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Creative calm

Salem facility has reined in restraint

BY PETER KORN

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Even six years later, Maggie Bennington-Davis can clearly recall the moment she saw a vision transform into reality.

The Portland psychiatrist was serving as medical director of Salem Hospital's psychiatric unit. She and Tim Murphy, the hospital's administrative director for psychiatric medicine, had shared a dream: to create a psychiatric unit completely different from any others in Oregon. Now she would see how close to reality their dream had become.

Their idea, modeled after principles espoused by Philadelphia-based psychiatrist and author Sandra Bloom, was to create a sanctuary of a psychiatric unit, a place that would feel so safe for patients and staff that patients would release some of their anxieties and become partners with the staff in their treatment.

Bennington-Davis had been talking to the staff about changing the culture of the unit for nearly two years, about thinking creatively instead of practicing as they always had.

At Salem Hospital, practicing as normal meant using the twin tools of restraint and seclusion — tying patients down and forcing them to stay alone in their rooms, sometimes for days.

Restraint of patients with mental illness became a Portland issue in December, after a federal report found that Scappoose resident Glenn Shipman Jr. had died from asphyxiation after being restrained by staff in the psychiatric unit at Legacy Emanuel Hospital & Health Center.

But the use of restraint and seclusion in hospitals has been controversial for years among people in the mental health community. And in some places, it has been widespread.

In 2000, the psychiatric staff at Salem Hospital used restraint 60 times and seclusion 200 times. Two years earlier, the combined numbers had reached 360; restraint and seclusion was a daily occurrence.

But on this day in 2002, Bennington-Davis watched as the talk of culture change was coming up against the type of reality that makes psychiatric units chaotic, unpredictable and, sometimes, dangerous.

A large, muscular patient was shouting from his bedside at a nurse, yelling that he would not take his medication.

The patient was no stranger to the psychiatric unit staff. He had been treated at the hospital several times before. Each time had ended with his being placed in restraint.

"We were all kind of scared," Bennington-Davis says. But scared or not, she stood aside and watched the events unfold as a spectator.

She watched the nurse leave the man's room. She watched as other nurses gathered around in conversation. And she watched on a monitor as not one, but three nurses headed back into the patient's room.



JIM CLARK / TRIBUNE PHOTO

Maggie Bennington-Davis keeps this quote from Plato on a board in her office. At Salem Hospital, staff members were encouraged to be nice all the time, even when no patients were around.

But the nurses had hatched a plan that didn't call for fighting. They gathered together at the foot of the patient's bed and began a three-part harmony version of "God Bless America."

"It was so stunning," Bennington-Davis says. "I watched the man: He was very tense, and he just relaxed. We laughed, and you could see it happening in the patient, too. He looked so bewildered, like, 'What do I do now?' They held out the little glass of water and his pills, and he just took them."

Bennington-Davis says she knew at that moment that Salem Hospital was on the verge of creating a new way of dealing with people suffering psychosis.

"It was a signal to me and Tim that the staff members were beginning to think creatively instead of just trying to do what they had always done," Bennington-Davis says.

Change takes leadership

Two years after Bennington-Davis and Murphy took over at Salem Hospital, the psychiatric unit had just four seclusions and two restraints. And the unit has not restrained or secluded a patient since.

Restraint and seclusion are among the most dangerous, and least publicly discussed, actions taken by hospitals.

Most occur in emergency departments and in psychiatric units —where patients are most likely to become out of control. Nationwide, as many as 150 patients a year die while being restrained.

But it is nearly impossible to find out how many restraints and seclusions a hospital has done.

In Oregon, hospitals are not required to report to the state how many restraints and seclusions they do. They are required to report to federal authorities every restraint and seclusion event that kills a patient or causes serious harm.

But a 2006 federal study found that nearly half the time hospitals failed to do even that.

And Glenn Shipman was not the first Portland-area patient to die in restraint. In 2001, shortly after Bennington-Davis became medical director at Salem Hospital, Jose Santos Victor Mejia Poot was shot and killed by Portland police at the now-closed Pacific Gateway psychiatric hospital in Portland after he had broken free from seclusion.

Portland-area hospitals say they have made changes and reduced their restraint rates — they won't talk about seclusion rates. But many experts believe the only way to make the dramatic changes like Bennington-Davis did in Salem is to find a leader like her.

"There is no type of hospital that has been unable to significantly reduce and eliminate restraint and seclusion when there is leadership committed to doing it," says Susan Stefan, senior staff attorney with the Massachusetts-based Center for Public Representation and the author of a book about the use of restraint.

