

Monitoring Injury Rates in S/R Reduction Projects

Compiled by

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Purpose

- To analyze successful projects that reduced S/R and saw a reduction in person served and/or staff injury rates
- To identify common and individualized strategies used

Salem Hospital

Seclusion and Restraint Project

Salem, Oregon

2005

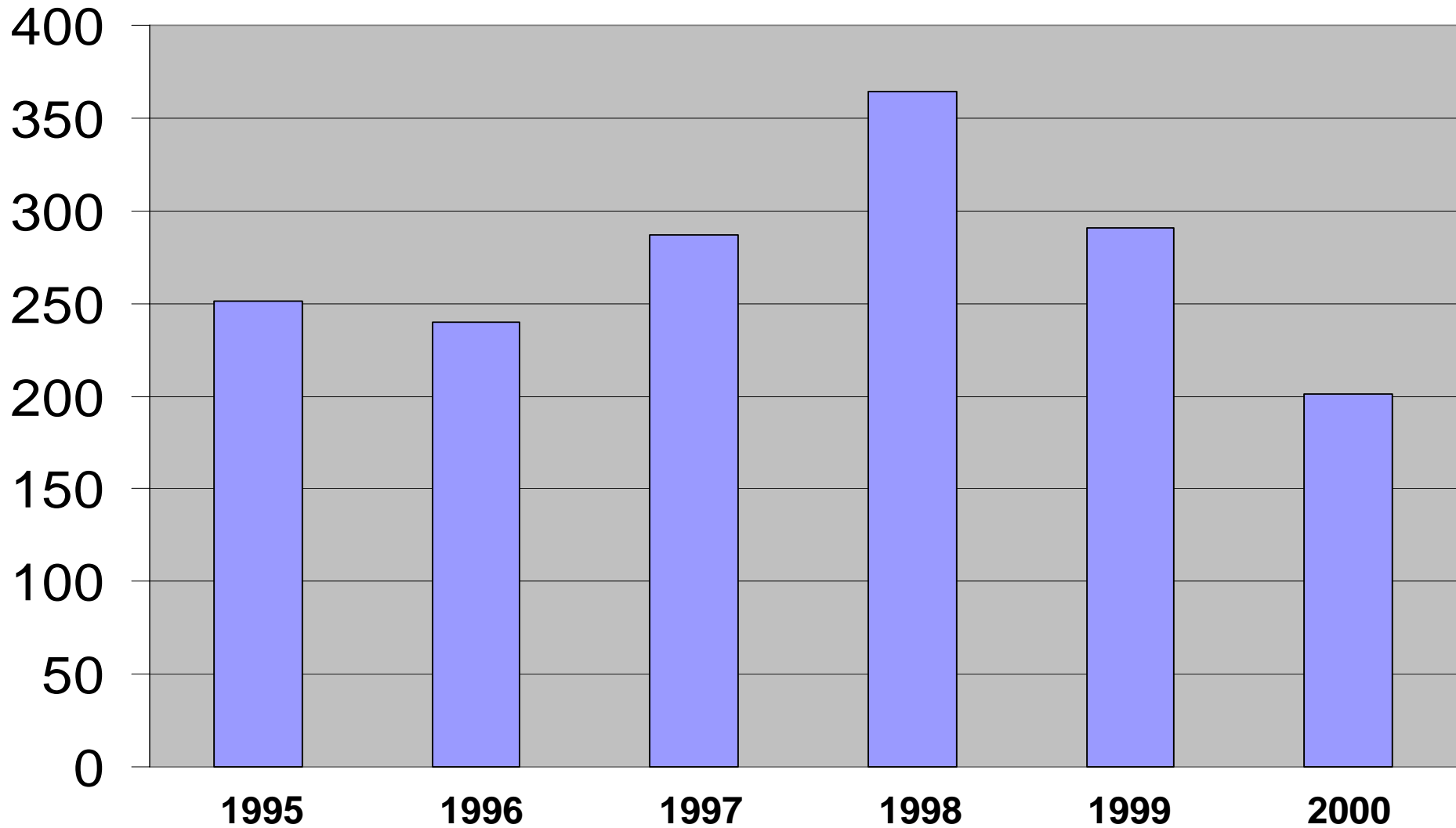
Salem Hospital

- 24 bed locked, secure inpatient unit
- Private, not-for-profit, general 400 bed medical/surgical hospital
- 1/4 Medicare, 1/3 Medicaid and indigent, 1/4 private insurance
- Acute access, 8 day ALOS
- Adult and geriatric population, >18 years

