Person-Centered Crisis Management in the Psychiatric Emergency and Inpatient Settings

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What are Seclusion/Restraint?

- The federal Centers for Medicaid and Medicare Services (CMS) offers the following definitions:
  - ***Seclusion***: the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.
  - ***Restraint***: any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his/her arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and it is not a standard treatment or dosage for the patient's condition.

CMS, Hospital Patients' Rights, Conditions of Participation, 42 CFR Part 482.13

Why Reduce S/R Use?

- Seclusion and Restraint are associated with patient injuries and psychological trauma
  - Estimated 50-150 deaths/year nationwide
  - Injuries including broken bones and brain injuries
  - Psychological trauma including revictimization and post-traumatic stress disorder

Why Reduce S/R Use?

- Seclusion and Restraint are associated with staff injuries
  - In one study, the injury rate was as high as 26% of mental health professionals during their working life.
- There is extensive literature that shows that staff training leads to:
  - Decreased rates of S/R use and duration
  - Reduction in patient and staff injuries

HHC S/R Reduction Project Implementation

Project Goal

To reduce the use of seclusion and restraint on the psychiatric inpatient and psychiatric emergency services through the use of program redesign, training and using data to benchmark progress

Project Launch

- In **January 2007**, HHC launched a Seclusion and Restraint Reduction Initiative, using six core interventions/strategies identified by the National Technical Assistance Center (NTAC)
- Facilities were asked to identify a project liaison and form a S/R Reduction Implementation Team
- Baseline 2006 S/R use data was provided to facilities
- Monthly reporting grid was established for facilities to report to the Office of Behavioral Health

Core Strategies for Change

Six Core Interventions/Strategies

- Leadership Toward Organizational Change
  - Leadership is the most important component in successful reduction projects.
- Use of Data To Inform Practice
  - Identification of patterns over time (days of the week, shift/time, ward, staff involved, method, less restrictive measures tried) and information is shared.

Core Strategies for Change

Six Core Interventions/Strategies

- Workforce Development
  - S/R reduction is integrated in Human Resource/Staff Development Activities (new hire procedures, job descriptions, competencies, performance evaluations, etc.)
- Use of S/R Prevention Tools
  - Crisis Prevention Plans
  - Sensory Modulation – the ability to regulate and organize reactions to sensory input in a graded or adaptive manner.

Core Strategies for Change

Six Core Interventions/Strategies

- Full Inclusion of Consumers and Families
  - Consumers and family involvement in staff training, treatment planning and asking about S/R history and what helps to remain calm (e.g., listening to music, exercise, etc.)
- Make Debriefing Rigorous
  - Both post-acute event and formal debriefing

