Pauline McKay – Auckland DHB

For Pauline McKay, a nursing director at Auckland DHB, the journey towards zero seclusion started a decade ago.

The first step was adding tools to the team's nursing toolbox.

"We invested a lot in additional resources and training, including sensory modulation, an evidence-based practice used in mental health. It's about what alerts you and what calms you. We also employed a new restraint minimisation coordinator. She brought us all together as a steering group and we started working more closely with data," Pauline says.

When Pauline started, Auckland DHB had seven seclusion rooms and seclusion was being used for about 3000 hours each year. Now there is only one seclusion room and last year it was used for around 300 hours in total.

Pauline says celebrating success is important, as is having specific plans for consumers who have had a seclusion event in the past 12 months.

"That's about having an alert on their files and intervening earlier in the crisis. These aren't the people you want to wait in the emergency department becoming more distressed. They've had an experience that could have been traumatic and might not be as trusting of staff."

Looking for patterns as to when seclusions occur is also important.

"We've changed our after-hours staffing model to recognise that seclusion events most commonly occur outside of normal business hours," she says.

Pauline encourages staff to step back and look at the bigger picture, to take a moment to breathe, pause and plan interventions, instead of being reactionary.

The culture around the use of seclusion is changing, she says.

"In the past if someone was behaving aggressively before admission, there would be conversations around getting the seclusion room ready – that doesn't happen anymore."

> **"We had to show that if you reduced seclusion you wouldn't increase assaults. We had to distil that fear through staff engagement."**

Pauline says it is important to continually reflect and debrief, particularly after a seclusion event occurs.

"One thing we've been focused on is looking at the data. What are the contributing factors that are common when seclusion has been used? One is showing a forensic history, another is methamphetamine use. We're working with staff to help them better understand what methamphetamine intoxication looks like."

Another helpful change came when the team looked at the model of care in the intensive care unit (ICU). Previously there were four different consultants looking after different people.

"That meant our patients had four different doctors looking after them, who might have four different

practice styles. We've trialled having only one team in ICU, recognising it's a specialist area, and this has helped with quicker patient reviews."

Pauline says staff started off feeling quite uncertain about changes.

"We had to show that if you reduced seclusion you wouldn't increase assaults. We had to distil that fear through staff engagement."

Pauline's team have monthly meetings about the use of seclusion.

"We look at assaults, age, ethnicity, gender and the time of the day events happen. It's a rare event that we must learn from any time it does happen. We look at what was going on for both staff and the client. We're trying hard to find alternatives."

2020 hasn't been an easy time for the team.

"We've seen a 60 percent increase in the need for beds over Covid-19, and most of this has been through the intensive care unit. To have so many admissions and such low levels of seclusion is an achievement in these challenging times."

Offering consumers a warm welcome has definitely helped, Pauline says.

"Often people have long delays prior to actually arriving in the units, they might be cold, tired and hungry. We offer blankets, hot food, access to wireless headphones."

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Having experienced staff, who are often older and have mana is also helpful.

"We have a lot of grandmothers, kaumātua, but there's no instruction manual. We've done a lot informally."

Ultimately, Pauline says seclusion is traumatising for all involved, and empowering staff with alternatives is the best approach.