

**SPDC RAVENNA: the last
restraint 16/08/16**

37 month without restraint

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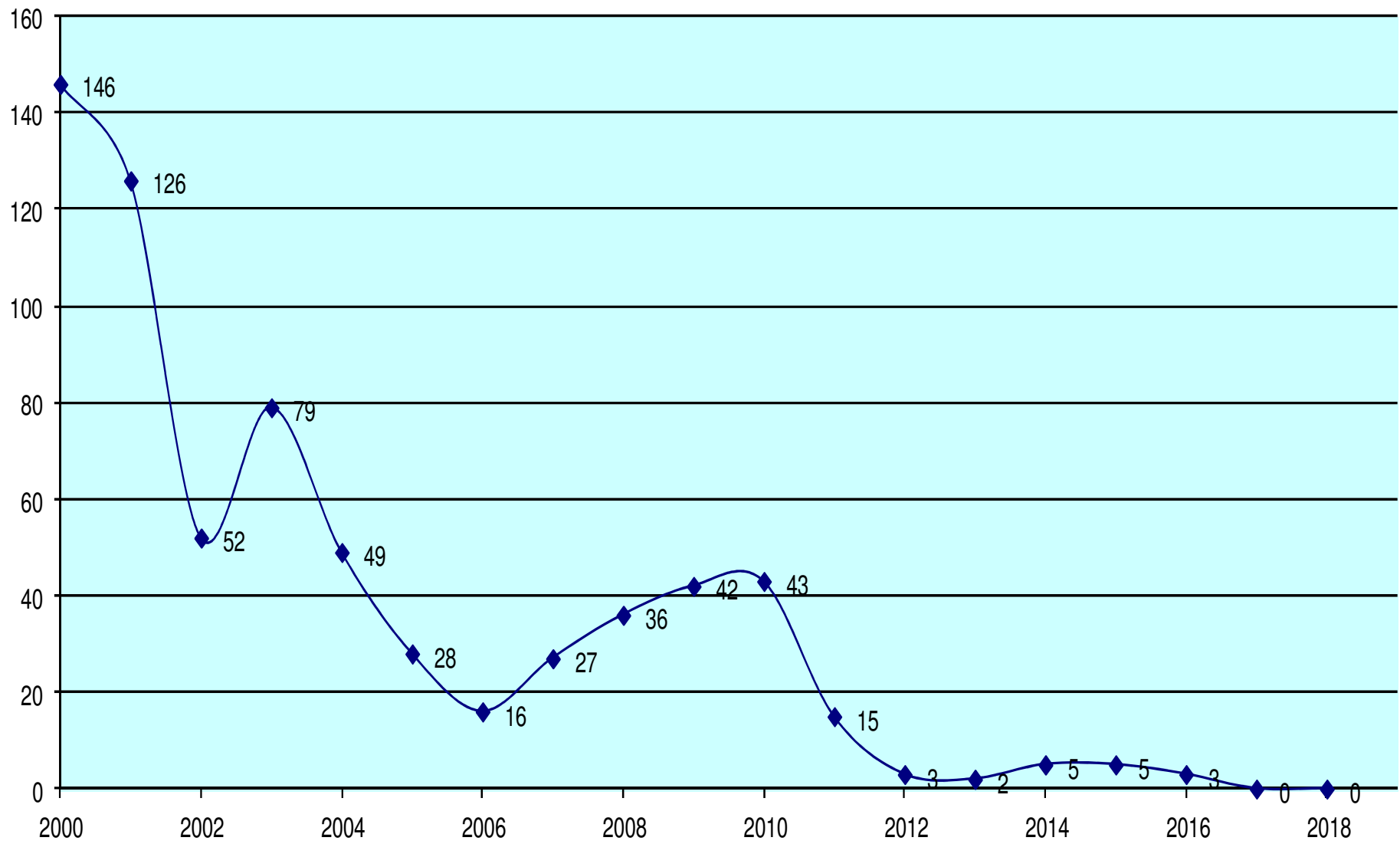
UO Urgenza Emergenza Psichiatrica Ravenna (SPDC)

AUSL della Romagna

ESSENTIAL DATA

- Catchment area about 400.000 residents up to a 800.000 during summertime
- Acute ward for voluntary and involuntary admissions
- 20 beds
- About 770 admissions/year
- About 110 involuntary admissions
- 6 full time doctors, about 26 doctors on night and Monday shifts
- 28 nurses, 5 other personal

n. contenzioni/anno



◆ n. contenzioni

ACTIONS PLANNED TO REDUCE RESTRAINT

- Structural interventions
- Organizational interventions
- Modified medical and nursing interventions
- Training

ACTIONS ON RESTRAINT

- a) A discussion between the staff before planning a restraint with a supervision by the medical chief
- b) Family involvement
- c) Continuous assistance from nurses with a constant physical presence during all the period of the restraint
- d) The possibility to increase the number of the staff if critical situations arise (self or hetero directed aggression)
- e) audit for any restraint

ACTION ON THE OTHER SERVICE AND AGENCIES

- A) Collaboration and integration with other mental health service
- B) Protocol with medical emergency area about delirium and substance use disorder (intoxication, abstinence)
- C) Protocol with local and other police forces

The relationship and the time

- 1) Clinical interview performed in private space and not in the hospital rooms
- 2) Reduction of inactivity times of the inpatients
- 3) Increase in patients relationship time with the staff
- 4) From “to do to the inpatients” to “to do with the inpatients”
- 5) Don't worry about the time: use the time needed to reach a good goal

The important thing is that we have shown that the impossible becomes possible. Maybe one day we'll be forced to restraint again but we have demonstrate that curing without restraint in an acute ward can be possible

	RAVENNA		SPDC 1		SPDC 2		SPDC 3	
	2017	2018	2017	2018	2017	2018	2017	2018
Nr. Contenzioni	0	0	25	30	11	8	18	10
% Contenzioni sui ricoveri	0%	0%	7%	8%	3%	2%	4%	2%
Nr. Infortuni operatori	3	4	1	4	4	3	6	7
Giornate perse di infortunio	7	23	10	316	21	10	42	32
% Infortuni sui ricoveri	0,4%	0,5%	0,3%	1%	1%	0,7%	1,5%	1,7%
% Dimissioni non concordate	4%	3%	5%	7%	5%	5%	6%	6%
Totale costi beni sanitari	24.444	30.577	37.253	27.382	32.399	36.980	32.546	35.660

IS IT TRUE THAT NO RESTRAINT:

- Reduces the number of episodes of hetero aggression?
- Reduces the working day loss by the staff due to hetero aggressivity ?
- Reduces the number of the discharged asked from the inpatients despite the opinion of the staff?
- Requires less medications as indirectly shown by the sanitary cost?

WHAT WE NEED?

We need to demonstrate with more studies if it is true that no restraint:

- a) is not only an ethical choice but also a technique
- b) is more safe for the staff
- c) reduces the discharge due to inpatients willing
- d) needs a minor budget to treat inpatients

CIAO

