

# Eastern Health

- **Preamble:**
- EH AMHS devastating event resulting in being part of the MHCC investigation – this had an enormous impact on individuals involved and resulted in cultural change



# Eastern Health

- Divide into
  - Leadership
  - Process – VHIMs, policies and procedures
  - training
  - Infrastructure
  - Feedback and data
  - Next steps – infrastructure, program coordinator, gender specific units – consumer voice and staff feedback

# Leadership

- Changes in language and Snr leadership team have led this
- Increased reporting as a result of a change in approach and policy
- Changes in organisations position regarding how we prevent and respond (particularly around our thoughts of peoples capacity and whether to report) – should it ever be considered ok to “consensual sexual intercourse on an adult IPU”. Obligation to report rather than asking whether they want this to occur
- Gap analysis of the MHCC Right to be Safe

Increasing the focus on gender safety within the adult acute inpatient settings has ensured:

- Sufficient ongoing supply of bracelets to access the gender sensitive areas in each unit
- Greater planning around overall ward milieu – the addition of gender safety issues to the daily handover template has led to greater planning for the gender areas in addition to supports needed for individual consumers
- Review at each MDT handover – engagement of team in broader conversations
- DSRA (daily sexual safety risk assessment) co-signed by medical staff of any male in GSA
- Greater ownership by the ANUM group for safety and planning within the units - such as bed allocations and escalation for resource requirements
- Increased use of specialising for vulnerability if the ICA area is deemed unsuitable for female consumers with history of trauma or males in ICA too high risk
- Move consumers especially in regards to ICA's – have needed to have all female ICA's at times necessitating movements between the 3 acute units at EH

# Processes

- Review policies – Promoting sexual safety and Gender Sensitive practice (such as males sleeping in GSA and male staff going into GSA) – aimed to protect those who are most vulnerable
- Clear communication to staff of changes in practice and expectations
- Review sexual safety tool – more prompts to assist inexperienced staff. tips to assist staff e.g. level of sedation
- Conversations regarding expectations of behaviour at admission and repeatedly throughout the admission
- Improved relationship with ECASA and police
- ECASA running groups regarding boundaries and relationships

## TRAINING

- ECASA/SOCCIT training for leadership to ensure language and approach is consistent

## INFRASTRUCTURE

- - removal of magnets from GSA doors so they cannot be propped open
- sensor lights, duress



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The learnings are contributing to discussions and planning underway to explore the feasibility of a female only inpatient unit for the adult population.

In addition an external review was commissioned by the Program and conducted by the Chief Nurse, Victoria and a previous Chief Psychiatrist which reinforced the services commitment and performance in improving sexual safety in acute adult units.  
– staff consistently used a trauma informed approach, the staff were aware of PG and able to respond appropriately

Culture change has taken time – however in 2018 the culture in all adult units is now a strong focus on sexual safety and proactive strategies to prevent breaches in safety. There is also a clear rapid senior response when any breach of sexual safety arises.

Gender Specific Ward – this creates a new set of challenges, complexities of single sex wards, lack of male voice in this area

Ongoing challenges such as managing acuity and ICA beds

# Data

	Oct 1 2016- 30 Sept 2017	Oct 1 2017- 30 Sept 2018
<b>Total numbers of sexual safety incidents</b>	19	85
<b>Incidents classified as an ISR2</b>	4	1
<b>Incidents classified as an ISR 3 or 4</b>	15	84
<b>ISR 3</b>	11	59
<b>ISR4</b>	4	25



# Where to from here

- Clearer orientation processes at the point of admission - Consumer led orientation DVD being implemented
- Peer Workforce encouragement and engagement in process
- Ongoing Infrastructure changes – Swipes to bedrooms
- Submission to HSVPF for duress systems in public areas and gender areas of units to ensure rapid response if a crisis presents
- Program Co-ordinators to enhance the consistency of response to sexual breaches and Snr staff support when managing these incidents (often with a Jnr workforce)
- Female only ward – scoping, consumer groups etc