

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.027

SUBJECT: Restrictive Event Reporting Including
Seclusion or Restraint

POINT PERSON: RUPERT GOETZ
CHIEF MEDICAL OFFICER

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

G. Roberts
DATE: FEBRUARY 7, 2012

I. POLICY

- A. All uses of movement restriction, traychair, ambulatory restraint, soft restraint, manual hold, seclusion, or mechanical restraint shall be closely monitored and reported at Oregon State Hospital. Reporting includes systematic collection of data and information regarding the use of all restrictive measures.
- B. Data and information regarding the use of these restrictive measures shall be analyzed to determine if these interventions are being utilized consistent with humane care and treatment and in accordance with Oregon law, administrative rules, the Joint Commission, Centers for Medicare and Medicaid Services (CMS), and Oregon State Hospital policies and procedures.
- C. Reporting of these interventions shall be the primary responsibility of assigned nursing staff. The Unit Nurse Manager shall assure that reporting is occurring, that data and information are being collected, and that reports are submitted in a timely manner.
- D. The Superintendent and the Chief Medical Officer of Oregon State Hospital are responsible for establishing and maintaining an effective reporting system of all uses of restrictive interventions assuring analysis of the data and information, and taking corrective action to assure the humane and legal use of these interventions.
- E. In accordance with OAR 309-112-030, the Oregon State Hospital Seclusion and Restraint Review Committee shall monitor the data and information related to all uses of seclusion or restraint at Oregon State Hospital. The committee shall review the reported data during committee meetings.

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II. DEFINITIONS

- A. "Restrictive Event" is an episode where a patient's movement is limited, whether voluntarily or involuntarily, due to a behavioral issue, psychiatric emergency, or medical condition using movement restriction, traychair, ambulatory restraint, soft restraint, manual hold, seclusion, or mechanical restraint.
- B. "Restrictive Event Data Worksheet" is a paper worksheet used for tracking restrictive events throughout the day that is used to enter data onto the Restrictive Events (Data) Report via the computer.
- C. "Restrictive Events (Data) Report" is the electronic form used to record data for OSH mandatory reporting.
- D. "Emergency Seclusion or Restraint Review (first page)" and NCR (third page), "IDT Review of Seclusion or Restraint Event (second page)", "Seclusion or Restraint Staff Debriefing (last page)" forms are a two page, double-sided packet of documents completed after a mechanical restraint or seclusion event.

III. PROCEDURES

- A. Staff designated by the Nurse Manager shall record all episodes of seclusion, movement restriction, ambulatory restraint, net restraint, manual hold, mechanical restraint, traychair, traychair with restraint, and use of soft ties, on the Restrictive Event Data Worksheet, as they occur includes the following items:
 - 1. The character of the event (Emergency or Medical);
 - 2. The staff who initiated the process;
 - 3. The patient's name and medical record number;
 - 4. Whether or not the patient was injured as a result of the event;
 - 5. Whether or not any staff were injured as a result of the event;
 - 6. Whether PRN psychoactive medication was administered during the event;

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7. The beginning date and time of the event; and
 8. The ending date and time of the event. Times shall be actual times and are not to be rounded off.
- B. Designated staff shall transfer all information from the Restrictive Event Data Worksheet onto the electronic Restrictive Events (Data) Report. If the data on the worksheet is incomplete or appears to be inaccurate, the staff shall utilize the patient's medical record to ensure all data entered into the report is complete and accurate.
- C. Distribution of Restrictive Events (Data) Report:
1. After midnight but prior to 0700, assigned staff shall transmit the prior day's completed Restrictive Events (Data) Report via email to "OSH Restrictive Events" and save a copy to the unit's I:drive Restrictive Events folder.
 - 2.. If there have been no restrictive events on a unit during the prior day, a blank copy of the unit's electronic Restrictive Events (Data) Report shall be forwarded via email to "OSH Restrictive Events" and a copy saved to the unit's I:\drive Restrictive Events folder reflecting the lack of restrictive event activity.
 3. If an electronic system is unavailable, the data shall be held on the unit and be reported when the electronic system is available.
 4. The Restrictive Event Data Worksheet shall be stored according to each Program Director's direction.
- C. The Standards & Compliance Department shall enter the restrictive event data into a central hospital database the next working day so that data can be aggregated, and reports generated.
- D. Restrictive event summary data shall be sent to the Chief Medical Officer, Chief Nursing Officer, each Program Director, and the Director of Standards & Compliance at the end of each month, by the Data & Analysis Department.
- E. Each Program Director shall review the data reports and shall distribute them to the appropriate Interdisciplinary Team (IDT).
- F. Additional reporting requirements for Seclusion or Restraint:

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1. Within twenty-four (24) hours following the use of mechanical restraint or seclusion the unit RN shall complete the Emergency Seclusion or Restraint Review form (first page) and the Seclusion or Restraint Staff Debriefing form (last page).
 - a. After completion, the Emergency Seclusion or Restraint Review form (first page) is filed in the Treatment Plan/ IDT MD Notes section of the chart.
 - b. The NCR copy of the Emergency Seclusion or Restraint Review form (third page) and Seclusion or Restraint Staff Debriefing form (last page) is copied. The original is given to the unit's Mental Health Supervising RN and copies are sent to the Director of Standards & Compliance via interoffice mail. This information should match information reported by the units into the electronic system, and added by S&C manually into the system.
 2. Within five (5) working days of the restraint or seclusion, the IDT shall review the event, complete the IDT Emergency Seclusion or Restraint Review form and forward a copy to the Director of Nursing, Director of Standards & Compliance, and Program Director. The review of the event shall include:
 - a. The patient, date, time in and out, and description of the restrictive event;
 - b. Identification of early warning signs of distress or destabilizing behavior;
 - c. Description of measures other than the use of seclusion or restraint that were attempted or were deemed ineffective in managing the behavior;
 - d. Review of patient's perception of the event;
 - e. Review family suggestions with the patient's consent; and
 - f. Identify supports and intervention and modify Treatment Care Plan if indicated.
- H.. The Director of Standards & Compliance, the Director of Data & Analysis, and the Seclusion and Restraint Committee shall determine what

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information will be prepared for the Seclusion and Restraint Review Committee.

1. Data & Analysis shall prepare monthly reports summarizing restrictive events, both with outliers and without outliers. These reports shall be reviewed by the Seclusion and Restraint Review Committee.
2. The Standards & Compliance Department shall prepare a monthly summary report of the staff and patient debrief information from the IDT Emergency Seclusion or Restraint Review form. This report shall be reviewed by the Seclusion and Restraint Committee.

Replaces Oregon State Hospital Policy and Procedure 6.027, *Seclusion and Restraint Reporting*, dated 3/8/2005.