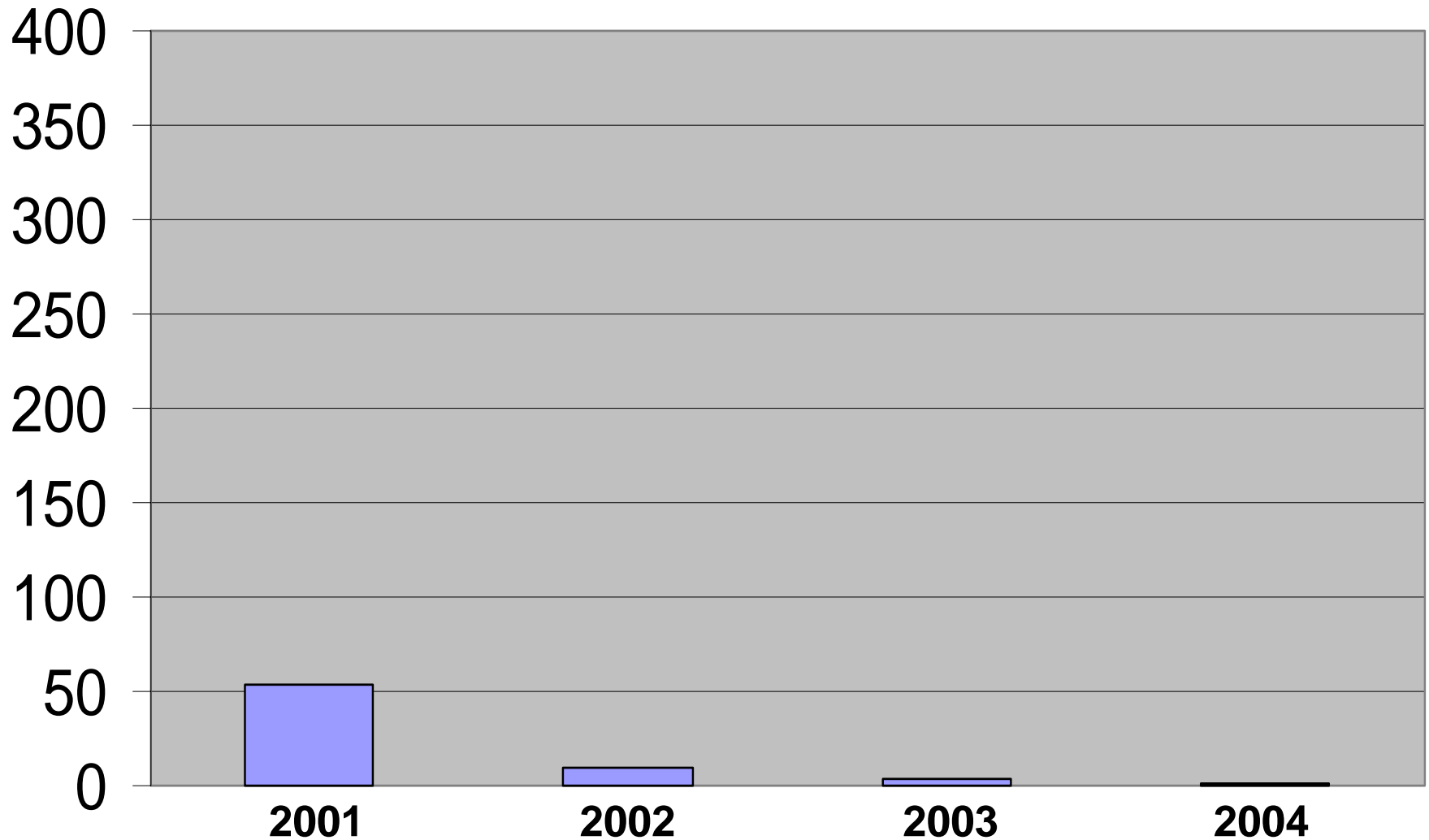
Salem Hospital

- Admissions come from ED, jail, police, physician offices, street
- Diagnoses: approximately 2/3 bipolar disorder or schizophrenia; approximately 1/3 major depression or anxiety disorder;
- 1/4 concurrent cognitive impairment; concurrent 1/4 severe personality disorder
- 2/3 co-occurring SA

