



August 31, 2015

WCB Workplace Innovation Project

Enhancing Seclusion and Restraint-Free Mental Health Services: Promoting Employee Safety through Cultural Change, Trauma-Informed Care, and the use of Innovative Strategies for Violence Prevention and Management

Final Report

Project duration: April 1, 2014 – March 31, 2015

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Site Updates

All sites – Health Sciences Centre (HSC), Grace Hospital (GGH), St. Boniface Hospital (SBH), Seven Oaks Hospital (SOGH), and Victoria Hospital (VGH) - continue to incorporate the principles and tools of the *Six Core Strategies* for seclusion reduction in their provision of patient care.

Seclusion Results

Please refer to *Tables 1 & 2* re: seclusion statistics and graphs for the WRHA mental health program, which compare fiscal year 2013/14 (pre-project start; baseline year) to fiscal year 2014/15 (post-project start; implementation year).

Result highlights are noted below:

Overall throughout the WRHA mental health program (all sites), there was a decrease in seclusion usage, with a WRHA average of ↓42% in seclusion incidence, ↓45% in total seclusion duration, and ↓5% in mean seclusion duration.

SBH achieved the greatest reduction in seclusion incidence (↓86%); HSC's forensic unit (PX3) achieved the greatest reduction in total seclusion duration (↓96%) and mean seclusion duration (↓89%).

All other units/sites, except for HSC's psychiatric intensive care unit (PY3S), achieved significant reductions in seclusion incidence (range: ↓21% - ↓86%) and total seclusion duration (range: ↓29% - ↓96%).

The Health Sciences Centre's psychiatric intensive care unit (PY3S) did not achieve any reductions in seclusion usage. Rather, PY3S' seclusion incidence ↑33%, total seclusion duration ↑78%, and mean seclusion duration ↑34%. PY3S was the unit involved in the HSC 2010 WCB RWIP *Six Core Strategies* pilot project, which led to significant reductions in its seclusion usage. PY3S' failure to sustain these results is due to multiple contributing variables. These include a near complete turnover of daytime nursing staff, resulting in the loss of nurses who championed the initial pilot project. The replacement nursing staff are primarily new graduates with little experience in the management of patients at high risk for aggression. There have also been several changes in the PY3S management/leadership team, including a Manager of Patient Care and Medical Director previously unfamiliar with the *Six Core Strategies* model of care. There is also a large amount of fear, anxiety, and frustration among the PY3S treatment team re: the acuteness of their patient population. As such, work is currently underway to address these barriers, including the new HSC Clinical Nurse Specialist (a former PY3S staff member and champion of the pilot project) working to facilitate change by establishing trust and rapport with the team, mentoring, and role-modelling. Systems barriers, such as PY3S being the receiving unit for patients with cognitive impairment and diminished impulse control, are also being reviewed, as are staffing requirements.

WCB Injury Results

Please refer to *Tables 3 & 4* re: WCB injury statistics and graphs for the WRHA mental health program, which compare fiscal year 2013/14 (pre-project start; baseline year) to fiscal year 2014/15 (post-project start; implementation year).

Result highlights are noted below:

Overall throughout the WRHA mental health program (all sites), there was a significant increase in number of reported injuries related to staff abuse, with a WRHA average of ↑50% (range: ↓60% - ↑700%). While these results may initially suggest that the *Six Core Strategies* project was ineffective at decreasing injuries, the ensuing injury statistics (noted below) support a different hypothesis: the increase in the number of reported injuries is related to increased staff awareness of the importance of reporting injuries, no matter how minor the injury. This enhanced staff awareness likely resulted from the education that the leadership team provided to staff in regards to project outcomes, specifically the use of Workplace Injury/Near Miss reports to capture injury statistics.

There was a modest reduction in the number of time loss injuries related to staff abuse, with a WRHA average of ↓29% (range: ↓100% - ↑100%). This data suggests that, while more injuries were reported, the injuries that were sustained post-project start were less severe and caused less impairment than the previous year's injuries (pre-project start).

There was a significant reduction in the number of days lost related to staff abuse injuries, with a WRHA average of ↓67% (range: ↓100% - ↑650%). This data also supports the above-noted suggestion that the injuries were less severe than the previous year's injuries.

There was a significant reduction in WCB costs related to staff abuse injuries, with a WRHA average of ↓68% (range of ↓97% - ↑50%). This totalled a **WCB cost savings of \$54,489** when comparing fiscal year 2013/14 (pre-project start) to fiscal year 2014/15 (post-project start).

There was a modest reduction in the percentage of total WCB costs attributed to staff abuse injuries (as opposed to injuries sustained through non-abuse causes, such as falls, lifting/transferring injuries, needlestick injuries, etc.), with a WRHA average of ↓32 percentage points (range: ↓75 - ↑94 percentage points).

Patient Satisfaction Survey Results

Please refer to the corresponding document, highlighting results from the HSC patient satisfaction survey. This survey, given to patients at time of discharge from an inpatient unit, was implemented in December 2014 and is ongoing.

