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GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Seclusion and Restraint Reduction Plan	POLICY NO: AD-08	Page 1 of 3
RESPONSIBILITY: Center wide		
APPROVED BY:  DIRECTOR	EFFECTIVE: FEB 19 2018	LAST REVIEWED/REVISED:

**POLICY/PLAN STATEMENT**

GBHWC is committed to protecting all consumers' health and safety in addition to maintaining consumers' rights and well-being. Its policy and procedures serve as a guideline for all GBHWC staff to ensure that consumers are free from undue seclusion and restraint (S/R). It is the goal of GBHWC to decrease the number of incidences of S/R. This reduction plan incorporates utilization of the prevention approach and continuous quality improvement. It follows the National Strategy to Prevent Seclusion and Restraint in Behavioral Health Services and focus on five domains; (1) Training and Technical Assistance, (2) Data Collection, (3) Evidence-Based Practices and Guidelines (4) Leadership and Partnership Development (5) Rights Protection.

- A. Goal 1: To reduce the use of seclusion and restraint by defining and articulating a mission, philosophy of care, guiding values that assures a reduction plan is developed and implemented.
  - 1. Review the GBHWC mission statement, philosophy and core values to ensure it is congruent with the S/R reduction initiative.
  - 2. Review and revise S/R policy and procedures that ensures it is congruent with the GBHWC mission statement, philosophy and core values. Include a statement that clearly states S/R is not treatment but a safety measure of last resort and that GBHWC is committed to the reduction and eventual elimination of S/R use.
  - 3. Adopt and implement evidence-based seclusion and restraint prevention and reduction guidelines and best practices.
  
- B. Goal 2: To reduce the use of seclusion and restraint by using data in an empirical and non-punitive manner.
  - 1. Ensure that every S/R incident is reported for data purposes that would assist in determining any pattern, baseline, outliers, and frequency.
  - 2. Ensure that data collected is kept confidential and analyzed to determine training needs for individual staff members.
  - 3. Ensure debriefing is conducted and documentation is accurate to aid in analyzing data.
  - 4. Analyze consumer satisfaction survey to determine whether it could assist in providing data needed for "near-misses."
  
- C. Goal 3: To reduce the use of seclusion and restraint by fostering a therapeutic treatment environment that incorporates trauma-informed and recovery-oriented care.
  - 1. Review current training available to staff and ensure staff development includes, at minimum, training in trauma-informed care, de-escalation techniques such as Behavioral Tools, use of S/R reduction tools such as Advance Crisis Planning/Safety Plan, Therapeutic communication, safe S/R application as stated in GBHWC Policy and Procedures, early identification of high risk consumers, mediation and conflict resolution.
  - 2. Ensure trainings are done upon hire (orientation), annually, and as needed.

3. Review performance evaluations to ensure inclusion of both technical and attitudinal competencies.
4. Explore increase of staff-to-patient ratio.

## **RESPONSIBILITIES:**

### Leadership/Executive Management Council

- A. Shall move the leadership toward an organizational change of reducing the use of seclusion and restraint.
- B. Shall review the annual status report on the plan for minimization or elimination of the use of seclusion and restraint.

### Quality Improvement Committee:

- A. Shall review the seclusion and restraint log monthly for trends, and determine factors which contribute to the use of seclusion and restraint.
- B. Prepare the written status report on the plan for minimization or elimination of the use of seclusion and restraint annually.

### Nursing Administrator/Medical Director:

- A. Conducts staff and consumer debriefings following each episode of seclusion and restraint in Crisis Stabilization Unit.
- B. Ensure that all proper documentation of the seclusion and restraint is written in the electronic health records and or appropriate forms.
- C. Ensure that appropriate and proper techniques, intervention, monitoring are used in administering seclusion restraint.

### Training Officer:

- A. Train staff on advanced crisis plan and professional crisis management.
- B. Collaborate with the clinical team or research best practices for trauma informed care model and schedule staff training and workforce development.
- C. Collaborate and train staff on the alternative best practices in the prevention of seclusion and restraint.