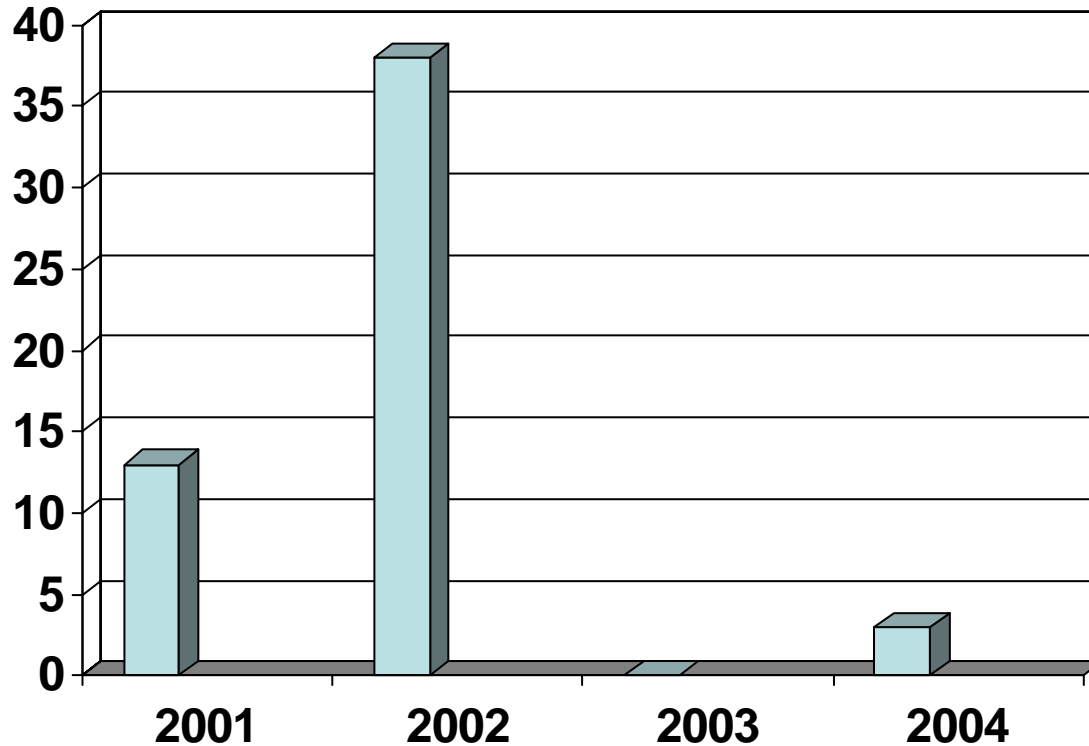
1995-2000 Seclusions



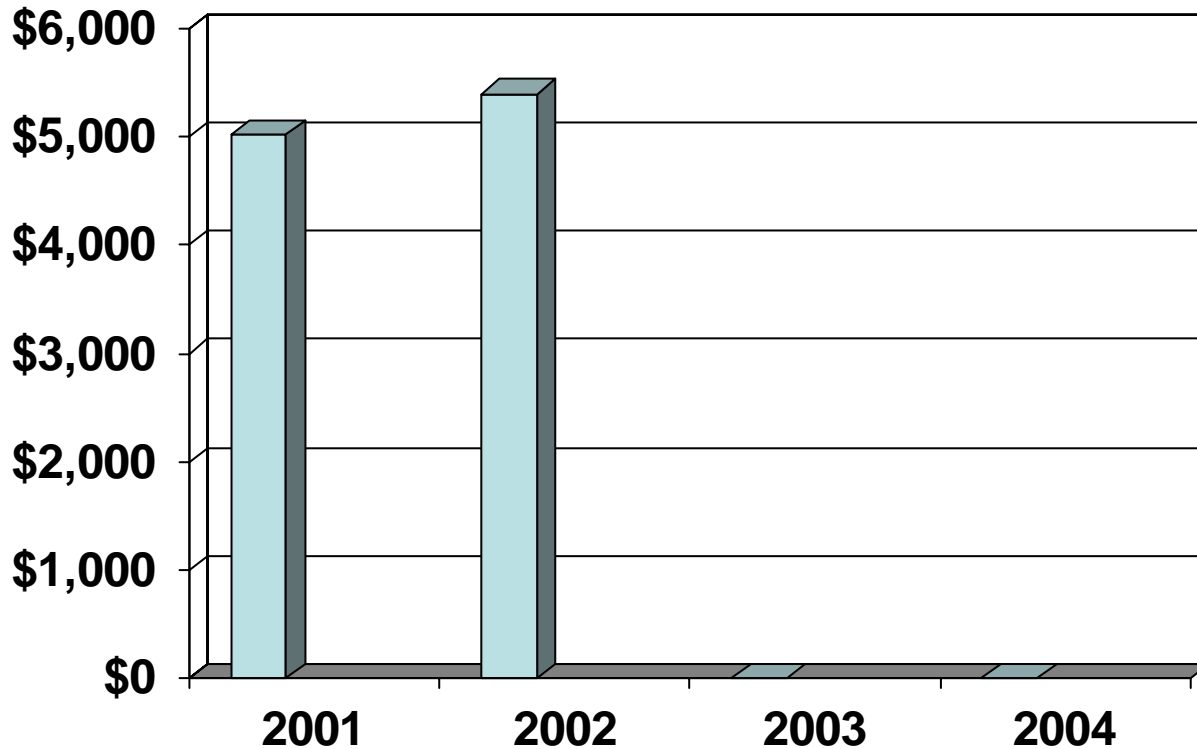
2001-2004 Seclusions



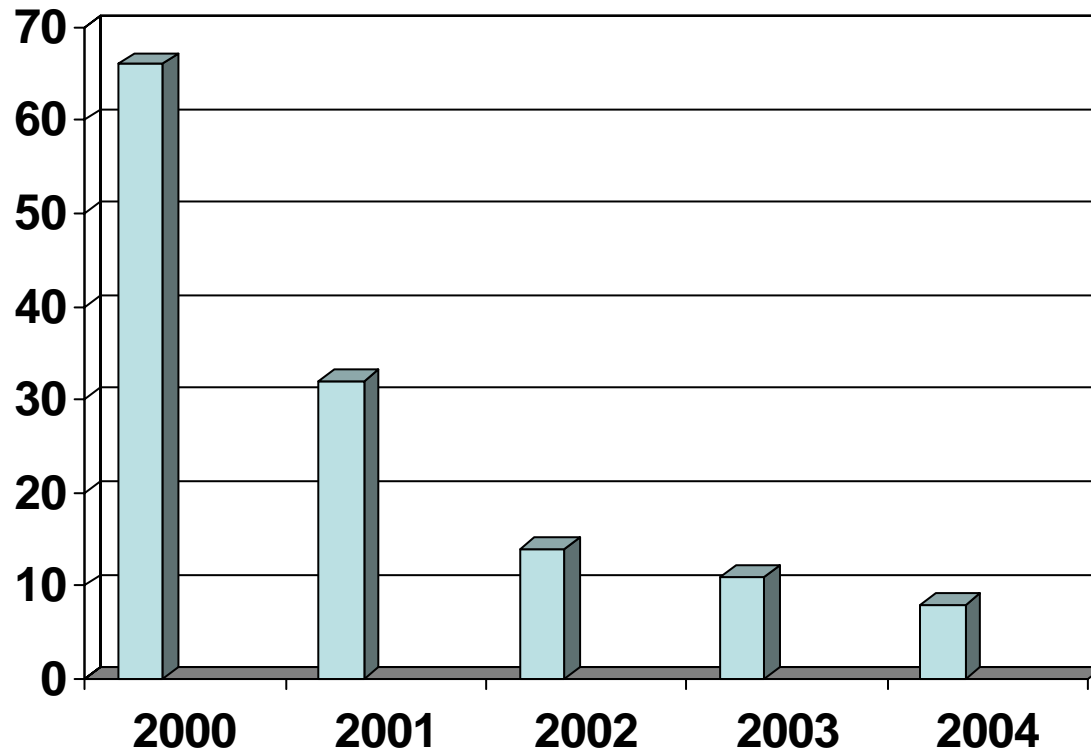
Workers' Compensation Days



Cost of Workers' Compensation Claims



Employee Injuries

