



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

REVIEW OF SECLUSION and RESTRAINT INCIDENTS

Effective Date: December 9, 2015

Policy #: QI-04

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- I. PURPOSE:** To provide a post-incident review process for all restraint and seclusion interventions separate from the review conducted by patient treatment teams, and to obtain interdisciplinary advice and guidance on the use of these interventions at Montana State Hospital (MSH).
- II. POLICY:** MSH is committed to providing treatment in the least restrictive setting in the least intrusive manner allowable to ensure the safety of the patient, other patients, and staff members. The Hospital is also committed to using restraint and seclusion procedures only when necessary as a last resort to help manage behaviors that present a high and imminent risk of harm to others or to the person for whom the procedure is applied.

Restraint and seclusion procedures are containment measures that may be necessary at times to provide protection to people at risk for harm, but they are not treatment interventions, nor an appropriate “consequence” for modifying undesirable behavior.

The use of restraint and seclusion procedures is considered an unusual and high-risk event requiring a great deal of oversight and review. The purpose of oversight and review procedures is to ensure the safety of all persons and the application of these procedures in a manner consistent with laws, regulations, and standards of care for people with psychiatric disorders.

MSH will have an organized, interdisciplinary, leadership driven Patient Safety Committee to review and monitor seclusion and restraint usage, provide an educational resource for hospital staff, and review and make recommendations on policy and procedures for Seclusion and Restraint.

A post-incident review of all procedures except physical holds will be conducted following each incident and will involve staff on the treatment unit, and clinical management staff. The focus of the review process will be to evaluate the incident for conformance with applicable standards and to learn from the event, and make changes in treatment regimens in order to reduce the risk of similar occurrences in the future.

The evaluation process of reviewing seclusion and restraint use is considered a quality improvement activity. All forms and reports generated by this process are considered quality improvement tools.

III. DEFINITIONS:

- A. Seclusion: Involuntary confinement of a patient alone in a room or an area from which the person is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive individuals.

- B. Restraint: The use of any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces free movement of the patient's arms, legs, body or head. Only those methods approved by MSH administration will be used to physically restrain a patient. Chemical Restraint is not approved for use at MSH.

- C. Chemical Restraint: A drug used as a restraint is a medication used to control behavior or to restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's medical or psychiatric condition.

- D. Emergency Transport Restraints: Wrist and ankle restraints or the transport blanket may be used for brief periods to safely transport a patient in an emergency situation. Examples of this use include use of wrist and/or ankle restraints to transport a patient on unauthorized leave safely back to their treatment unit, or use of the transport blanket to transport a violent or self-destructive patient to a safe location within a treatment unit. Use of emergency transport restraints require an order by a Physician/LIP and face to face evaluation by a Physician/LIP or trained RN or PA within one hour, along with documentation and review required just as with all other restraint procedures.

- E. Security Restraint: A soft (leather, fabric weave, Velcro or locking type) but reliable restraint used to restrict an individual's movement as applied under this policy. Security Restraints are utilized by the Forensic Treatment Unit as described in MSH policy #FP-03 Security Restraints for Patient on a Forensic Commitment and are not reviewed by the Patient Safety Committee.

- F. Patient Fall: A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, the ground or other surface

- G. Patient Safety Committee: A multidisciplinary committee which has the responsibility to review incidents where seclusion and or restraints are used to manage behavior. The committee evaluates the appropriateness of the use of seclusion and or restraints and adherence to MSH policies #TX-16, Use of Seclusion and Restraints and #TX-31, Use of Restraints for Non-violent Non-self-Destructive Behaviors. The committee also reviews patient falls and patient and staff injuries due to violence.

IV. RESPONSIBILITIES:

- A. Hospital Administrator: Ensures a committee and process exists within the hospital organization to review, monitor and report on seclusion and restraint usage.

- B. Director of Treatment Services:
 - 1. Ensuring a clinical philosophy which promotes treatment in the least restrictive manner while reducing seclusion and restraint.
 - 2. Providing feedback to the treatment providers regarding the findings of the committee and the use of seclusion and restraint.
 - 3. Promoting alternative, less restrictive, interventions with the treatment teams.
 - 4. Participating on the Patient Safety Committee

- C. Licensed Nursing Staff: Ensure all episodes of seclusion and restraint are documented on the Nursing Report.

