



**NATIONAL AUDIT OF THE MANAGEMENT OF
VIOLENCE IN MENTAL HEALTH SETTINGS**

Critical review of adverse incidents

October 1999: final version

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Introduction

This Module focuses on the management of actual violent incidents. It contains a framework for local staff groups to review a series of **six incidents** against the 'good practice' indicated in the Clinical Practice Guidelines.

This part of the programme should be carried out by all participating wards/units during November/December 1999.

Critical review of adverse incidents

▪ Stages

Stage 1

Brief ward staff about the process that is going to be taking place.



Stage 2

Using the criteria below, identify 6 violent incidents.



Stage 3

Identify the members of staff who were directly involved in managing each incident and set up meetings between those people.



Stage 4

Ask each staff group to work through the relevant parts of the schedule and return a copy of the Action Plan to the College Research Unit for collation and presentation as part of the (anonymous) national data.

▪ Aim

To encourage staff groups to review their practices and identify the strengths and areas for improvements of the approaches they used to manage the incidents. The exercise supports the principles of peer review and 'learning from mistakes' and may illuminate training needs, ideas for changes to ward routine, or suggestions for changes to existing policy and procedures.

Please note: this process is intended to support rather than replace any existing de-briefing systems.

▪ Briefing staff

This part of the audit programme will be the most challenging for the staff involved. It will ask them to give and receive criticism of their practice. **It is vital that staff are prepared for this process:**

- tell people how you are going to select the incidents that you review;
- make time to talk through any anxieties;
- acknowledge fears and concerns;
- manage any obvious resistance to the process.

▪ **Identifying six incidents**

Definitions of what constitutes 'a violent incident' vary considerably between wards/units and trusts. You will need to refer to your own local definitions. Try to identify incidents that fulfil some of the following criteria:

- they took place within the last month (but not so recently that staff feel unduly traumatised by the experience);
- they involved different 'types' of incidents ie. actual bodily harm; damage to property;
- they necessitated different management approaches ie. de-escalation; use of medication; use of restraint; use of seclusion (if appropriate).
- they involved different 'teams' of staff;
- they offer the potential for useful learning.

▪ **Review meetings**

Preparation

Staff groups will need to feel confident that their contributions to the meeting will be listened to by everyone present and discussions will be constructive and will lead to positive changes.

Ideally, an external/independent person who was not involved in the incident should facilitate meetings. This could be, for example, a clinical nurse specialist or a member of your local project team. The role of this person would be to guide the staff groups through the process, to ensure that everyone has the chance to speak, and to support them to reach consensus and agree action points.

Before discussions begin, members should discuss and agree 'ground rules' for the meeting. Some suggestions are contained at **Appendix 1**.

Find a venue that is convenient for people to get to, non-threatening, and comfortable.

The meeting

- The meeting should take place within a reasonable time frame ie. those involved are able to remember the event clearly but are no longer unduly traumatised by it.
- Make sure that the meeting will not be disturbed.
- Staff groups should work together through the framework. The approach should be 'reflective' ie. self-analytical and self-critical and honest (though not abjectly damning of any individual present who is either present or absent [ref Appendix 1]).

- **Findings**

Local

The interactive nature of the process should generate some immediate ideas for changes – whether these relate to individual or team practices, or more general environmental factors.

National

Each staff group will complete an Action Plan and send a copy to the CRU. This will be fed into a national report that may be used to generate a second wave of ideas for changes.

Critical review of adverse incidents

- Framework for discussion -

What happened?

The group should begin by spending about 15-20 minutes discussing what happened ie. mapping out the stages and interventions that were used, who was involved in each, and how they linked together. Think about the hours (or possibly days) leading up to the incident.

It may be useful for the facilitator (if available) to draw a flow-chart that can be referred to thereafter.

Having carried out this exercise, the group should then work through the rest of the framework.

- **All staff groups should complete the Background information and Sections 1 and 2.**
- **Section 3 - 5** should be used only when applicable to the way that this incident was managed.

