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Are restraint chairs safer than traditional restraint methods? Reports from the field suggest that restraint chairs are safer and more effective, but there is a lack of scientific literature on the use of these chairs in psychiatric settings to back up the claims. To correct that problem, a team of McLean nurses and leaders took part in a study to examine the use of restraint chairs.

Their report, “Is it safe? The restraint chair compared to traditional methods of restraint: A three hospital study,” was published in the April 2018 edition of the Archives of Psychiatric Nursing. Among the study’s authors were McLean staff members Nicole Visaggio, BSN, RN, Kristen Kichefski, MSN, MBA, RN-BC, Jeanne McElhinney, MS, RN, BC, Thomaskutty B. Idiculla, PhD, Luciana R.A. Pennant, and Scott C. Young, RN.

According to Visaggio, the study was conducted to find “evidence to show the efficacy and safety of the restraint chair as a therapeutic intervention when compared to traditional four-point restraints.” She and her colleagues hypothesized that using the restraint chair as opposed to four-point restraints would result in shorter episode durations, an increase in individuals taking medications by mouth, and reductions in staff and patient injuries.

To test these theories, the McLean team collected and reviewed data from cases that involved the use of restraint chairs at three large psychiatric institutions in the northeastern US over a one-year period (May 1, 2014, to May 1, 2015). One of the study’s authors, Katy Phillips, PhD, APRN, NP-BC, of Fairfield University, reports that after restraint chairs were introduced at the hospitals, “many nurses noted how the chair helped both the patients and staff during stressful events that require intervention.” Moreover, she says anecdotal evidence suggested that “patients were spending less time in restraint, more willing to take medication by mouth than IM, and that there were less injuries for both patients and staff.”

An analysis of the data found that patients in the restraint chair were more likely to receive medications by mouth than those in four-point restraints. Data also indicated that staff was less likely to experience injuries when patients were restrained by the chair compared to four-point restraint. These findings are not surprising to the authors.

“The patient is in an upright position in the chair as opposed to supine in a four-point restraint, making it easier to speak with the patient and de-escalate the situation more quickly as the patient can be on the same eye level to the staff speaking with them,” Phillips said. “It’s likely that from the patient’s perspective, they feel less vulnerable in the restraint chair.”

In publishing their findings, the authors hope to encourage other psychiatric institutions to adopt the restraint chair as a safe alternative to four-point restraints and to consider using the restraint chair in emergency situations. They are also launching a new line of research in hopes of better understanding how hospital staff members feel about restraint chairs.

“Phase two of our study will be qualitative, investigating nursing staff perceptions of the chair, compared to four-points,” Visaggio says. “We hypothesize that themes will develop that the chair is more dignified, humane, and safer from a clinical standpoint.”
On any given day at McLean’s Psychiatric Neurotherapeutics Program, some 50 patients come through the door for ECT (electroconvulsive therapy), 20 or more for TMS (transcranial magnetic stimulation), and about four for the program’s new ketamine infusion service. “That’s a lot of people,” says Teresa Henderson, RN, “and our unit had to make some changes to make sure we could handle that volume in the most efficient way possible.”

According to Program Director Paula Bolton, MS, APRN-BC, growth in volume and the recent addition of the ketamine service made it necessary to increase staff and add new roles. “The medical complexities involved in post-anesthesia care and in infusion therapy, as well as the skill needed to assess and treat patients with serious mental illness, necessitates a staffing pattern with a larger number of RNs. We have recently hired new staff to our services to meet the demand,” she reported.

To help manage and support the staff, the unit promoted Henderson to the role of nurse manager. In this newly created position, Henderson will serve as a full-time resource available to nurses caring for patients. Bolton explained that Henderson “will oversee nursing practice and be able to assist in problem-solving patient care issues as well as workflow issues that arise during the day.”

Henderson, who has 14 years of nursing experience, including seven in McLean’s ECT clinic, said her new job will combine patient care with day-to-day administration. “In this new role, I get to be involved in bigger clinical issues and still be involved in patient care,” she said. In addition, Henderson hopes her years of experience will be of value to nurses in the unit and across the institution. “I feel I’ve been here long enough that I can jump in and answer questions, and I hope to be a good resource for nurses around the hospital who want to know what’s going in our unit,” she said.

In addition to providing day-to-day clinical and administrative support, Henderson plans to assist with professional development. “I have a lot of interest in professional development, and I want to bring educational opportunities to the unit,” she said. Moreover, Henderson said that she plans to “stay up to date on clinical practices and see that nurses have good job satisfaction, are valued for the work that they do, and have the opportunity to grow.”

Henderson will work closely with Bolton to ensure that the Psychiatric Neurotherapeutics Program runs efficiently and effectively—a challenging task given increases in patient volume and the addition of the popular new ketamine service to the already busy ECT and TMS services. ECT, which treats patients suffering from treatment-resistant conditions like depression, acute psychotic illnesses, and some severe forms of dementia, is the program’s busiest service, Bolton said. In general, she explained, patients start—as either inpatients or outpatients—in an acute course of ECT, three days per week for two to four weeks and then taper down, but maintenance can go on for many months. Moreover, Bolton reported, “Our nurses run support groups for our outpatients and their families once per month and for our inpatients on our busiest units on a weekly basis.”

Adding to the workload is the TMS service. “Our TMS Service has grown tremendously since its inception in 2009, and we now run three treatment rooms daily,” Bolton said. For this service, patients come to the unit five days per week for four to six weeks and then taper treatments depending on their response, she said.