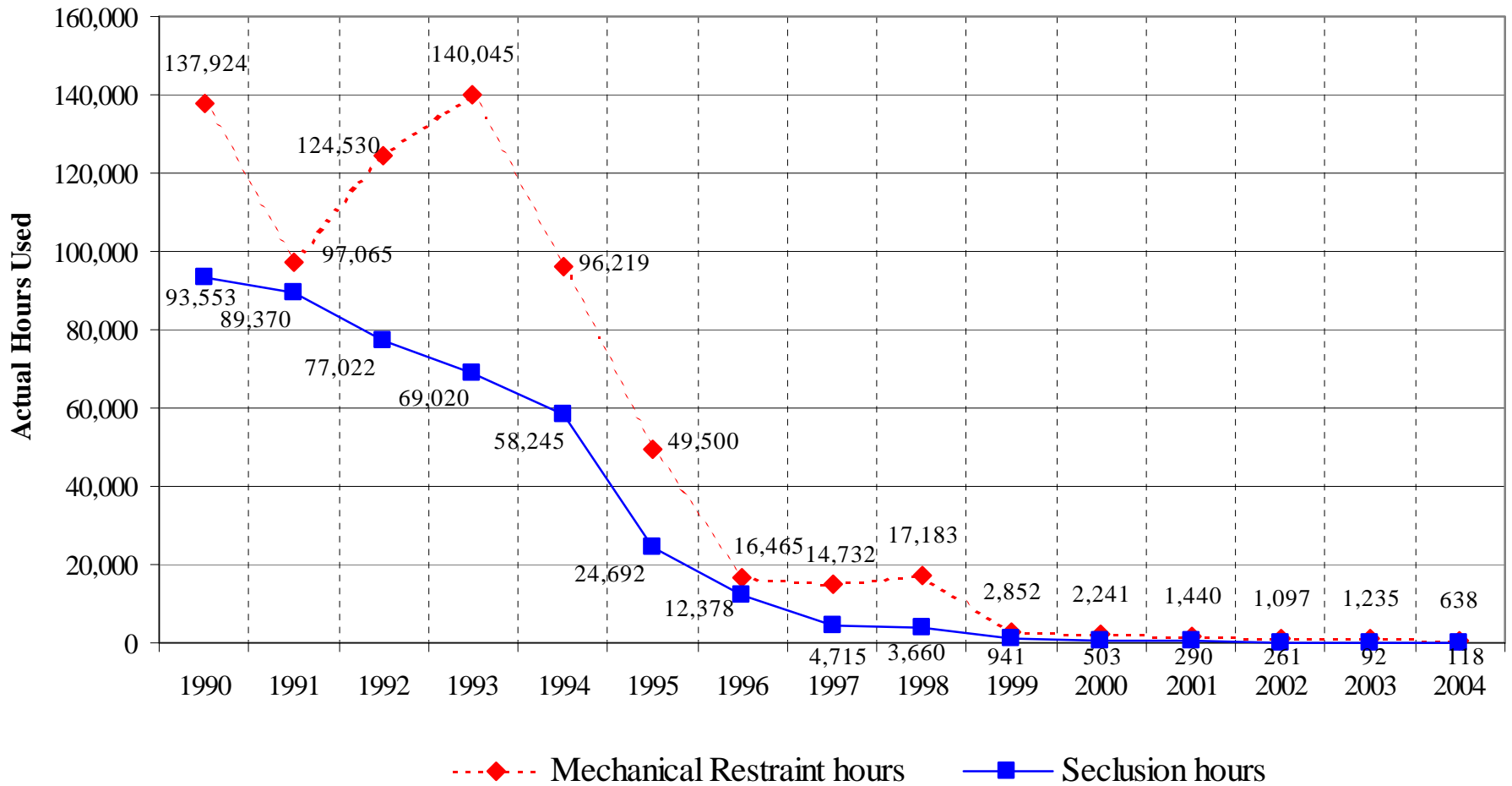




Pennsylvania State Hospital System Overview

- Nine civil hospitals and three forensic units.
- In 2004, average monthly census for all nine hospitals was 2,000 civil; 190 forensic.
- State average use of restraint was 0.02 hours per 1,000 days of care during November 2004.
- State average use of seclusion was 0.001 hours per 1,000 days of care during November 2004.
- Currently, seven hospitals have discontinued the use of seclusion.
- System goal to eliminate the use of mechanical restraint by 1/1/2006.