Result highlights are noted below:

Question 2 – “I am satisfied with the care I received in hospital”: 97% of patients agreed or strongly agreed

Question 3 – “While in hospital, staff helped with my mental health needs”: 93% of patients agreed or strongly agreed

Question 4 – “While in hospital, I felt I had a part in my treatment and recovery”: 93% of patients agreed or strongly agreed

Question 5 – “While in hospital, I felt staff treated me with dignity and respect”: 96% of patients agreed or strongly agreed

Question 6 – “While in hospital, I felt comfortable and safe”: 92% of patients agreed or strongly agreed

Table 1A: WRHA Seclusion Statistics - Comparator Year (pre-project start)

Seclusion	HSC (Adult)	HSC (Child & Adolescent)	GGH	SBH	SOGH	VGH	Total WRHA MH Program
Fiscal Year 2013-2014 (April 1, 2013 – March 31, 2014) Baseline comparator year							
Q1 (April – June 2013)							
Incidence	86	~35*	50	32	10	8	221
Duration	32,465	~12,888*	11,403	9,194	4,035	3,129	73,114
Q2 (July – Sept. 2013)							
Incidence	59	~35*	22	~35**	13	11	175
Duration	19,437	~12,888*	8,595	~9,779**	6,170	2,595	59,464
Year to Date Total (Q1 & Q2)							
Incidence	145	70	72	67	23	19	396
Duration	51,902	25,776	19,998	18,973	10,205	5,724	132,578
Q3 (Oct. – Dec. 2013)							
Incidence	56	~34*	20	28	10	6	154
Duration	13,076	~12,888*	7,775	11,284	3,010	1,813	49,846
Year to Date Total (Q1, Q2, & Q3)							
Incidence	201	104	92	95	33	25	550
Duration	64,978	38,664	27,773	30,257	13,215	7,537	182,424
Q4 (Jan. – March 2014)							
Incidence	57	28	7	45	3	4	144
Duration	16,064	7,022	3,200	8,860	1,350	1,275	37,771
Fiscal Year Total 2013-2014							
Incidence	258	132	99	140	36	29	694
Duration	81,042	45,686	30,973	39,117	14,565	8,812	220,195

*HSC Child & Adolescent: Q1, Q2, Q3 (April – Dec. 2013) results were combined = 104 episodes and 38,664 minutes. For purposes of this analysis, the latter results were divided into 3, allowing for a mean quarterly result of 35 episodes for Q1 & Q2, 34 episodes for Q3, and ~12,888 minutes per quarter.

**SBH: no seclusion data was submitted for Q2. For purposes of this analysis, the mean of SBH's Q1, Q3, and Q4 results was used for the Q2 results

Legend: Incidence: number of seclusion episodes
 Duration: total duration of all seclusion episodes combined; in minutes
 Q: Yearly quarter (3-month period)

Table 1B: WRHA Seclusion Statistics – Implementation Year (post-project start)

Seclusion	HSC (Adult)	HSC (Child & Adolescent)	GGH	SBH	SOGH	VGH	Total WRHA MH Program
Fiscal Year 2014-2015 (April 1, 2014 – March 31, 2015)							
Q1 (April – June 2014) WCB project's official start date was April 1, 2014							
Incidence	47	16	4	4	8	3	82
Duration	11,340	1,702	1,570	393	7,425	377	22,807
% change as compared to Q1 2013-2014 (pre-6CS)	Incidence: ↓45%	Incidence: ↓54%	Incidence: ↓92%	Incidence: ↓88%	Incidence: ↓20%	Incidence: ↓63%	Incidence: ↓63%
	Duration: ↓65%	Duration: ↓87%	Duration: ↓86%	Duration: ↓96%	Duration: ↑84%	Duration: ↓88%	Duration: ↓69%
Q2 (July – Sept. 2014)							
Incidence	37	60*	12	1	4	7	121
Duration	8,090	11,207*	3,810	305	355	2,235	26,002
*HSC Child & Adolescent: A single patient accounted for 39 of the 60 (65%) episodes of seclusion and 8,935 of the 11,207 (80%) total minutes of seclusion.							
Year to Date Total (Q1 & Q2)							
Incidence	84	76	16	5	12	10	203
Duration	19,430	12,909	5,380	698	7,780	2,612	48,809
% change as compared to Year to Date 2013-2014 (Q1 & Q2 pre-6CS)	Incidence: ↓42%	Incidence: ↑9%	Incidence: ↓78%	Incidence: ↓93%	Incidence: ↓48%	Incidence: ↓47%	Incidence: ↓49%
	Duration: ↓63%	Duration: ↓50%	Duration: ↓73%	Duration: ↓96%	Duration: ↓24%	Duration: ↓54%	Duration: ↓63%
Q3 (Oct. - Dec. 2014)							
Incidence	37	14	0	6	5	3	65
Duration	17,887	1,435	0	2,228	985	3,350	25,885
Year to Date Total (Q1, Q2, & Q3)							
Incidence	121	90	16	11	17	13	268
Duration	37,317	14,344	5,380	2,926	8,765	5,962	74,694
% change as compared to Year to Date 2013-2014 (Q1, Q2, & Q3 pre-6CS)	Incidence: ↓40%	Incidence: ↓13%	Incidence: ↓83%	Incidence: ↓88%	Incidence: ↓48%	Incidence: ↓48%	Incidence: ↓51%
	Duration: ↓43%	Duration: ↓63%	Duration: ↓81%	Duration: ↓90%	Duration: ↓34%	Duration: ↓21%	Duration: ↓59%
Q4 (Jan. - March 2015)							
Incidence	108*	9	5	8	3	1	134
Duration	40,782*	1,500	1,840	1,045	545	240	45,952
*HSC Adult: A single patient on PY3S accounted for 66 of the 108 (61%) episodes of seclusion and 26,395 of the 40,782 (65%) total minutes of seclusion.							
Total for Fiscal Year 2014-2015							
Incidence	229	99	21	19	20	14	402
Duration	78,099	15,844	7,220	3,971	9,310	6,202	120,646
% change as compared to Fiscal Year 2013-2014 (pre-6CS)	Incidence: ↓11%	Incidence: ↓25%	Incidence: ↓79%	Incidence: ↓86%	Incidence: ↓44%	Incidence: ↓52%	Incidence: ↓42%
	Duration: ↓4%	Duration: ↓65%	Duration: ↓77%	Duration: ↓90%	Duration: ↓36%	Duration: ↓30%	Duration: ↓45%