The ketamine service, introduced this year, has also presented workload challenges for the unit. Bolton said, “Patients receive treatment twice per week and are initially scheduled for three treatments. If they respond favorably to the first three treatments, they will usually complete nine treatments, coming twice per week with a subsequent taper.” The ketamine infusion service, she explained, is “staffed by a psychiatrist and nurse who meet with the patient prior to the treatment and monitor the patient during and after the treatment.”

Despite the challenges, Bolton and Henderson are confident that their administration and staff can handle the increased volume and new responsibilities in a way that will put patients first. “We have amazing staff, and we all work together very well,” Henderson said. “I think we’re in a great position to take on all the changes that have taken place in the unit.”
The impact of trauma on patients, nursing professionals, the health care system, and society was examined at the 2018 Fall Nursing Conference. Held on Friday, December 14, in Pierce Hall, the day-long event, titled “Resilience in the Aftermath of Trauma: De-Briefing, Co-Creating and Empowering,” featured three speakers who offered insights and perspectives on a range of trauma-related topics.

In her talk, “Got Trauma? Debriefing in the Workplace,” Francine Pingitore, PhD, CNS-BC, a child and adolescent psychiatric clinical nurse specialist in the department of pediatrics at Hasbro Children’s Hospital, and an assistant professor of pediatrics and psychiatry at Brown University’s Alpert Medical School, aimed “to create a conversation around trauma,” enabling conference participants to identify trauma in the workplace and deal with trauma in their day-to-day lives.

Defining trauma as “a disruption from a previously normal state of functioning,” Pingitore explained how events such as a school shooting or the 2013 Boston Marathon bombing could lead to short- and long-term trauma for large groups of people.

For psychiatric nurses, the day-to-day experience of working in a high-stress environment can produce short- and long-term effects. The secondary or vicarious trauma that results from facing “suicides, violence, and aggression in the workplace,” she said, is troubling. “Nurses, of all professions, are most affected by secondary trauma—psychiatric nurses in particular,” Pingitore said. “You are absorbing the suffering of your patients every single day.”

To cope, Pingitore recommended de-briefing sessions for nurses following traumatic work experiences. She gave advice for conducting these sessions, suggesting that nurses should feel free to speak about their experiences and their feelings. Although the format of these sessions can vary, she recommended that all de-briefing meetings be confidential and respectful.

In her talk, “Trauma-Informed Medication Education,” Kathryn Kieran, MSN, PMHCNS-BC, CGP, director of Nursing Operations at McLean’s Hill Center for Women, McLean Hospital examined the mind-body connection with trauma. She also offered instruction on how nursing professionals should talk to patients about their medications.

Kieran explained how an individual’s trauma history can relate to their feelings about their prescriptions. For example, a patient who endured physical assault in their sleep may be fearful of using a sleep medication. Similarly, individuals struggling with anxiety or appetite disorders may reject or turn away from medications based on the drug’s physical appearance or how those drugs have made them feel in the past. Moreover, some trauma survivors face cognitive challenges, self-care deficits, co-morbidities, or problems with the nurse-patient power dynamic that may impact the way they view medications.

To address these issues, Kieran called for “trauma-informed care.” To produce better results, she recommended collaborating with patients on “treatment and recovery in a way that is safe, incorporates respect and acceptance, and minimizes the chance of retraumatization.”

The day’s final speaker was Annie Lewis-O’Connor, PhD, MPH, NP-BC, FAAN, director and founder of Women’s CARE (Coordinated Approach, Recovery & Empowerment) Clinic at Brigham and Women’s Hospital. In her talk, “Building a Culture of Safety—Trauma and Resilience,” Lewis-O’Connor called on health professionals to consider social determinants of health, such as income, social pressures, and systematic racism. These factors, she said, produce trauma for large groups of individuals and lead to no-shows at appointments, mistrust of the healthcare system, and poor health outcomes.

Lewis-O’Connor stated that health care professionals must “shift our thinking as it relates to trauma” and move from a traditional model to a “trauma-informed” model.

This model, she explained, is based on collaborative patient interactions. Describing her success with patients at the CARE clinic, Lewis-O’Connor said, “we need to enter into a partnership with our patients. Our job is to engage them, to raise them up.”
LAURA CRUPI, BSN, RN, RECEIVES MARGUERITE CONRAD AWARD

During the recent Nurses’ Day Conference on December 14, 2018, Laura Crupi, BSN, RN, received the Marguerite Conrad Award for Excellence in Teaching & Mentoring. An employee at McLean Hospital for some four decades, Crupi has worked as a staff nurse in the Psychotic Disorders unit and she currently works in the ECT clinic. Crupi was lauded for her creative approach to her work, her sense of humor, and her willingness to mentor her fellow nurses. On accepting the honor, Crupi said, “hats off to all the nurses at McLean who teach each other every day.”

APNA PRESENTATIONS FEATURING McLEAN NURSES

Cognitive Retraining: Strategies for Dealing With Post-ECT Cognitive Challenges
Teresa Henderson, BSN, RN, Lynn Kadden, BA, RN, and Paula Bolton, MS, FNP

Complexities and Care: Orienting to a Geropsychiatric Unit
Kelly Carlson, PhD, PMHNP-BC, Anne Huntington, MSN, RN, and Ruthanne Lamborghini, BS, PT, DPT, GPS

Grounding Techniques in the Garden
Kelly Carlson, PhD, PMHNP-BC, and Jeannie Kingsley, RN

Treatment-Resistant Depression: Program Development for Ketamine Infusion
Paula Bolton, MS, ANP-BC, and Courtney Miller, ADN, RN
A gift to McLean’s nursing fund is a contribution toward excellent patient care.

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