Bandi, Vignesh

From: Trevor Sadler
Sent: Monday, 25 February 2013 11:49 AM
Cc: Adrian Walder; Danielle Corbett
Subject: Thoughts about the role of nurses at BAC

Dear Colleagues,

Over the weekend, I have given some thought as to why we need inpatient beds (i.e. staffed by nurses) vs being a therapeutic residential (staffed predominantly by youth workers with support from nurses). There is no question in my mind about this, but it was one of the options which was raised at the last Expert Clinical Reference Group. It does need to be explored, so that there is an absolute commitment to a model with nursing staff.

The points I was going to make are:

- we have had an average of 5200 hours of continuous observations per year over the last 5 years (an average of 100 hours per week). This is predominantly for strong suicidal impulses rather than to prevent self harm.
- continuous observations are the most well documented part of high acuity. In addition we have adolescents who require "high acuity" observations - 5 minute obs, restrictions to the day area, sleeping in the HAA or quiet room.
- both of these are evidence of high levels of acuity among our patients which require nursing staff intervention. No service which is staffed by youth workers of which I am aware would cope with these levels of acuity.
- during periods of continuous observations, there are often useful conversations between nursing staff and adolescents particularly those who have experienced trauma. There is clear evidence from periods when we have relied on casuals that the lack of a stable, skilled pool of nursing staff to be with the adolescents during this time results in a loss of therapeutic interventions at critical times, a longer time when the adolescent is distressed which adds to the length of admission.
- a skilled, stable workforce of nursing staff is vital to minimise the use of seclusion and restraint (our use of these over the last five years is the lowest of inpatient units), reduces inappropriate use of prn medication, because nurses detect changes early and have access to a range of interventions (e.g. sensory room) at earlier times, as well as having the expertise to assess risk.
- nurses working with high risk adolescents have the skills to provide detailed observations of mental state to monitor risk, and make difficult decisions regarding participation in activities which while containing an element of risk, are beneficial to promote progress in adolescent development.
- nurses have been trained in the principles of DBT groups, social skills groups, and help to generalise these skills to the daily environment and the home environment.
- many adolescents have difficulties with eating at periods during their admission. This requires the skills of nursing staff to monitor medical condition, provide consistent dietary advice and support
- nurses have knowledge of behavioural management. One of the major difficulties of having a group of adolescents together are contagion effects, adverse social interactions and absconding. Managing behaviours in this environment requires consistency, but also individual behavioural responses tailored to the individual
- some adolescents have required highly specialised behavioural programs which nursing staff develop (in consultation with other professionals).

I will also add in that we have experimented with transferring adolescents to acute inpatient units to manage acuity, and we manage the non-acute periods. These disruptions of care have been anti-therapeutic in most instances was a recent exception). Having nursing staff who see them in the evenings, mornings and at night has been important to continuity of care, establishing therapeutic relationships, providing consistency in management approaches etc.

There are many other skills which you utilise in your day to day work. Could you please let me know so I can incorporate them into the paper I'm writing.

Kind regards,