Background information

Please complete for all incidents

1. Please tick which of the following occurred during this incident:

- Raised voices/verbal aggression
- Pushing
- Hitting another person
- Throwing, striking or damaging furnishings/fittings/objects
- Spitting at a person
- Use of a weapon or object to threaten
- Use of a weapon or object to attack a person
- Injury which required treatment
- Resisting restraint or forced treatment
- Deliberate self-harm
- Other (*please specify*) _____

2. How old was the person involved (ie. the subject of this review)?

3. What is the sex of this person?

4. What is this person's ethnic group?

- Not known
- Black-Caribbean
- Black-other
- Pakistani
- Chinese
- White
- Black-African
- Indian
- Bangladeshi
- Other (*please specify*) _____

Section 1: anticipating/predicting the incident

How well did you (as a team) observe any signs that this person might have been becoming 'violent'? Look through the attached list. Were any of the following possible antecedents evident during the days or hours leading up to the incident?

	YES	NO
Knowledge of signs from earlier episodes		
Service users self-reporting angry or violent feelings		
Carers reporting user's imminent violence		
Increased restlessness, bodily tension, pacing, arousal		
Increased volume of speech, erratic movements		
Facial expression tense and angry, discontented		
Refusal to communicate, withdrawal		
Thought processes unclear, poor concentration		
Delusions or hallucinations with violent content		
Verbal threats or gestures		
Comments/observations/learning (think 'could anything have been done to defuse the situation and possibly prevent the violent incident')?		

Section 2: the management of the incident

Which of the following approaches were used?

Approach	YES	NO	N/A	
De-escalation tactics	Maintaining adequate distance			
	Moving towards a safe place and avoiding corners			
	Explaining intentions to patients and others			
	Appearing calm, self-controlled and confident			
	Ensuring staff non-verbal communication is non-threatening			
	Engaging in conversation, acknowledging concerns and feelings			
	Encouraging reasoning			
	Asking for weapon to be put down (not handed over)			
	Calling help			
	Voluntary time-out			
	Voluntary use of medication			
Restraint	Please go to Section 3			
Medication	Please go to Section 4			
Seclusion	Please go to Section 5			
Any other approach	Please specify:			

Comments/observations/learning (think 'could anything have been done to reduce the seriousness of, or better manage, the incident during its early stages')?

Section 3: the use of restraint

(a) Which of the following factors were present to justify the use of restraint to manage the situation?

Factors present	YES	NO	N/A
Serious degree of urgency and danger			
Significant physical attacks			
Significant threats or attempts at self-injury			
Seriously destructive of property			
Prolonged and serious verbal abuse, threats, disruption to ward			
Prolonged over-activity, risk of exhaustion			
Risk of serious accident to self and others			
Attempts to abscond (if detained under Section and in an open ward)			
Comments/observations/learning (think 'was the use of restraint necessary')?			

(b) During the act of restraining the person, was adequate consideration given to the following factors?

Factors to be considered	YES	NO	N/A
The patient's self-respect and dignity			
Privacy			
The patient's cultural values eg. sex of restrainer			
Any special needs eg. physical illness or disability			
Comments/observations/learning (think 'could anything else have been done')?			

(c) After the act of restraining the person, was adequate consideration given to the following factors?

Factors to be considered	YES	NO	N/A
Someone talking to the service user involved about what had happened			
Someone talking to the staff involved about what had happened			
Someone talking to other people who had witnessed the incident about what had happened			
Comments/observations/learning (think 'could anything else have been done')			

Section 4: the use of rapid tranquillisation

(a) Prior to the administration of medication, had the following been done?