- D. Program Managers:
 - 1. Ensuring that a copy of the Seclusion and Restraint Intervention Order/Progress Note is sent to the Director of Quality Improvement .
 - 2. Leading the event review process.
 - 3. Overseeing the application of what has been learned through review processes to practice on patient treatment units.
 - 4. Participating on the Patient Safety Committee.

- E. Nurse Managers:
 - 1. Reviewing each Seclusion and Restraint Intervention Order/Progress Note and incident report forms for accuracy
 - 2. Actively participating in event review procedures.
 - 3. Leading the event review process in the absence of the Program Manager.
 - 4. Participating on the Patient Safety Committee.
 - 5. Providing feedback, training to unit staff.

- F. Director of Quality Improvement:
 - 1. Ensuring data from these reports are entered into a computer database and aggregated for regular reporting purposes.
 - 2. Chairing the Patient Safety Committee.
 - 3. Coordination of staff education regarding the use of seclusion and restraint.

- G. Medical Director:
 - 1. Ensuring a clinical philosophy which promotes treatment in the least restrictive manner while reducing seclusion and restraint.
 - 2. Providing feedback to the practitioners regarding the findings of the committee and the use of seclusion and restraint.
 - 3. Promoting alternative, less restrictive, interventions with the treatment teams.
 - 4. Participation on the Patient Safety Committee.

H. Director of Nursing:

1. Ensuring a clinical philosophy which promotes treatment in the least restrictive manner while reducing seclusion and restraint.
2. Providing feedback to the practitioners regarding the findings of the committee and the use of seclusion and restraint.
3. Promoting alternative, less restrictive, interventions with the treatment teams.
4. Participating on the Patient Safety Committee.

I. Committee Members:

1. Attending and participating in Committee meetings.
2. Supporting the delivery of quality care by providing:
 - a. Review of seclusion and restraint incidents according to this policy.
 - b. Active participation in Committee education efforts.
 - c. Supporting the delivery of quality care by:
 - i. Reviewing seclusion and restraint incidents according to this policy.
 - ii. Accepting the role of the Patient Safety Committee as an educational resource: The Committee provides an effective and functioning educational resource, which the Hospital may utilize to assure initial (orientation) and ongoing staff training.
 - iii. Providing Hospital Policy Review: The Committee offers consultation and recommendations for updating and developing seclusion and restraint policy.
 - iv. Disseminating information and data about standards, evidence-based and promising practices, and use of restraint and seclusion procedures at MSH and other psychiatric hospitals to clinical staff throughout the organization.

V. **PROCEDURE:**

A. Seclusion and Restraint Report:

1. All uses of seclusion and restraint will be reported daily to the Hospital Management Team via the Nursing Report.
2. A copy of the Seclusion and Restraint MD Order / Progress Note will be completed and sent to the Director of Quality Improvement at the end of each intervention or, in case of extended interventions, every twenty-four (24) hours.
3. Data from these reports will be entered into a computer database. Aggregate data from these reports will be made available to the hospital's administrative and clinical staff on a quarterly and on as needed basis.

B. Membership:

1. Committee membership is comprised of the following members of the management team:
 - a. Hospital Administrator

- b. Director of Clinical Services
 - c. Medical Director
 - d. Director of Nursing
 - e. Director of Quality Improvement
 - f. Program Managers
 - g. Nurse Managers
 - h. Additional staff may be asked by the chairperson to consult with this Committee on a case-by-case basis.
- C. Leadership of the Patient Safety Committee:
- 1. The Director of Quality Improvement shall chair the committee or designate the chair.
- D. Meeting Frequency:
- 1. The Committee will ordinarily meet weekly.
- E. Minutes:
- 1. Minutes will be recorded for all committee meetings with copies going to committee membership for dissemination of information to clinical staff.
- F. Review of Seclusion, Restraint and Incidents:
- 1. The committee will review uses of seclusion and restraint by examining the Seclusion and Restraint Order / Progress Notes filed with the Director of Quality Improvement, the event review and by reviewing the patient's chart.
 - 2. The attached Quality Improvement Seclusion and Restraint Audit Tool and the Quality Improvement Non-Violent Non-Self Destructive Audit Tool will be utilized when conducting reviews
 - 3. If a pattern of opportunities to improve is noticed, the Committee may request and monitor a plan for improvement.
 - 4. The committee will note whether each incident of seclusion or restraint was implemented appropriately and in accordance with the provisions of the Hospital's Seclusion and Restraint Policy and Use of Restraints for Non-Violent Non Self-Destructive Behaviors Policy.
 - 5. If any use of seclusion or restraint is judged to be inappropriate or out of compliance with policy or statutory requirements, the Committee will:
 - a. Recommend a plan of correction to the appropriate supervisory staff and/or Medical Director (when appropriate) so that supervisory staff can take corrective action.
 - b. Consider the need to initiate an Abuse and Neglect Investigation per MSH policy #TX-17
 - 6. The Committee is responsible for tracking these incidents to resolution.
 - 7. Information regarding the use and review of seclusion and restraint interventions will be provided to the hospital's Quality Improvement Committee on a quarterly basis.

