

# Survey tool for PRTF

## **Request for information at entrance**

1. Policy on restraints and seclusion:
2. List of who has been in restraints and/or seclusion in past 6 months.
3. List of any child who has been injured during the course of case past 6 months.
4. List of staff names and titles
5. Evidence of accreditation by JCAHO
6. In-service records demonstrating staff know how to use restraints and follow policy as well as techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations. (didactic and experiential training for staff.) Non-physical intervention skills such as de-escalation, mediation, conflict resolution, active listening, verbal and observational methods, to prevent emergency safety situations. Signs of distress to prevent behavioral incidents. CPR training and periodic re-certification.
7. Copy of transfer agreements, contracts and affiliations in the event of emergency.
8. A list or the copies of all serious occurrence reported to State and MAP in past 6 months.
9. A list of any deaths that occurred in the past 6 months.
10. List of children who do not speak English? How do you communicate with them?

## **Sample:**

For a census of 50 residents select 8 residents for review who have been in restraints/seclusion or time out. Residents selected must vary in age and residence location. See page 5 (all of our facilities in Montana will have same sample size with 5 interviews of residents.

## **Observation: use surveyor worksheets**

1. Observation of area's where children have access and/or treatment.
2. Look at restraining devices and seclusion rooms.

## **Record Review: See form**

## **Interviews staff, parents and children: See form**

Facility: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Time \_\_\_\_\_

**Interviews staff,:**

1. Which resident behaviors typically warrant restraint or seclusion?
  
  
  
  
  
  
  
  
  
  
2. Which less restrictive interventions are usually attempted prior to seclusion or restrain?
  
  
  
  
  
  
  
  
  
  
3. What environmental, staffing or program issues make it difficult to manage residents with behavior issues?
  
  
  
  
  
  
  
  
  
  
4. Is frequent staff turnover an issue? If so, has the newly hired staff been appropriately oriented to their position?
  
  
  
  
  
  
  
  
  
  
5. When did you last receive training on restraints and seclusion?
  
  
  
  
  
  
  
  
  
  
6. When was the last child you remember who was restrained or put in seclusion?  
How was the safety of the child and others ensured during the emergency safety situation?
  
  
  
  
  
  
  
  
  
  
7. How does the team ensure that all staff are aware of and understands the individualized treatment, specifically as it pertains to seclusion and restrains, for a resident?
  
  
  
  
  
  
  
  
  
  
8. Who has authority to use a restraint/seclusion?

Facility: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Time: \_\_\_\_\_

**Family:**

1. Does the facility notify you of important information about your child? What kinds of things? Do you understand what they are telling you and why?
2. Do you know how to contact the protection and advocacy organization?
3. Were you informed of the facility policy on restraint and seclusion?
4. Was the information presented in a manner that you could understand?
5. Were you contacted after a restraint and seclusion intervention?
6. Were you given an opportunity to participate in the debriefing following restraint/seclusion use?

**Child/Resident:**

1. Can you tell me why you are in this facility?
2. Can you tell me about the last time that you were restrained/secluded/in time out?
3. Where was staff situated during your restraint/seclusion/ time out?
4. Has the treatment team discussed the incident with you? Did you and the team agree on a plan to reduce the frequency of these incidents? Please describe the plan to me.
5. What caused the need for restraint/seclusion/time out?

Facility: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Date: \_\_\_\_\_

The PRTF policy for Restraints and/or Seclusion must include:

Criteria for discontinuing restraint or seclusion	
How long	
No restraint and seclusion at the same time	
Restraint appropriate for behavior, age and size of child	
Who is responsible for notification of parent/guardian	
Rights and information described in language understood	
Signed and written consent for restraint and seclusion in child's record at the time of admission.	
Copy of child's rights given to family/guardian	
People properly credentialed and licensed	
Least restrictive language	
Who can order R/S?	
Who must be available for consultation	
Specifies time frames for use of R/S per age	
Within 1 hour of initiation of R/S a licensed practitioner must conduct a face-to-face assessment of the child	
Policy on verbal orders	
Treatment team consultation ASAP	
Monitoring of resident in and immediately after release	
If need continues beyond allowed time frame what is to be done? The facility should have clear criteria for use and discontinuation of R/S.	
Where does the time out monitor sit and observe the child	
Time out room must be free of hazardous conditions	
If transferring child appropriate records sent with him/her	
Facility Reporting Requirements:	
Annual attestation statement with 10 criteria (N061)	
Report serious occurrences	
Minimum training requirements for each staff CPR	

Facility: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Date: \_\_\_\_\_

Record Review:

Name of Child: \_\_\_\_\_

Admit date: \_\_\_\_\_

Responsible party name and phone number \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Admit mood altering meds: \_\_\_\_\_

Time of survey mood altering meds: \_\_\_\_\_

1. Is there a systematic pattern of restraint or seclusion usage?
2. Do the documented behaviors leading to restraint or seclusion usage provide clear evidence of risk to self or others?
3. Are problematic behaviors occurring only in certain situations such as specific locations, date, time of day etc.
4. Did the intervention take into account? How is it documented in the treatment plan and medical record?
  - Chronological and developmental age;
  - Size; gender; physical; medical, and psychiatric condition;
  - And personal history (including any history of physical or sexual abuse)
5. Are antecedents identified and treatment plan addressed?
6. Is the type of restraint used consistent with the child's behavior and physical/mental condition?

How does the team ensure that all staff are aware of and understands the individualized treatment, specifically as it pertains to seclusion and restrains, for a resident?

Accurate contact information (face sheet) and Disability Rights Montana (DRM) information

Comments

Restraint/seclusion ordered by MD	
Name of physician	
Date and time the order was obtained	
Expected length of time	
Time when R/S started and ended	
Type of restraint/seclusion	
Where intervention occurred	
If the treating MD wasn't the person who ordered the R/S was s/he contacts ASAP?	
Treatment plan appropriate	
Least restrictive used to resolve situation	
What was tried before R/S	
Order for no longer than necessary	
Cannot exceed 4 hrs/age 18-21 2 hrs/age 9-17 1 hr/age under 9	
Once released if necessary to go back in need a new order for R/S.	
Within 1 hour of R/S initiation an MD must do an assessment including <u>resident behavior, physical and psychological status, appropriateness of intervention and any complications</u>	1. 2. 3. 4.
Must fully document events leading up to during and after the implementation of the R/S.	
The event is record by the end of the shift when the child is released.	
One hour assessment completed	
While in staff must be physically present Continuously assessing and monitoring child Safe use of restraint throughout duration Video monitoring is not acceptable monitoring	1. 2. 3.

Documentation of condition at release	
Who performed the evaluation on child?	
Was the evaluation done face to face not phone	
How is person re-introduced into the group	
Time out/seclusion	
The room must allow staff full view of the child at all times and in all areas of the room.	
A child in time out must never be physically prevented from leaving the time out area.	
Within 24 hours after R/S staff involved must have a <u>face to face discussion</u> to include: Other staff, family guardian is appropriate. Discuss circumstances for prevention of next event (Debriefing) Must be documented	<ol style="list-style-type: none"> <li>1. 24 hours</li> <li>2. alternatives</li> <li>3. antecedents</li> <li>4. prevention</li> <li>5. injuries/outcome</li> </ol>
Immediately obtain medical tx for injuries	
Evidence of transfer agreements with hospital	
Admitted to the hospital if necessary	