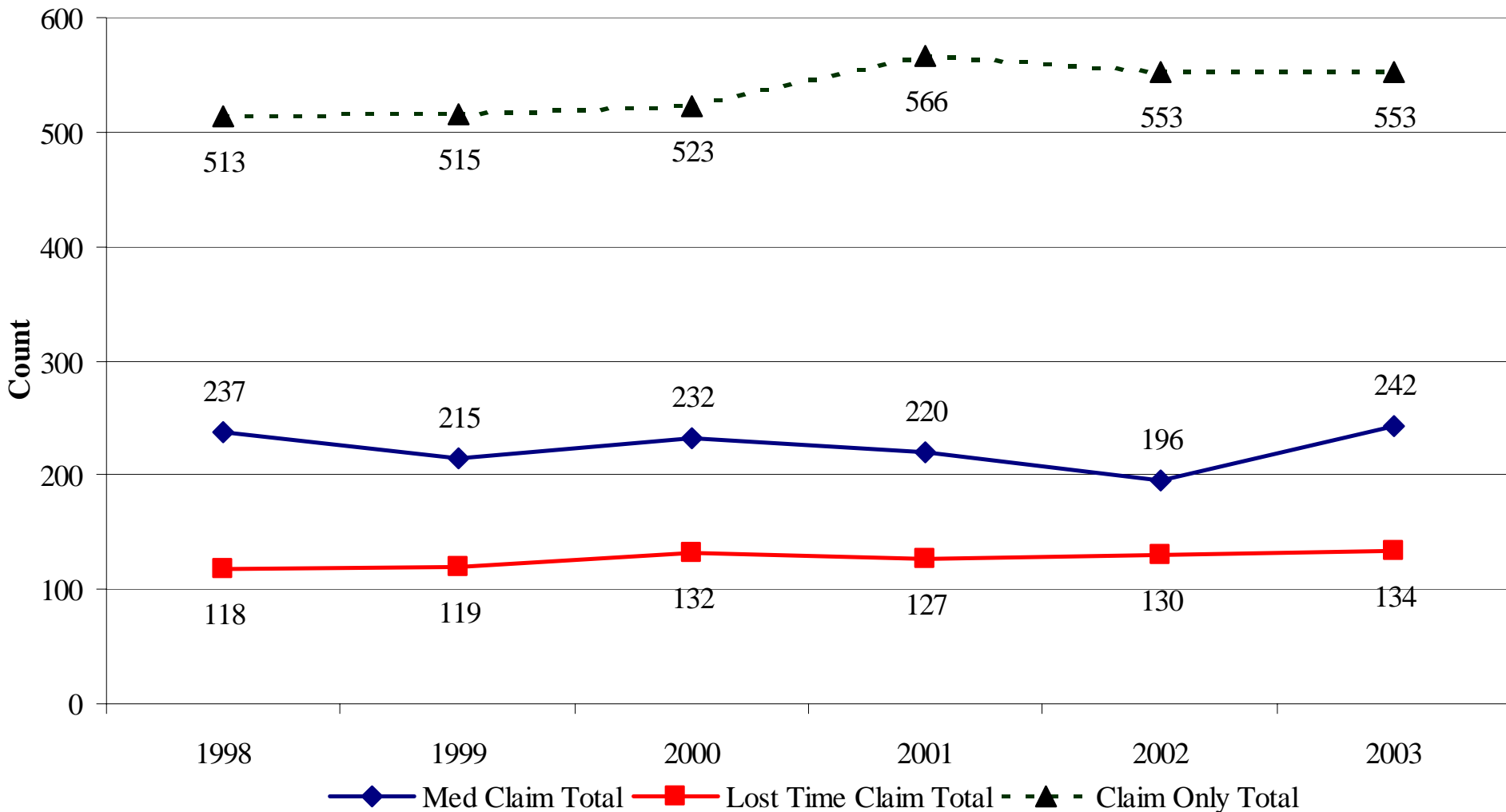
Pennsylvania State Hospital System Use of Seclusion & Mechanical Restraint Civil & Forensic, 1990 -2004



Source: All data are from the state hospital Risk Management system.

Staff Injuries from Patient Assault

Civil & Forensic Services



Source: Data reflect the combined counts from each hospitals Human Resource department.