HHC S/R Reduction
Implementation of Core Strategies

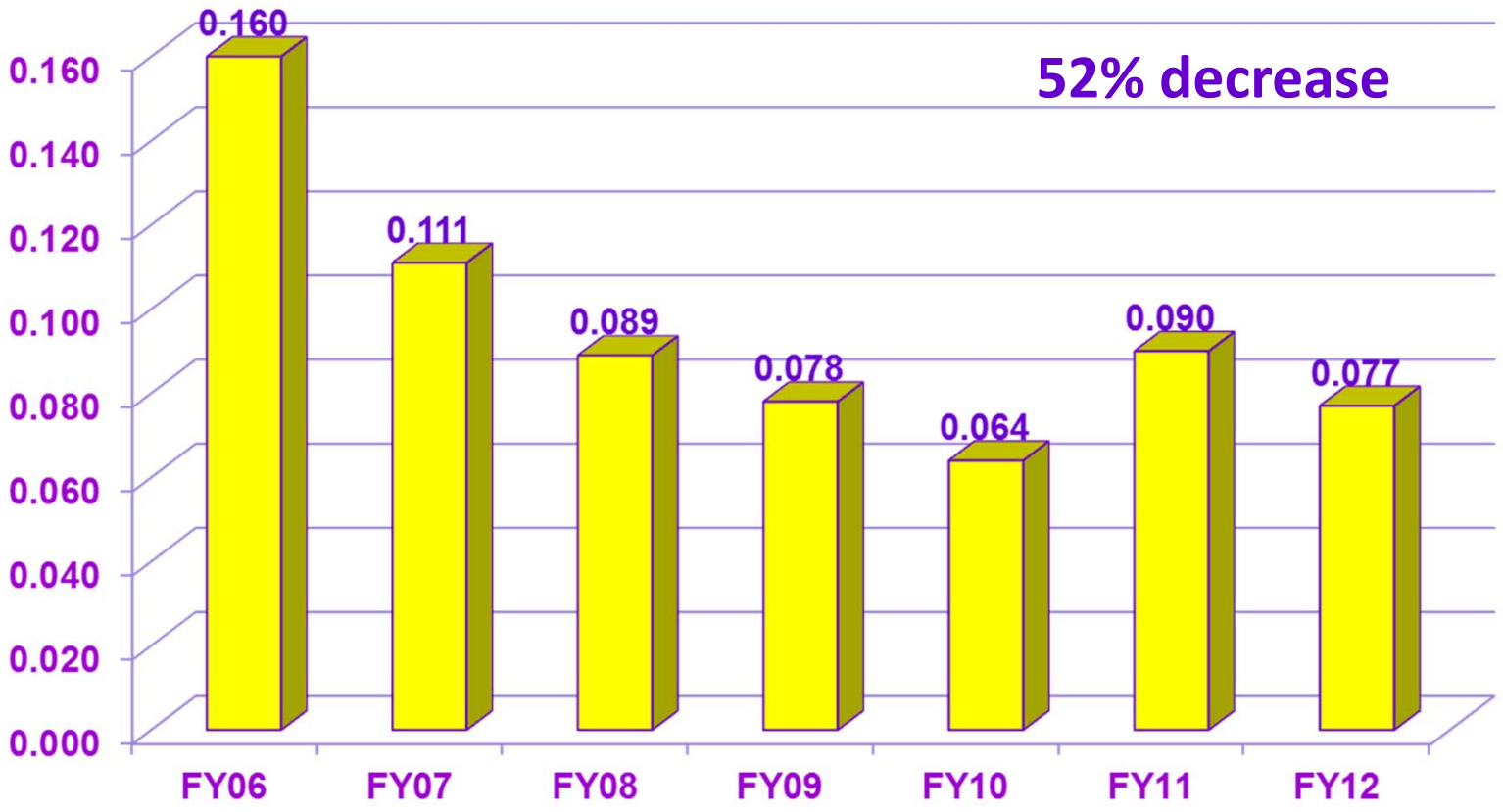
- A total of **758** multi-disciplinary behavioral health leaders and staff participated.
- **465** HHC staff attended crisis de-escalation trainings.
- **Over 100 behavioral health leaders participated** in individual consultation on their implementation plan.
- Training sessions on the use of sensory modulation tools and techniques.
  - **357** staff attended.
  - Equipment and furniture provided to all inpatient units