Stefan says that Bennington-Davis, and a few others like her in other hospitals across the nation, have given the rest of the hospitals a new way of looking at psychiatric care. But many hospitals, Stefan says, continue to resist the change.

Confrontation was calmed

The blond, 51-year-old Bennington-Davis speaks softly. She does not carry herself like somebody capable of changing small worlds, or calming large angry patients. But her leadership, especially at Salem Hospital, always has been more about actions than words.

She recalls another incident that occurred a year or two after the singing nurses.

"I remember once I walked on to the unit, and there was a young man standing in one of the wide hallways," she says. "His fists were clenched and his face was furious. You knew he was about to explode. And there was a ring of staff all around him, there must have been 10 people. He was at the center. They'd gotten every warm staff body they could find, and this kid was standing there — he had nowhere to go because everywhere he looked there was a solid wall of staff around him.

"I thought, this kid has no escape. He's going to hit somebody in order to escape. I went up and said.

Bennington-Davis arrived at Salem Hospital in 1994 as a staff psychiatrist. Previously she had worked in a private psychiatric practice in Lake Oswego, but she says she felt driven to work with people who were suffering more severe mental illness.

By 2000, she had become medical director of psychiatry at Salem. In her new position, Bennington-Davis found herself largely influenced by two critical events in psychiatric hospital care.

In 1999, the Hartford Courant newspaper in Connecticut published a series of stories exposing the abuses and sometimes fatal consequences that were occurring as a result of hospital use of restraint.

Then came Poot's death at Pacific Gateway.

The connection was impossible to ignore, Bennington-Davis says. "There was a little bit of buzz in hospital psychiatric circles. 'Wow. There's something about our services that puts people at risk.' "

Bennington-Davis says she and Murphy began having long discussions about the changes they wished they could make. "The dream was to create a place that was all about healing and safety and hope and joy in the work," she says. "Seclusion and restraint was only a measurement. It was never a stated goal."

Dinner's part of the plan

Creating that place involved a number of tangible changes, from getting rid of Plexiglas barriers between the nurse's station and patients to providing inducements for staff and patients to eat side by side in the same cafeteria.

"I loved what (Bennington-Davis) had to say about that," says Donita Diamata, a Portland mental health activist who has suffered from depression and an eating disorder and has received psychiatric treatment at Portland-area hospitals and at Salem Hospital.

"I think the way she put it is a patient is less likely to haul off and hit somebody they've just had dinner with. That's absolutely true," she says.

Bennington-Davis says that the lessons learned from activities like the shared meals spread throughout the Salem Hospital psychiatric unit, as workers became more and more creative.

"It was like magic," she says. "Our staff got so it developed a mantra. When they first met someone they'd say, 'It's OK now. I know you had a rough time. I know it's hard for you, but you're safe now.' Even people who had been slugging doctors in the emergency room, once they got onto our unit they just calmed down."

But even magic can wear a person down. Bennington-Davis left her position at Salem Hospital in 2005.

She cites the demands of family — she and her husband have three teenage children — and the long hours she worked at Salem. But she also reluctantly admits to something else — the personal cost of changing a culture.

"This was really, really hard work," she says. "It's the hardest thing I've ever done. It's hard for the nurses, it's hard for the staff."

Disneyland can be tiring

The most fundamental element of the culture change at Salem Hospital, Bennington-Davis says, was attitude. She uses a comparison to workers at Disneyland, who are taught to always smile and act kindly, even when no customers are around.

That, she says, is what took hold at Salem Hospital — every employee, from physicians to janitors, knew they had to act kindly, even when greeting one another, even when no patients were around.

Still, "it's hard to be nice constantly, to be on stage," she says.

Bennington-Davis now serves as chief medical officer for Cascadia Behavioral Healthcare in Portland. She estimates she has made presentations to more than 100 hospitals nationwide and consulted with about 25, encouraging them to change the way they deal with patients.

“I try to get them to believe it can happen,” she says.

Janis Guske, who now also works for Cascadia in Portland, was admissions and resource coordinator for the Salem Hospital psychiatric unit during Bennington-Davis’ tenure there. Like Bennington-Davis, she speaks to staff at hospitals about the Salem Hospital experience.

Guske says that the Portland hospitals have listened to Bennington-Davis explain the Bloom model, but their response, she says, has been “mixed.”

“You can’t be a prophet in your own land,” Guske says. But “mixed” may be enough, she adds.

“It isn’t easy because it’s not ABC, one-two-three,” Guske says. “But if people take even a piece of it, a part of the culture, and apply it where they work, we could change the way the nation treats and cares for the mentally ill.”

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