Table 2A – Bar Graph of Seclusion Incidence

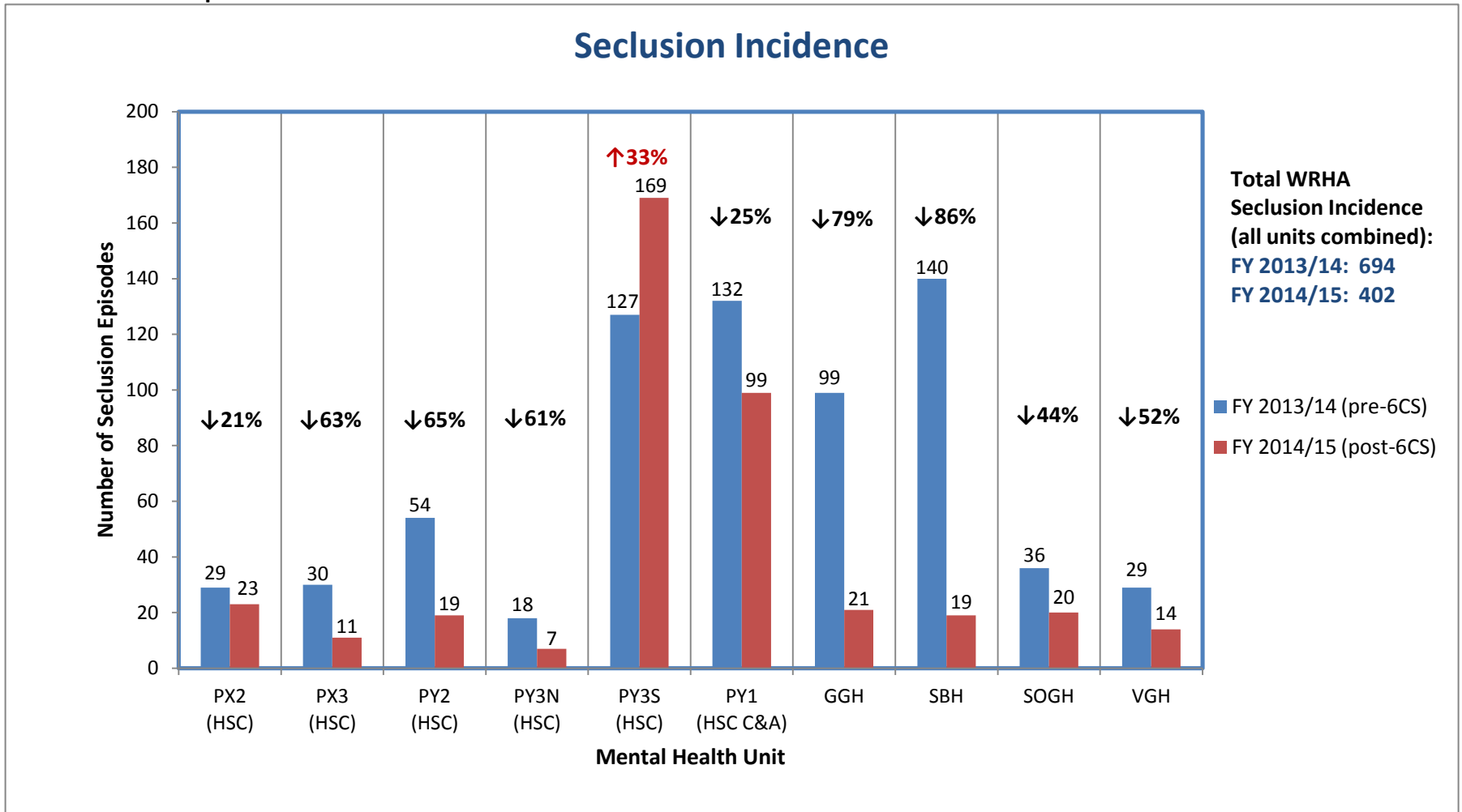


Table 2B – Bar Graph of Total Seclusion Duration

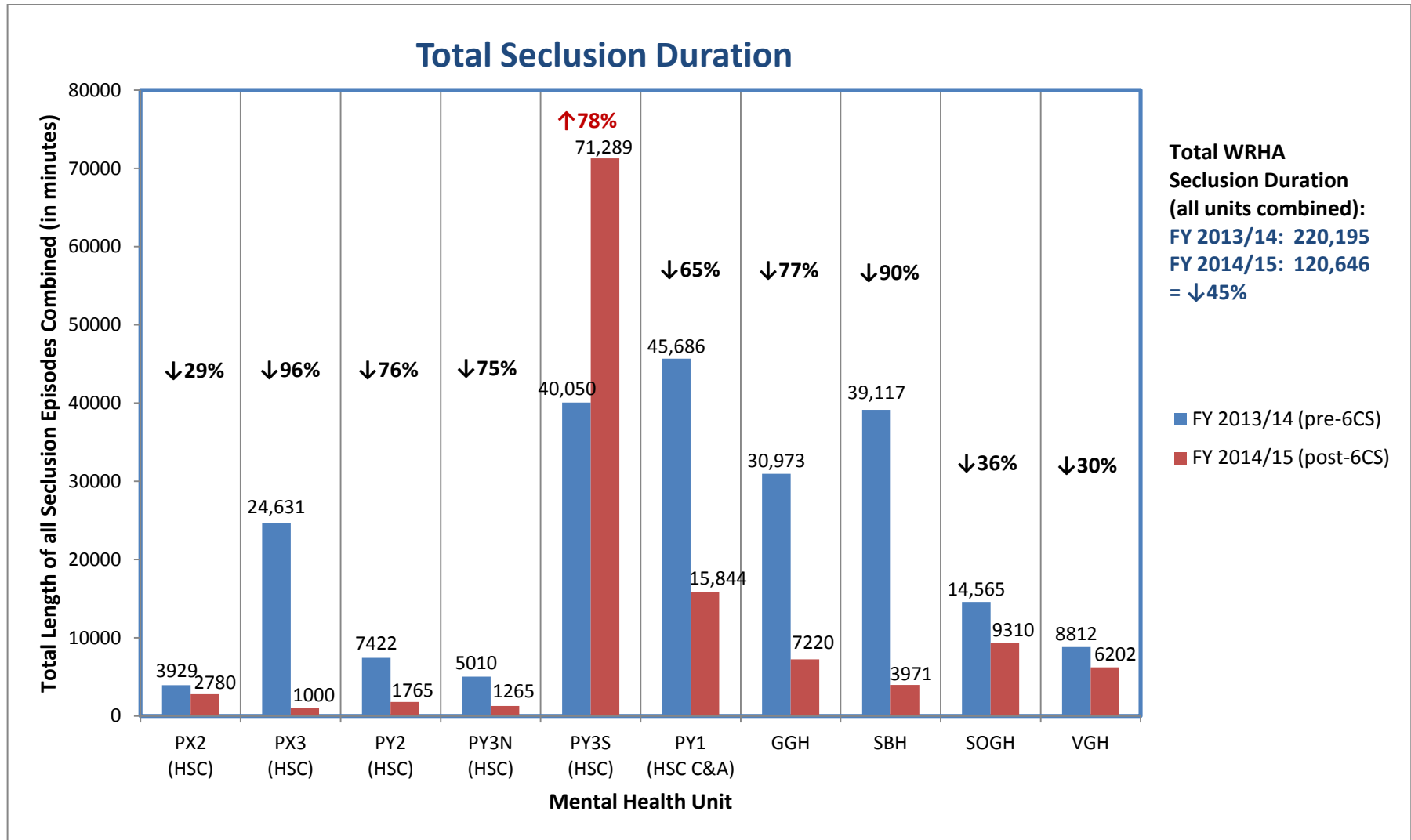


Table 2C – Bar Graph of Mean Seclusion Duration

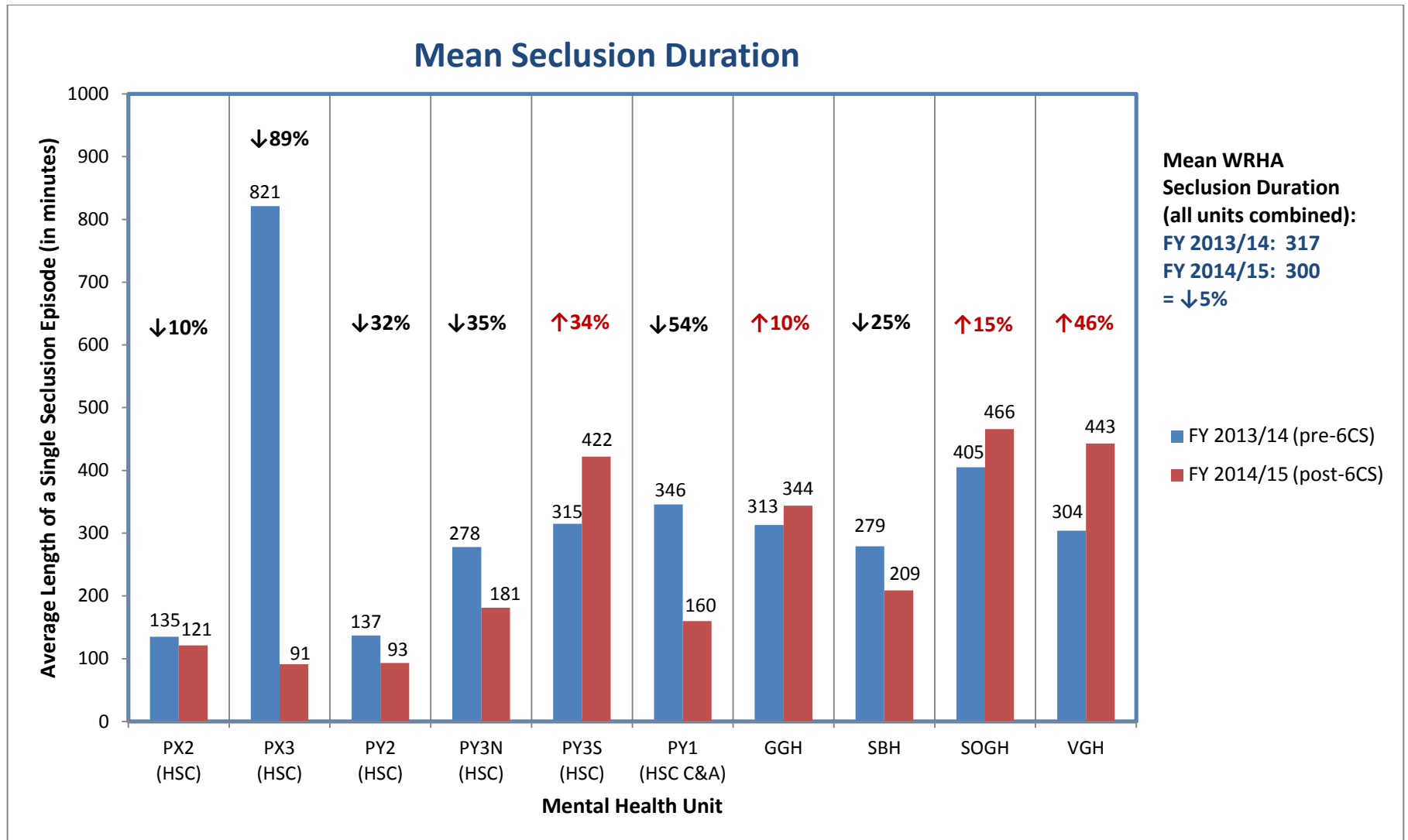


Table 3: WRHA WCB Workplace Injury Stats

Comparator Year (pre-project start) & Implementation Year (post-project start)

Workplace Injuries	HSC (Adult)	HSC (Child & Adolescent)	GGH	SBH	SOGH	VGH	Total WRHA MH Program
Fiscal Year 2013-2014 (April 1, 2013 – March 31, 2014) Baseline comparator year							
Total # of Injuries	65	11	9	4	40	8	137
Total # of Time Loss Injuries	10	3	1	2	5	2	23
Total # Days Lost	569.5	47.5	1	9.5	145	17.5	790