### Risk Management Officer/health and Safety Officer:

- A. Shall continuously monitor and review the critical incidents, seclusion and restraint used monthly.
- B. Shall report to the Quality Improvement Committee all critical incidents and the use of seclusion and restraint

Objective	Responsible Staff	Action Steps	Goal	Measure
1. Move leadership toward an organizational change of reducing the use of S/R	Medical Director	<ul style="list-style-type: none"> <li>-The use of S/R will always be followed by staff and consumer debriefing</li> <li>-Determine factors which contribute to the use of S/R (Review S/R forms and Incident Report Form)</li> <li>-Modify the factors identified in order to reduce/prevent S/R (Propose changes or modifications in the existing policy, procedure or process, or training of staff)</li> </ul>	Review 100% of all S/R episodes	<p><b>Numerator:</b> # of completed reviews</p> <p><b>Denominator:</b> # of S/R on S/R Log</p>
2. Develop the workforce and shift practices to a trauma informed care model	Training Officer	<ul style="list-style-type: none"> <li>-Research best practices for trauma informed care model</li> <li>- Schedule and train staff in existing trauma informed care materials.</li> <li>-Obtain additional trauma informed care materials</li> </ul>	- 100% of staff trained in existing trauma informed care model	<p><b>Numerator:</b> # of staff who trained on trauma informed care</p> <p><b>Denominator:</b> Total # of clinical staff</p>
3. Use data to guide S/R practices	QIC	<ul style="list-style-type: none"> <li>-Review S/R Log monthly for trends</li> <li>-Monitor factors by staff that contributes to incidents of S/R</li> </ul>	zero S/R episodes as a result of staff factors	<p><b>Numerator:</b> # of S/R episodes due to staff factors</p> <p><b>Denominator:</b> Total # of S/R</p>
4. Increase the use S/R prevention tools	Training Officer	<ul style="list-style-type: none"> <li>-Train staff on advanced crisis plans</li> <li>-Train staff on implementing behavioral treatment plans</li> <li>-Train staff on effective behavioral contracts</li> <li>-Train staff on Milieu management (i.e., meaningful activities, an atmosphere of listening and respect, de-escalation, etc.)</li> <li>-Obtain S/R reduction training materials</li> </ul>	100% of clinical staff trained on S/R prevention tools	<p><b>Numerator:</b># of staff trained on S/R prevention tools</p> <p><b>Denominator:</b>Total # of clinical staff</p>
5. Provide education to consumers regarding behaviors that led to S/R and encourage consumers to implement skills that will prevent escalation of behaviors	Nursing Administrator	<ul style="list-style-type: none"> <li>-Conduct consumer and staff debriefings following each episode of S/R</li> <li>-Complete an advanced crisis plan for each consumer on AIU/CIU and RRP</li> </ul>	<p>100% of S/R episodes will have a consumer debriefing</p> <p>-100% of consumers admitted to AIU, CIU and RRP will have a completed advanced crisis plan</p>	<p><b>Numerator:</b> # of completed consumer debriefings</p> <p><b>Denominator:</b> # of S/R on S/R Log</p> <p><b>Numerator:</b> # of completed advance crisis plans</p> <p><b>Denominator:</b> # of consumer admitted to AIU,CIU and RRP for (24 hours+)</p>

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GUAM BEHAVIORAL

GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER  
REVIEW AND ENDORSEMENT CERTIFICATION

2018 FEB 19 AM 11:38

DO#021918-012

HEALTH & WELLNESS  
CENTER

The signatories on this document acknowledge that they have reviewed and approved the following:

Policies and Procedure

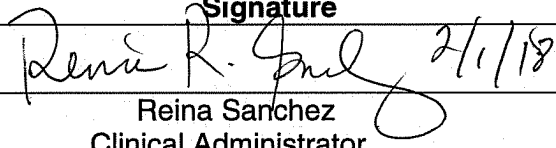
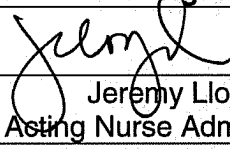
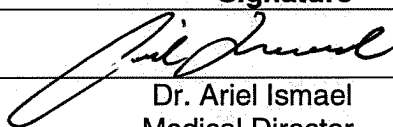

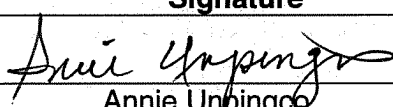

Submitted by: Cydsel Toledo

Protocol/Form

Policy No: AD-08

Bylaws

Title: Seclusion and Restraint Reduction Plan

<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed	Date	Signature
		 2/1/18
Title	Name Title Reina Sanchez Clinical Administrator	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed	Date	Signature
	2/7/18	
Title	Name Title Jeremy Lloyd Acting Nurse Administrator	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed	Date	Signature
		
Title	Name Title Dr. Ariel Ismael Medical Director	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed	Date	Signature
		
Title	Name Title Sheralin Pineda Residential Treatment Facility Manager	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed	Date	Signature
		
Title	Name Title Annie Unpingco CASD - Administrator	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed	Date	Signature
		 FEB 19 2018
Title	Name Title Rey M Vega Director	