8. Patient falls will be evaluated based on the criteria set forth in the Post Fall Assessment Quality Assurance Review Audit Tool.

G. Reporting:

- 1. The Director of Quality Improvement will ensure a process to maintain a database, and prepare and distribute reports regarding these occurrences at periodic intervals but not less than quarterly. This information is analyzed and reported on a quarterly basis to the Senior Leadership Team, hospital-wide Quality Improvement Committee, and to the medical staff.
- 2. The Quality Improvement Committee will:
 - a. Review aggregate (total hospital and data by treatment unit) seclusion, and restraint data on a quarterly basis, as well as other reports generated by the Patient Safety Committee.
 - b. Will identify performance improvement goals for use and reduction of Seclusion and Restraint.

VI. REFERENCES: Related Policies: Seclusion and Restraint; Use of Restraints for Non-Violent Non Self-Destructive Behaviors Policy; Standards/Statutes: § 53-21-146 M.C.A., and C.M.S Standards.

VII. COLLABORATED WITH: Hospital Administrator, Seclusion and Restraint Review Committee, Medical Director, Director of Quality Improvement, Clinical Services Director, and Director of Nursing.

VIII. RESCISSIONS: #QI-04, *Seclusion and Restraint Committee* dated February 11, 2011; QI-04, *Seclusion and Restraint Committee* dated August 17, 2007; QI-04, *Seclusion and Restraint Committee* dated November 17, 2004; QI-04, *Seclusion and Restraint Committee* dated February 14, 2000; HOPP# 13-03R. 11191 "Review of Time Out, Behavior Control, Seclusion, and Restraint Interventions" dated November 1991.

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 Quality Improvement

XII. ATTACHMENTS:

- A. Restraint/Seclusion Procedure Review
- B. QI Non-violent Non Self-Destructive Order Audit Tool
- C. Post Fall Assessment Quality Assurance Review Form.

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Connie Worl Date
Director of Quality Improvement

MONTANA STATE HOSPITAL RESTRAINT/SECLUSION PROCEDURE REVIEW

Patient Name: _____ Patient Number: _____ Tx Unit: _____

Date of Procedure: _____ Start Time: _____ End Time: _____

Reviewed by: _____ Review Date: _____

Type of Procedure: <input type="checkbox"/> Seclusion <input type="checkbox"/> Restraint <input type="checkbox"/> Transport Blanket	<input type="checkbox"/> Transport Cuffs <input type="checkbox"/> Ambulatory Restraint <input type="checkbox"/> Other _____	Describe behavior leading to use of procedure:	
Description of Events and Alternatives Attempted <ul style="list-style-type: none"> • Description of patient's behavior • Description of less restrictive alternatives attempted, or rationale for not using an alternative procedure 		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Physician's Order <ul style="list-style-type: none"> • Reason or justification for the procedure • Specific procedure to be used • Maximum time period allowed • Criteria for release • Date and time 		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Documentation of Care Provided to Patient During Procedure <ul style="list-style-type: none"> • Monitoring of vital signs as specified by policy (2 hour intervals) • Range of motion every two hours provided or offered unless contraindicated • Change of clothing or linen if soiled • Offering fluids hourly – meals provided • Offer use of toilet facilities hourly or when requested • Offer Shower/Bath if procedure extended 		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Documentation Provides Justification for Continuing Use of Procedure <ul style="list-style-type: none"> • Adequate description of behavior • Interactions with staff members 		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Documentation of Hourly Evaluation by Registered Nurse <ul style="list-style-type: none"> • Completed on time • Indicates reason for continuing procedure 		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:

Restraint/Seclusion Review Committee~~Incident Review Form Cont.

