumer engagement documented <p>Procedures, work instructions, protocols</p> <ul style="list-style-type: none"> > Suite of procedures, protocols and work instructions exist and are reviewed by committee > Relevant agreements with other agencies <p>Patient safety culture survey</p> <p>Tool 2 - WHS Hazard and risk identification tool - gap analysis</p> <p>Tool 5 - Education and Training Framework – training gap analysis</p> <p>Analysis of case mix for the service</p> <p>Human Resources</p> <ul style="list-style-type: none"> > staffing numbers and skill mix <p>SLS data</p> <ul style="list-style-type: none"> > Patient incidents > Worker incidents > Security incidents > Consumer feedback

Standard 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 then care planning with those at risk > restraint minimisation strategies > clinical management including de-escalation, diversion, medication and other strategies leading up to, then during, the incident. 	<p>Medical records*</p> <p>(*These include EPAS, medical record audit or patient report from SAAS, CCME and CBIS non-inpatient charts, records – community and mental health)</p> <p>Rate of screening, care planning, successful de-escalation, personal protection plans</p>

Standard 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 the safety of service design and environment, workflow and work practices, and patient journey.</p>	<p>Committee</p> <ul style="list-style-type: none"> > agendas, minutes, reports, > Quality Improvement activities documented <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

Standard 4 - During an incident

There are systems to enable safe, effective and timely response, protection of consumer 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 and knowledge relevant to 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. <p>Consumer experience (SA Consumer Experience Survey)</p> <ul style="list-style-type: none"> > Free text search for relevant terms. <p>Team review post incident, actions arising</p>

Standard 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, consumers, other such as witnesses and carers > worker supervision and monitoring, and support after an incident including de-briefing > consumer de-briefing and access to complaints mechanisms and open disclosure > access to support from manager, Workforce Health, Employee Assistance Program for counselling etc > access to support for consumers, carers to de-brief and make plans to prevent recurrence. 	<p>SLS Patient incidents</p> <ul style="list-style-type: none"> > de-briefing with consumers and carers > management review and action > open disclosure after incidents. <p>SLS Consumer feedback</p> <ul style="list-style-type: none"> > Complaints resolution. <p>SLS Workforce Health and Safety</p> <ul style="list-style-type: none"> > injury management, claims > use of Employee Assistance Program.

Standard 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</p> <p>Training schedules and participation.</p> <p>Further information is available: Prevention and responding to challenging behaviour Toolkit - Tool 5 Education and training Framework</p>

Standard 7 - Consumer engagement

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. 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 consumer and carer participation in their own care.</p> <p>7.2 Support consumer 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 (*see above)</p> <p>Consumer and family/carer involvement in care planning.</p> <p>SLS - consumer feedback</p> <p>indicates that their rights are supported and they are treated with dignity and respect .</p> <p>Lived experience register (Mental Health)</p>

Standard 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.
- > 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.</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 Incident Management Policy Directive and the Incident Management Guideline incorporating Open Disclosure Response.</p> <p>8.6 Ensure that reporting and review of security incidents will meet requirements of SA Health.</p>	<p>Audit of SLS and medical records to review rates, quality of reporting</p> <p>Medical records (*see above)</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 categories > restraint and seclusion categories > 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>Further information is available: Prevention and responding to challenging behaviour Toolkit – Tool 6 Guide to reporting and review of challenging behaviour incidents</p>	<p>SLS Health Watch - 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. > for all of these, the proportion where outcome was successful de-escalation, team was stood down on arrival, or security only. > number of occasions where security officers applied physical force, escorted a person (not a patient) from the premises, searched a person or their possessions. > number / rates of incidents where SA Police attendance required. <p>WHS Notifiable incidents and claims data</p> <p>Mental Health Critical incidents (reportable to Office for the Chief Psychiatrist)</p>

Standard 9 - Restraint or seclusion

Any application of force, restraint, seclusion and containment 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 of incidents where restrictive practices are used 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. - withdrawal, breakaway, disengagement and evacuation of the area. <p>Further information is available: Mental health Fact sheet 8 Restraint and seclusion reporting</p>	<p>Medical records (*see above)</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

For more information

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