Sensory Modulation Training

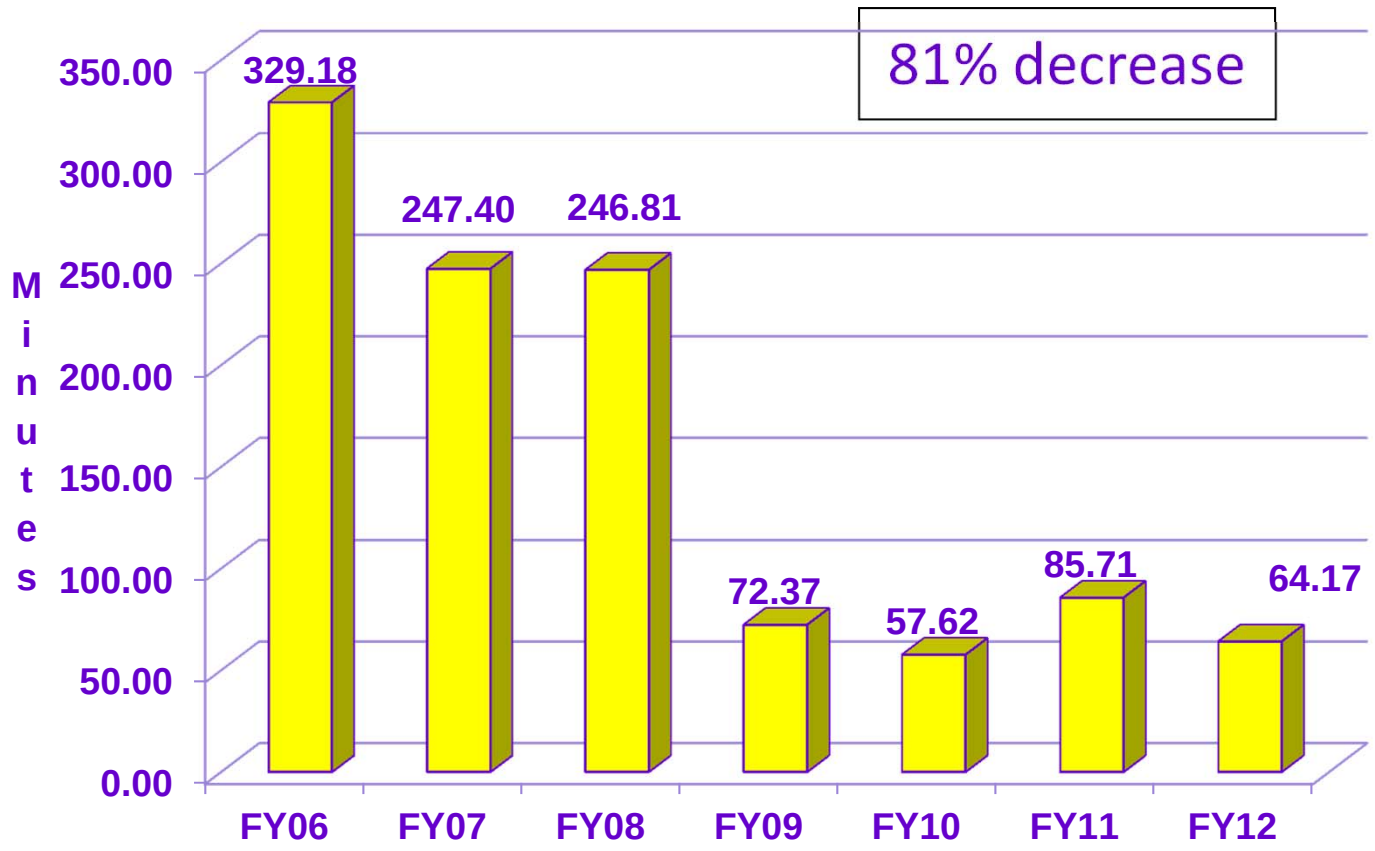
RESULTS

Adult Psychiatric Inpatient Services

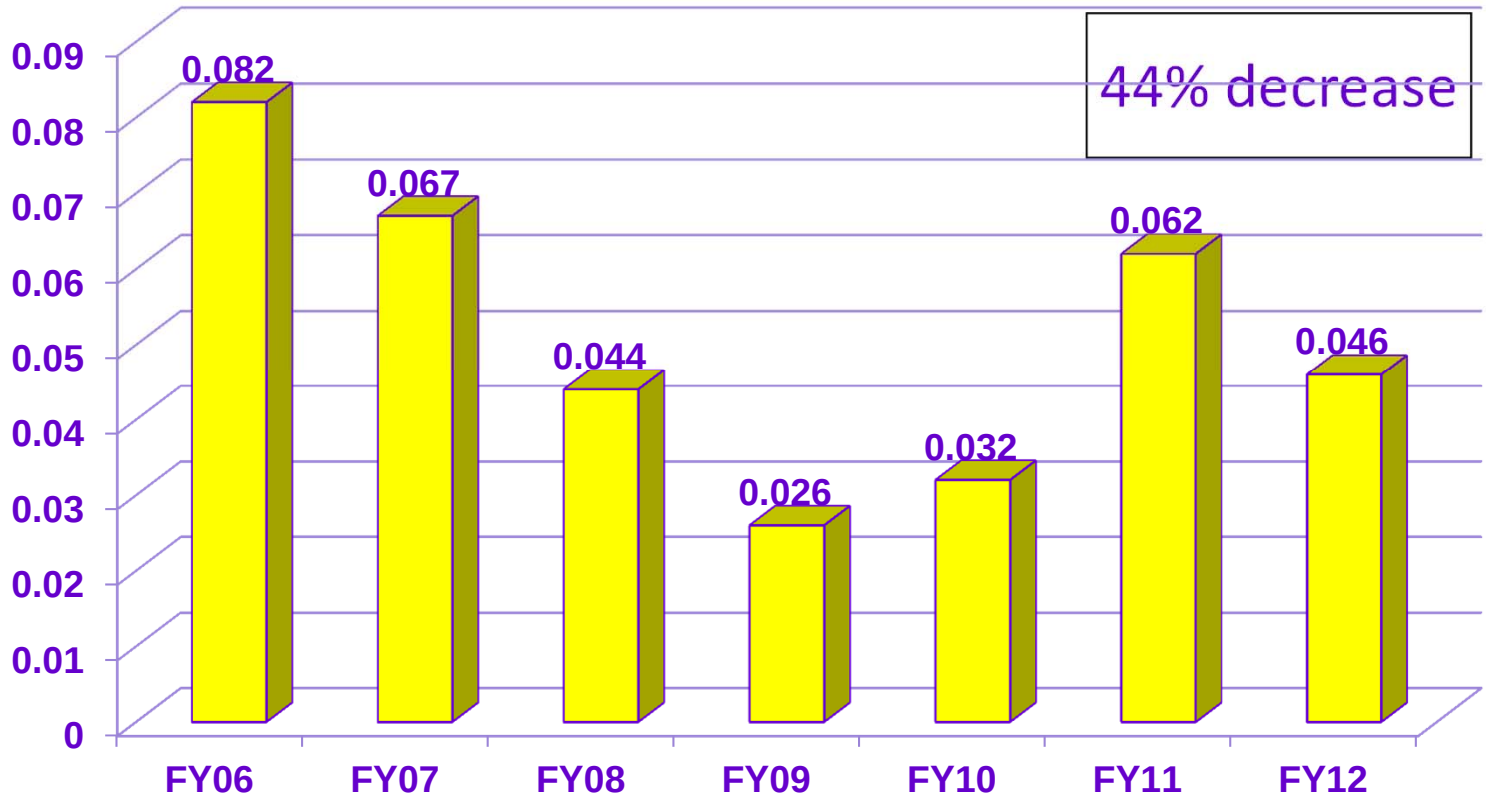
Frequency of Restraints per 1,000 Patient Hours