Total WCB Costs	\$77,294	\$6,713	\$2,658	\$1,695	\$20,211	\$4,432	\$113,003
Injuries Related to Staff Abuse							
# Injuries	46	9	2	3	27	5	92
# Time Loss Injuries	6	2	1	2	5	1	17
# Days Lost	329.5	46	1	9.5	145	1	532
WCB Costs	\$50,556	\$5,287	\$2,658	\$1,695	\$20,211	\$279	\$80,686
% of Total WCB Costs Related to Staff Abuse injuries	65%	79%	100%	100%	100%	6%	71%

Fiscal Year 2014-2015 (April 1, 2014 – March 31, 2015) Implementation Year							
Total # of Injuries	86	17	25	8	57	6	199
Total # of Time Loss Injuries	10	3	2	4	6	0	25
Total # Days Lost	85.75	63.5	7.5	8.25	192	0	357
Total WCB Costs	\$23,301	\$14,548	\$6,904	\$2,413	\$19,862	\$313	\$67,341
Injuries Related to Staff Abuse							
# Injuries	69	14	16	2	35	2	138
# Time Loss Injuries	5	2	2	0	3	0	12
# Days Lost	42	3	7.5	0	125	0	177.5
WCB Costs	\$10,169	\$633	\$3,996	\$52	\$11,034	\$313	\$26,197
% of Total WCB Costs Related to Staff Abuse injuries	44%	4%	58%	2%	56%	100%	39%

Comparison of Fiscal Year 2014-2015 vs. 2013-2014 re: Injuries Related to Staff Abuse (% change in data)							
# Injuries	↑50%	↑56%	↑700%	↓33%	↑30%	↓60%	↑50%
# Time Loss Injuries	↓17%	No change	↑100%	↓100%	↓40%	↓100%	↓29%
# Days Lost	↓87%	↓93%	↑650%	↓100%	↓14%	↓100%	↓67%
WCB Costs	↓80%	↓88%	↑50%	↓97%	↓45%	↑12%	↓68%
% of Total WCB Costs Related to Staff Abuse injuries	↓21 % points	↓75 % points	↓42 % points	↓98 % points	↓44 % points	↑94 % points	↓32 % points