	YES	NO	N/A
A history been taken?			
A mental state examination?			
A physical examination?			
A provisional diagnosis established?			
Their legal status established?			
A multi-disciplinary discussion conducted as to whether rapid tranquillisation was safe and appropriate?			
Comments/observations/learning (think 'could anything else have been done')			

(b) After administration

	YES	NO	N/A
Was appropriate monitoring of the service users condition carried out?			
Was the incident documented clearly and fully, outlining the context ie. precipitants, victim, weapon, severity, actions taken, outcome, subsequent revisions to management plan?			
Did someone talk to the service user involved about what had happened?			
Comments/observations/learning (think 'could anything else have been done')			

(c) What medication was given within 4 hours of the incident starting?

Type of medication	Dose	Route

(d) Was the overall dose of medication within BNF recommended therapeutic limits (please refer to **Appendix 2** for guidance on how to calculate BNF limits when more than one type of anti-psychotic medication is given)?

Section 5: the use of seclusion

Were the following guidelines followed?

Good practice guidelines	YES	NO	N/A
Was it used as a last resort when all other methods had failed?			
Was it used for the shortest period possible?			
Was the reason and likely outcome explained to the patient?			
Was the explanation repeated later?			
Was an observation schedule specified?			
Was a doctor present within the first few minutes of seclusion?			
Was a nurse in sight or sound throughout (and present if the patient was sedated)?			
Was there a nursing review every 15 minutes and a medical review every 4 hours?			
After 8 hours, was an independent doctor asked to review the decision to seclude the patient?			
Was the patient allowed to keep her/his clothing?			
Was the patient able to call for assistance?			
Was a full record of the seclusion incident made in accordance with the specified format?			
Did someone talk to the service user involved about what had happened?			
Comments/observations/learning (think 'could anything else have been done')			

Appendix 1

Suggested ground rules for the review meetings

- One person speaks at a time.
- Every contribution is valued – no one is right and no one is wrong.
- Strong views can be expressed, but not in a way that would cause offence to other people who are present or absent. The meeting is not an arena for personal vendettas.
- What is said in the group will not be discussed outside of the group.
- Aim to reach consensus whenever possible.
- Work together to create a shared 'action plan'.

Appendix 2

Guidance on how to calculate BNF limits when more than one type of anti-psychotic medication is given

In defining what constitutes a high dose of anti-psychotics for patients receiving more than one anti-psychotic at doses within the normal BNF ranges it is probably most satisfactory to add the ratios of the patient's current dose of anti-psychotic divided by the recommended upper dose for each anti-psychotic. Where this equals or exceeds 1, the patient is considered to be receiving a 'high' dose.

Draft standards for the prescription of anti-psychotic medication, College Research Unit

For example

A patient on haldol decanote 200mg intramuscularly every 4 weeks and chlorpromazine 400mg per day (BNF upper recommended upper limits haldol decanote 300mg every 4 weeks and BNF upper dose of chlorpromazine 1000mg day)

Sum of ratios: $200/300 + 400/1000 = 1.07$

Exceeds 1 therefore patient considered to be on a high dose therapy.

Medication prescribed	Dose and route	BNF Max dose	% of BNF Max
		Total %	

Critical review of adverse incidents: action plan

To be completed for each of the six incidents and returned to: The Multi-Centre Audit Team, College Research Unit, 11 Grosvenor Crescent, London SW1X 7EE. Any problems, ring 0171 235 1182.

Name of Trust:

Ward/unit:

Background information

1. Please tick which of the following occurred during this incident:

- Raised voices/verbal aggression
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Other (*please specify*) _____

2. How old was the person involved (ie. the subject of this review)?

3. What is the sex of this person?

4. What is this person's ethnic group?

- Not known Black-Caribbean Black-other Pakistani Chinese White Black-African Indian Bangladeshi

Other (*please specify*) _____

Section 3 The use of restraint	Section 2 The management of the incident	Section 1 Anticipating and predicting the incident		Action(s) required		
				Person responsible	To be completed by (date)	Completed (date)

	Action(s) required	Person responsible	To be completed by (date)	Completed (date)
Section 4 The use of rapid tranquillisation				
Section 5 The use of seclusion				
Other <i>Please note any other actions not covered in section 1 – 5.</i>				