<p>Evaluation by RN or LIP within <u>First Hour</u> of Procedure:</p> <ul style="list-style-type: none"> • Current behavioral or mental status • Current physical status • Plan for continuing care 	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	<p>Comment:</p>
<p>Evaluation by LIP in a face to face manner within one hour if the procedure last longer than 2 hours</p> <ul style="list-style-type: none"> • Current behavioral or mental status • Current physical status • Plan for continuing care 	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p> <p><input type="checkbox"/> N/A- procedure ended before 2 hrs.</p>	<p>Comment:</p>
<p>Evaluation by Physician/LIP at <u>Eight Hour</u> Intervals</p> <ul style="list-style-type: none"> • Current behavioral or mental status • Current physical status • Plan for continuing care 	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p> <p><input type="checkbox"/> N/A – procedure ended before 8 hrs.</p>	<p>Comment:</p>
<p>Documentation by Primary Care Psychiatrist</p> <ul style="list-style-type: none"> • A face to face evaluation is documented by the primary care psychiatrist in the yellow progress notes by the next working day or on page 2 of the Seclusion & restraint Order Note 	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	
<p>Review of Incident</p> <ul style="list-style-type: none"> • Part 1 completed • Part 2 completed • Documentation indicates thorough review • Recommendations Clearly Indicated • Follow Up Action Taken • Treatment Plan reviewed and/or updated • Documents filed appropriately 	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	<p>Comment:</p>
<p>Recommendation for Further Review of Follow Up</p>		
<p>Other considerations and comments as noted by reviewer: Reviewer may want to comment on: implementation of trauma informed care principles, fact-to-face monitoring, patient's treatment plan, patient's involvement in treatment, application of level systems, etc.</p>		

MONTANA STATE HOSPITAL
QI Non violent Non Self-Destructive Order Audit Tool

Patient Name: _____ Patient Number: _____ Tx Unit: _____

Date of Procedure: _____ Start Time: _____ End Time: _____

Reviewed by: _____ Review Date: _____

Type of Restraint: <input type="checkbox"/> Pelvic Posey <input type="checkbox"/> Lap Buddy <input type="checkbox"/> Jumpsuit <input type="checkbox"/> Other	<input type="checkbox"/> Broda chair <input type="checkbox"/> Soft wrist restraints <input type="checkbox"/> mitts	Describe behavior leading to use of restraint and the reason for restraint related to immediate physical safety.
Does the written justification for the use of restraint support that the restraint is to promote healing and/or diminish patient risk of suffering harm or preserve the dignity and integrity of the patient.?	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Are alternatives considered/attempted prior to interventions listed?	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Does documentation list alternatives considered prior to the use of restraint, possible causes of behavior, risks associated with the use of restraint including pertinent health issues?	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Does the restraint order include the clinical rationale for use of the procedure	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:

Restraint/Seclusion Review Committee~~Incident Review Form Cont.

<p>Is the criteria the patient must meet for the release/removal of the restraint listed?</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	<p>Comment:</p>
<p>Is the restraint time limited and does not exceed 24 hours?</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	<p>Comment:</p>
<p>Is there a new LIP order after 24 hours with a face to face from the LIP?</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	
<p>Is the LIP order not written as a PRN or standing order?</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	<p>Comment:</p>
<p>Is the patient released every two hours to provide for ROM, toileting, fluids and exercise? Are modifications specified?</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	<p>Comment:</p>
<p>Is nursing care documented on 15 minute checks and include interventions that provide for patient safety and comfort?</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	<p>Comment:</p>
<p>Were the patients family/guardian/power of attorney notified?</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	
<p>Is an RN assessment documented every two hours?</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	<p>Comment:</p>

Restraint/Seclusion Review Committee~~Incident Review Form Cont.

Action taken in response to issue noted above:

Signature of supervisor: _____ Date: _____

Time: _____

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