Table 4A – Bar Graph of WCB Injuries Related to Staff Abuse

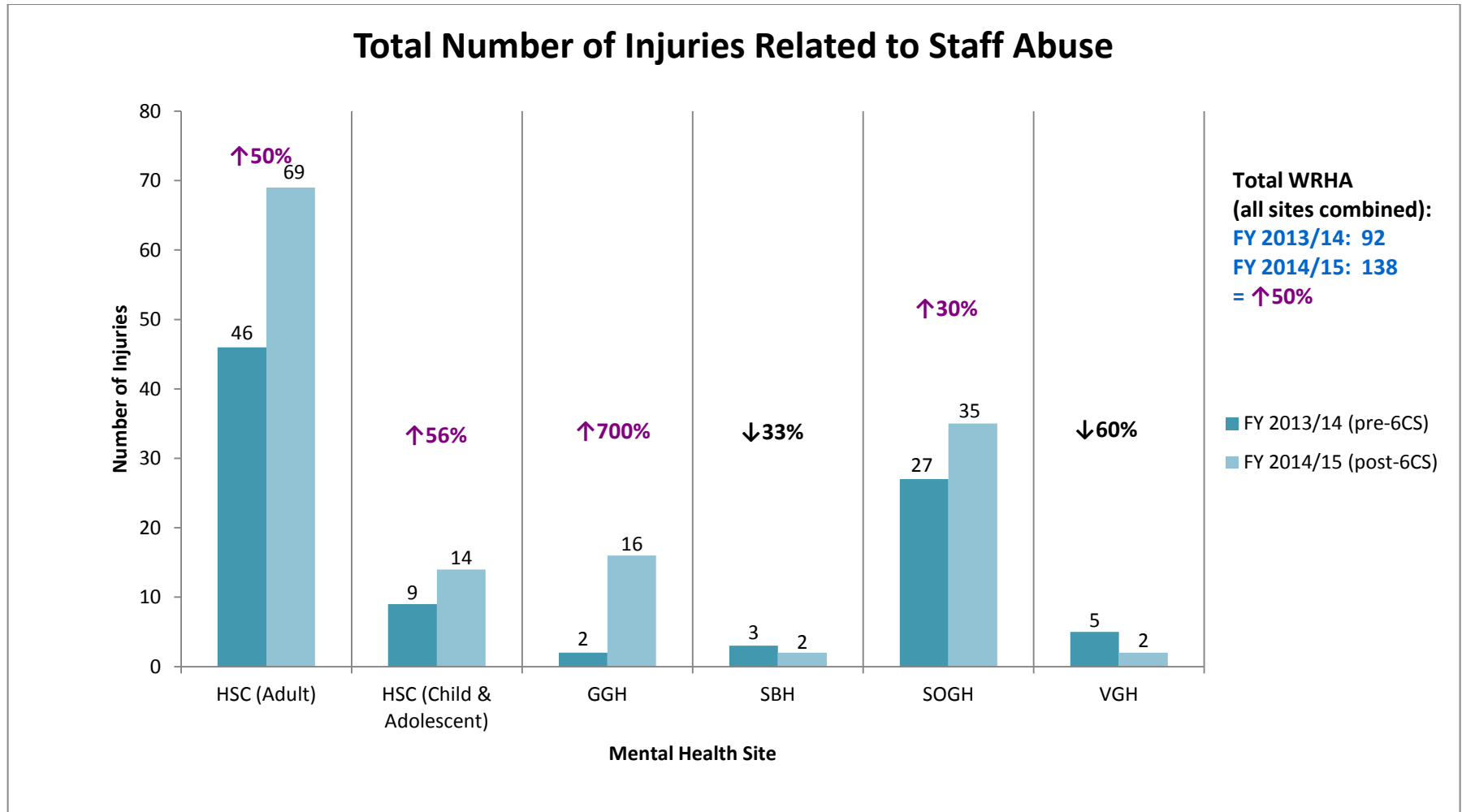


Table 4B – Bar Graph of WCB Time Loss Injuries Related to Staff Abuse

