



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

EVENT REVIEW

Effective Date: September 18, 2017

Policy: TX-25

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- I. PURPOSE:** To provide for a process to review every event leading to the use of seclusion or restraints and to review other significant events. To identify opportunities to develop alternative strategies to support people during times of distress that may prevent the use of seclusion and restraint in the future and provide for the safety of everyone.
- II. POLICY:** To provide emotional and physical support to all people affected by the event and to promote and develop strategies to ensure a safe environment.
- III. DEFINITIONS:**
 - A. **Physical Holds** – Body holds that temporarily restrict a patient’s freedom of movement. All documentation and care procedures will be completed in the same manner used for other restraints with one exception. Physical holds do not require an event review.
- IV. RESPONSIBILITIES:**
 - A. Unit/Shift Nurse Manager or Identified Supervisor: Meet with staff immediately following an event and complete the Initial Review Part I on the Event Review Form and submit the form to the unit Program Manager. Participate, as appropriate, in meeting with the individual and treatment team members to complete the Parts II and III of the Event Review.
 - B. Program Manager or Identified Supervisor: Arrange for and participate in Parts II and III of the Event Review process. Document and complete the Event Review. Ensure follow-up on suggestions, treatment plan recommendations, and filing of form in the medical record.
 - C. Physician/Licensed Independent Practitioner (Attending): Participate, as appropriate, in Parts II and III of the Event Review process.
 - D. All staff members: Participate in all aspects of the Event Review process upon request.
- V. PROCEDURE:**
 - A. An Event Review will be completed for every event leading to the use of seclusion or restraints and other significant events. Physical holds do not require an Event Review.

- B. The Unit/Shift Nurse Manager, Program Manager and/or Unit RN, in conjunction with the unit staff members, will discuss the incident and complete the Event Review Part I immediately following the event. The goal of this review is to be supportive, ensure the appropriate emotional and physical care of all people that may have been injured or emotionally upset by the event, and to review event precursors and de-escalation strategies utilized. The Event Review will be given to an identified supervisor.
- C. The Identified Supervisor and any other appropriate team members will meet with the patient as soon as feasible and complete Part II of the Event Review. The goal is to gain understanding of the individual's perspective and to develop treatment strategies that will result in providing for the safety of everyone in future situations.
- D. The Treatment Team will meet to complete Part III of the Event Review.
- E. Identified Supervisor will ensure follow-up on all suggestions and treatment plan recommendations.
- F. Patient Safety Committee will evaluate Event Reviews at the weekly meeting for accuracy, quality and safety.
- VI. REFERENCES:** None
- VII. COLLABORATED WITH:** Program Managers, Nurse Managers, Medical Director, Director of Nursing, Director of Clinical Services, and Hospital Administrator.
- VIII. RESCISSIONS:** TX-25, *Event Review*, dated May 10, 2012; TX-25, *Event Review*, dated July 1, 2009; TX-25, *Event Review* dated June 17, 2005.
- IX. DISTRIBUTION:** All hospital policy manuals
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing
- XII. ATTACHMENTS:** For internal use only.
A. [Event Review Form](#)

Signatures:

Jay Pottenger
Hospital Administrator

Thomas Gray, MD
Medical Director