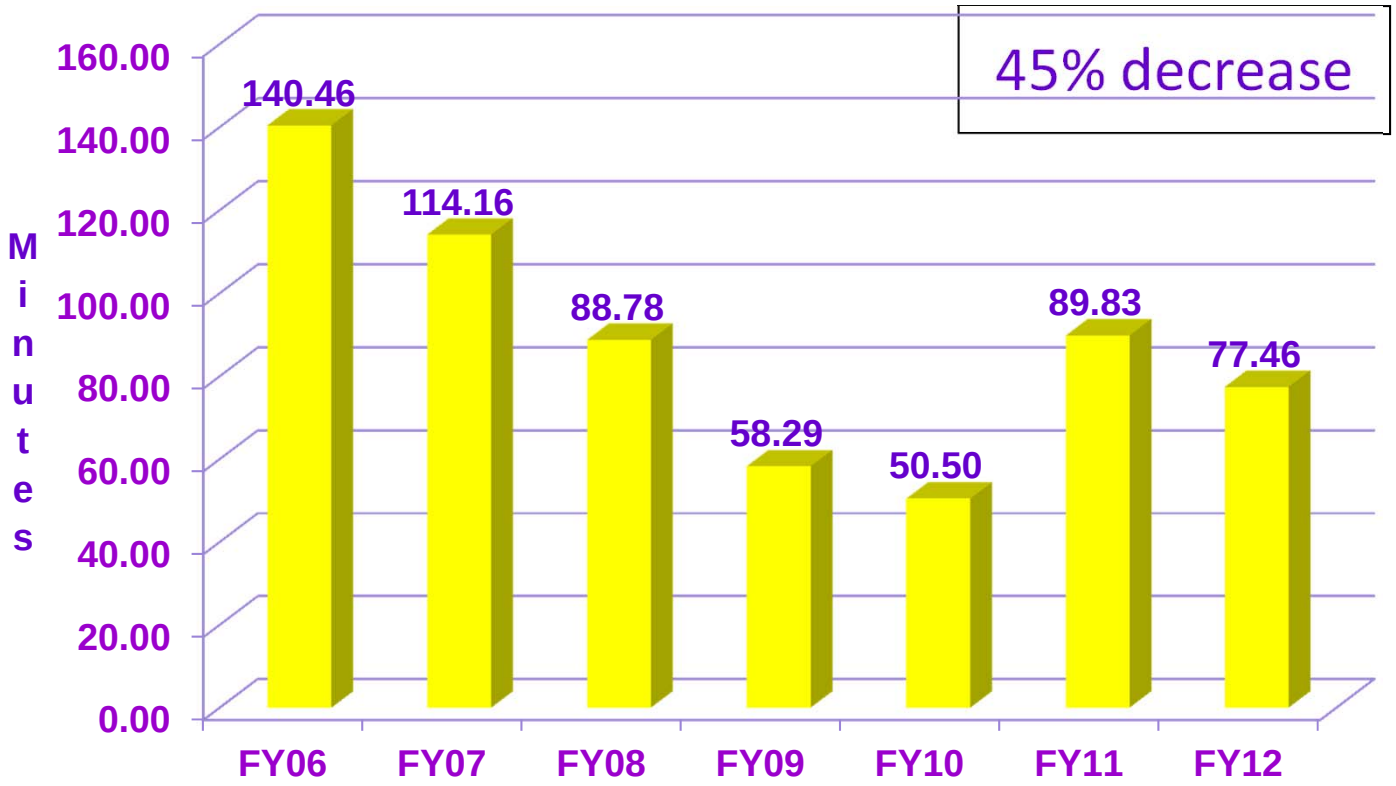
Mean Duration (in minutes) per Restraint Episode