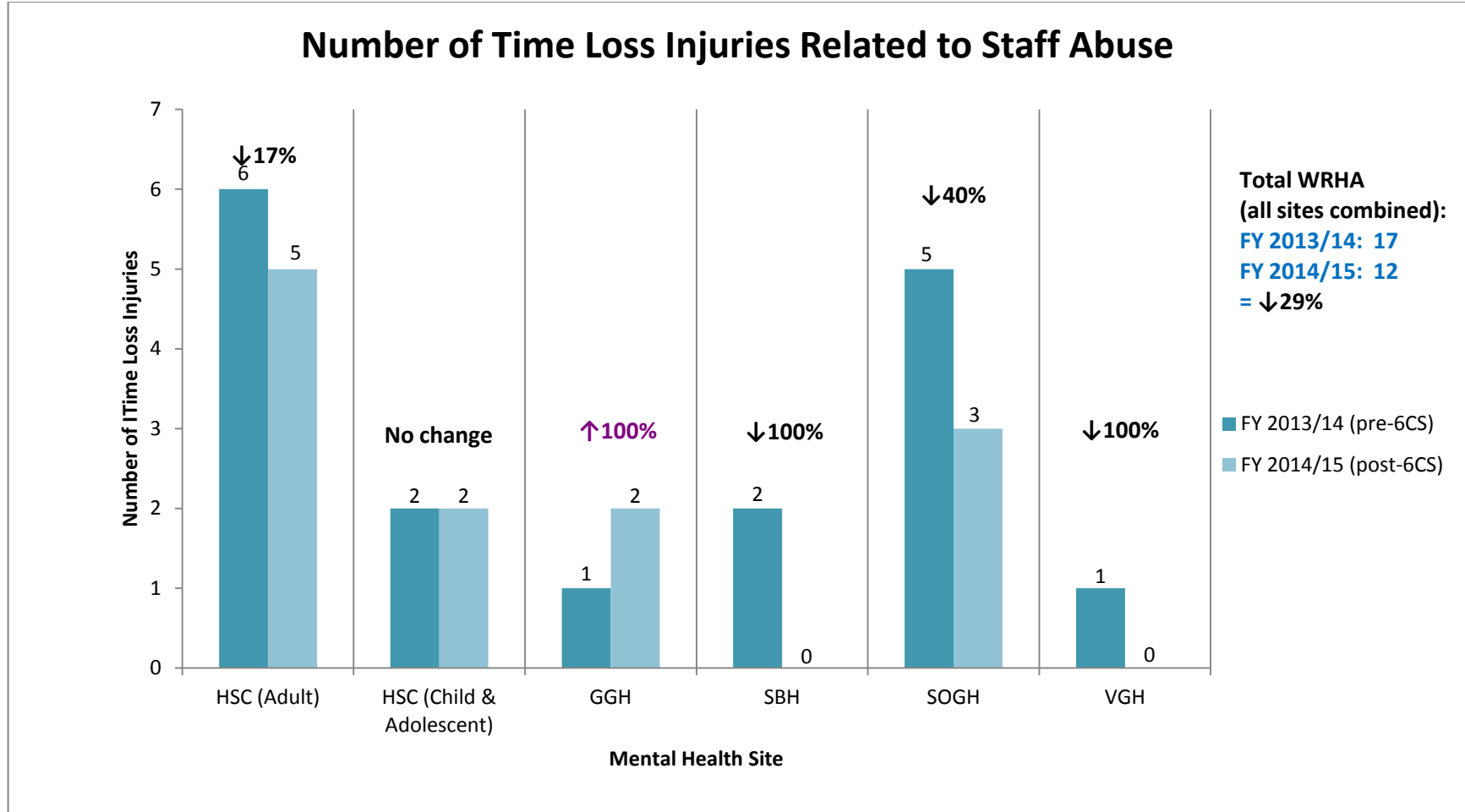


Table 4C – Bar Graph of Days Lost Related to Staff Abuse Injuries

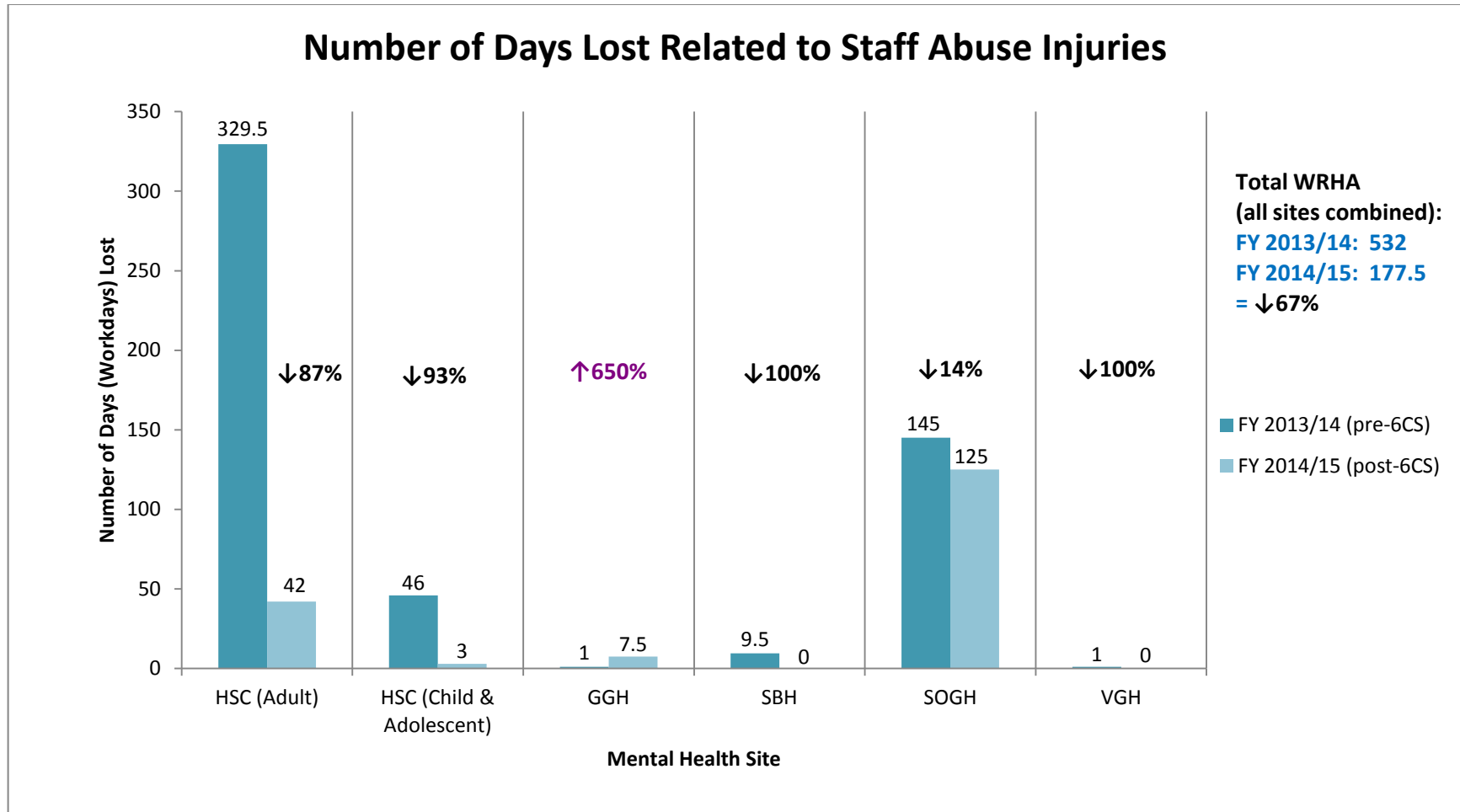