ASH/SFSH

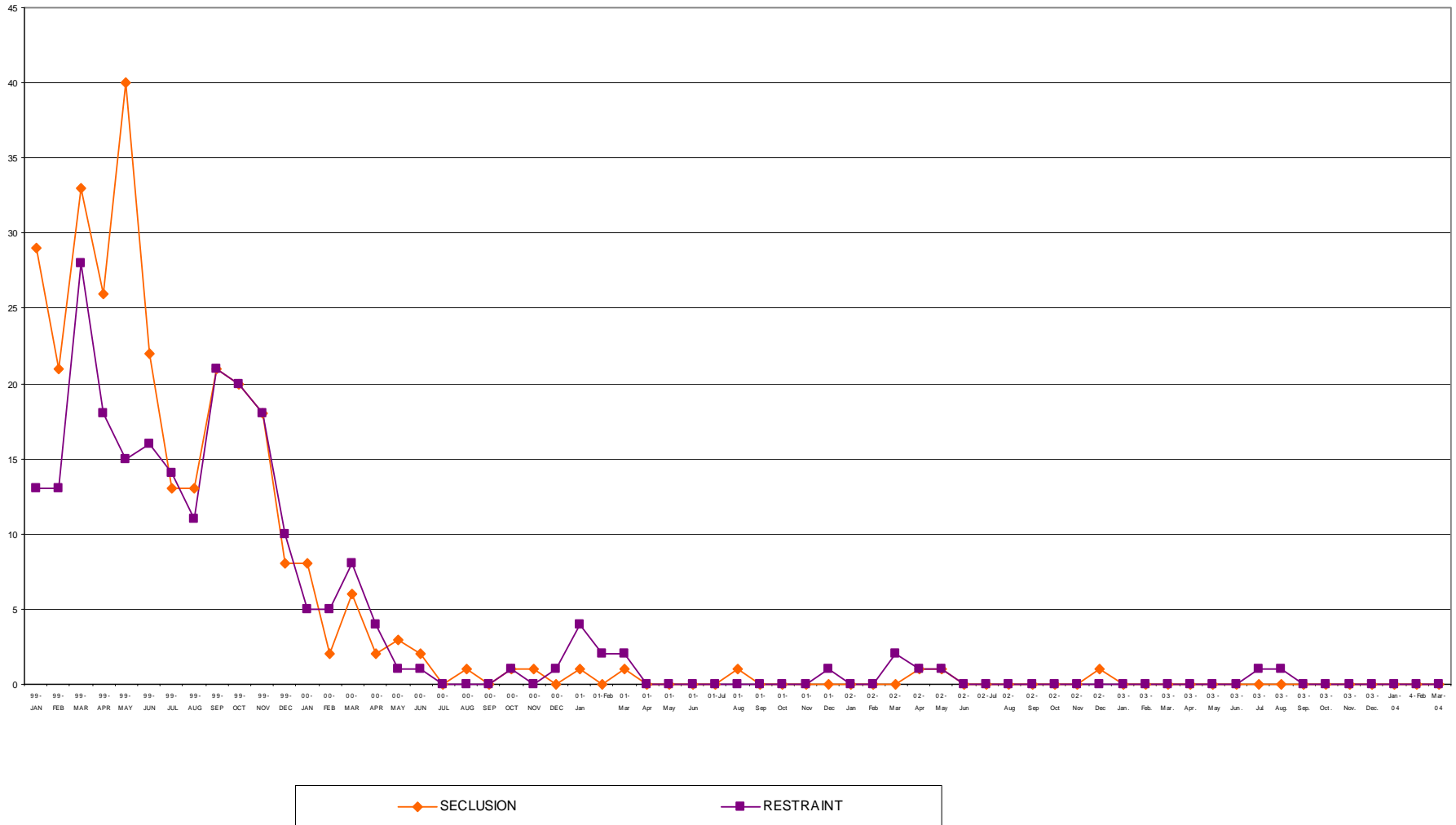
Facility Profile

- Adult State Mental Health Facility
- First, fully privatized in the country (11/98)
- 325 beds; Average Daily Census 275
- Average Length Of Stay:
 - 220 days since privatization
 - 3 years (all residents)
- Primary Diagnoses: schizophrenia, major depression with psychosis, schizoaffective disorder

SECLUSION AND RESTRAINT RESULTS

January 1999- March 2004

TOTAL SECLUSIONS AND RESTRAINTS EVENTS (January 1999 - March 2004)