Frequency of Seclusions per 1,000 Patient Hours

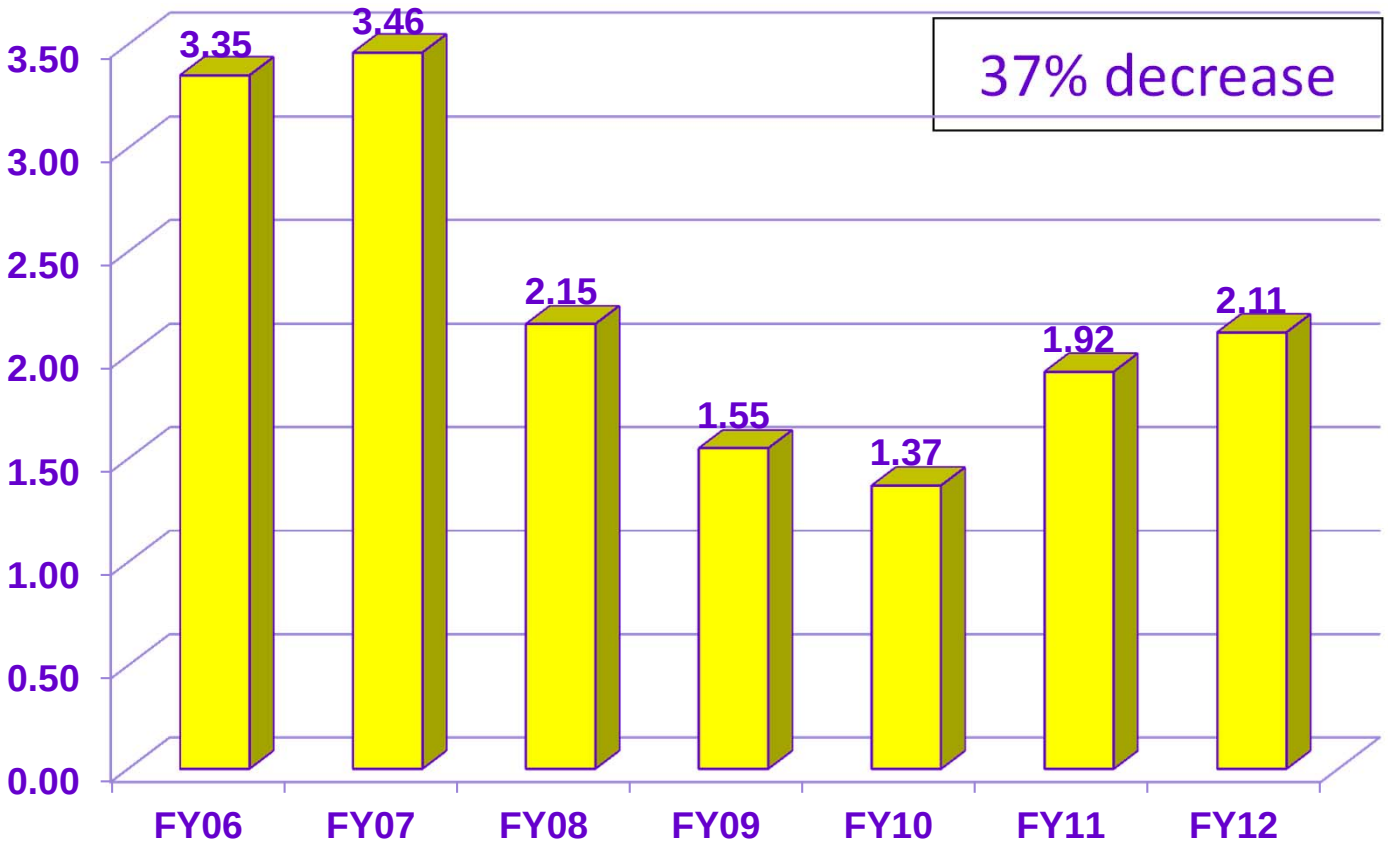


Mean Duration (in minutes) per Seclusion Episode



Psychiatric Emergency Services

Frequency of Restraints per 100 Patients Registered



Mean Duration (in minutes) per Restraint Episode