Table 4D – Bar Graph of WCB Costs Related to Staff Abuse Injuries

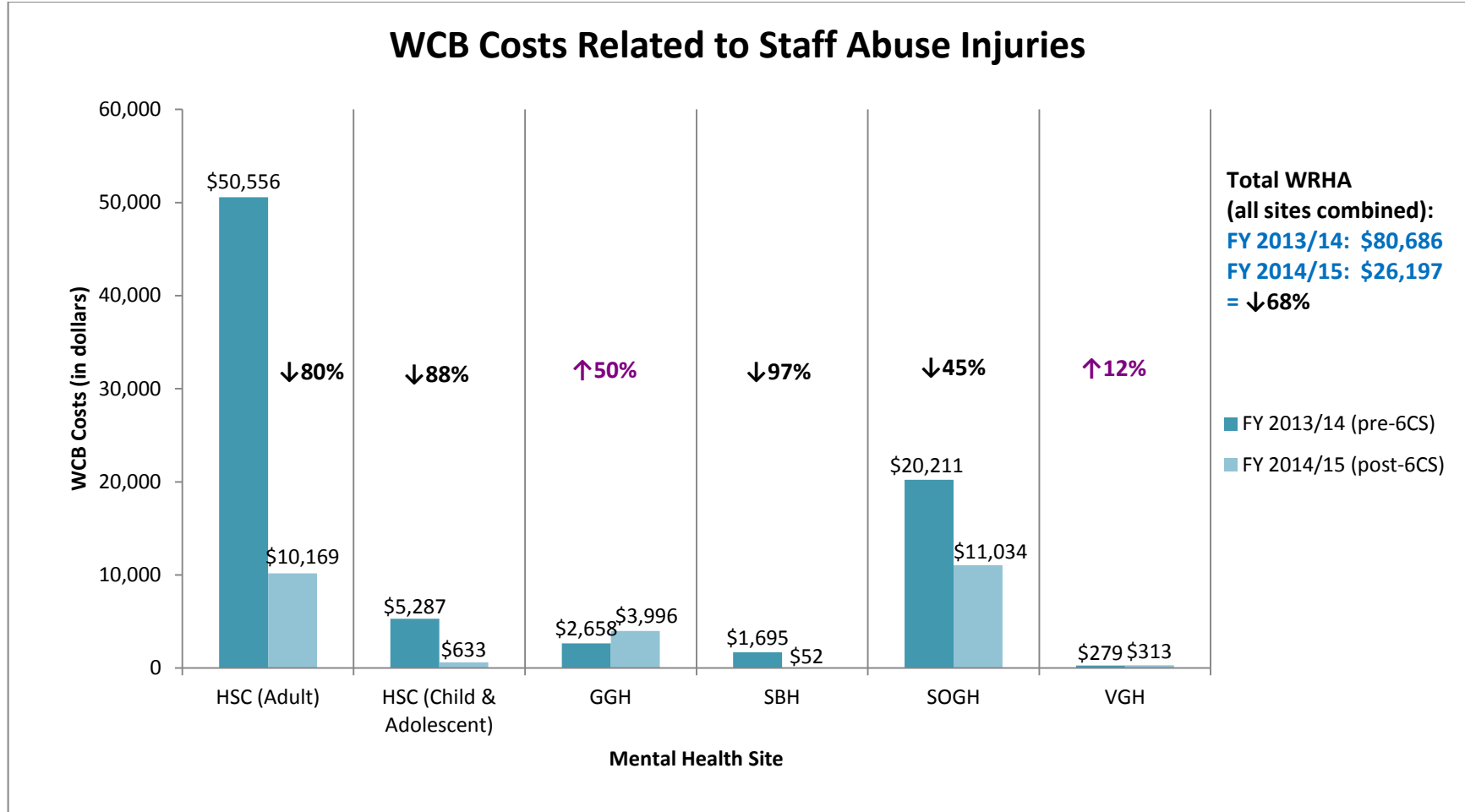


Table 4E – Bar Graph of Percentage of Total WCB Costs Related to Staff Abuse Injuries