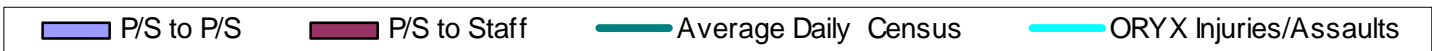
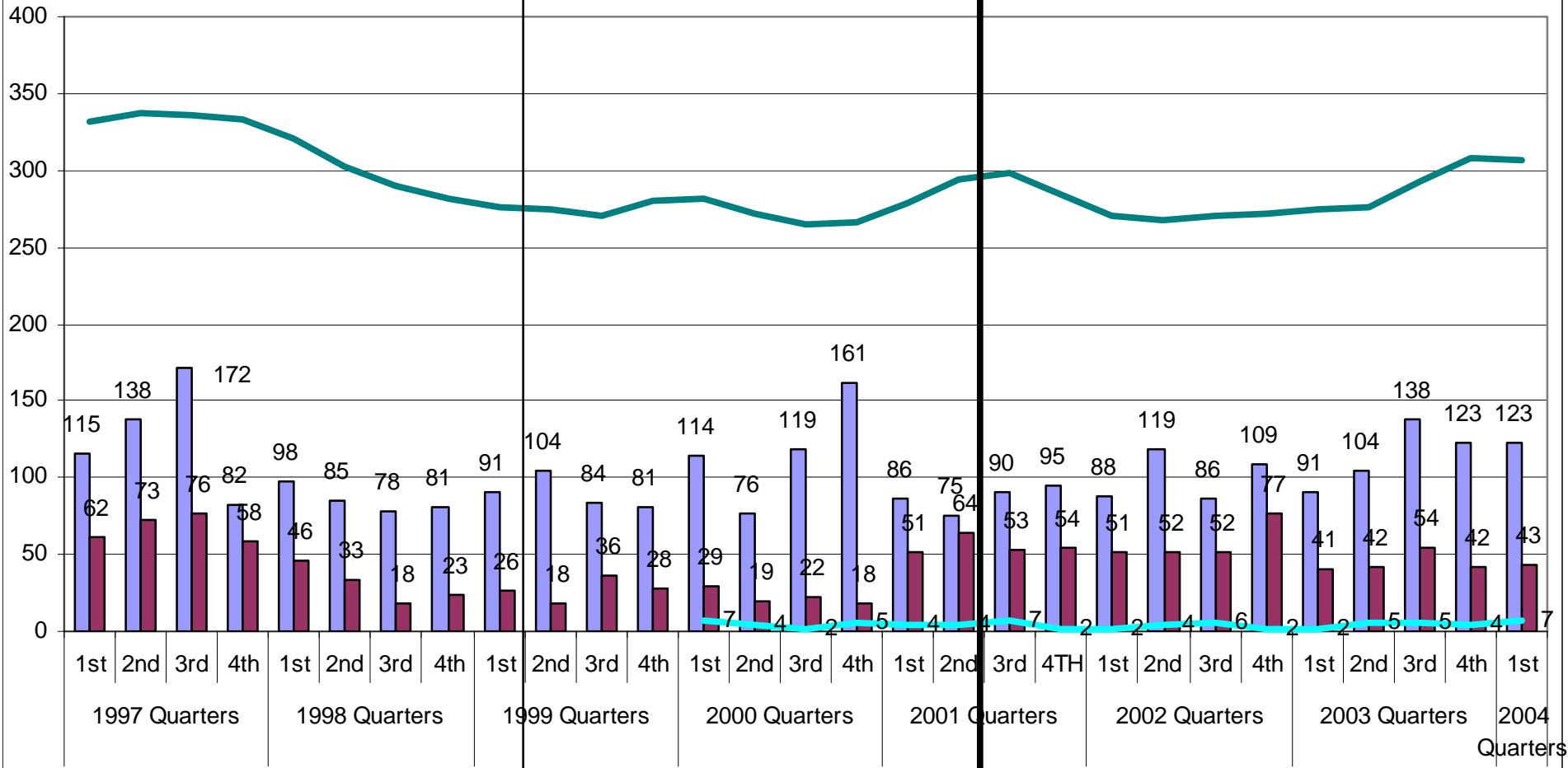


RESULTS

Reported Number of Assault Victims per Quarter Since January 1997

DCF OPERATED

ASH OPERATED



Real Reduction Experiences

Holston United Methodist

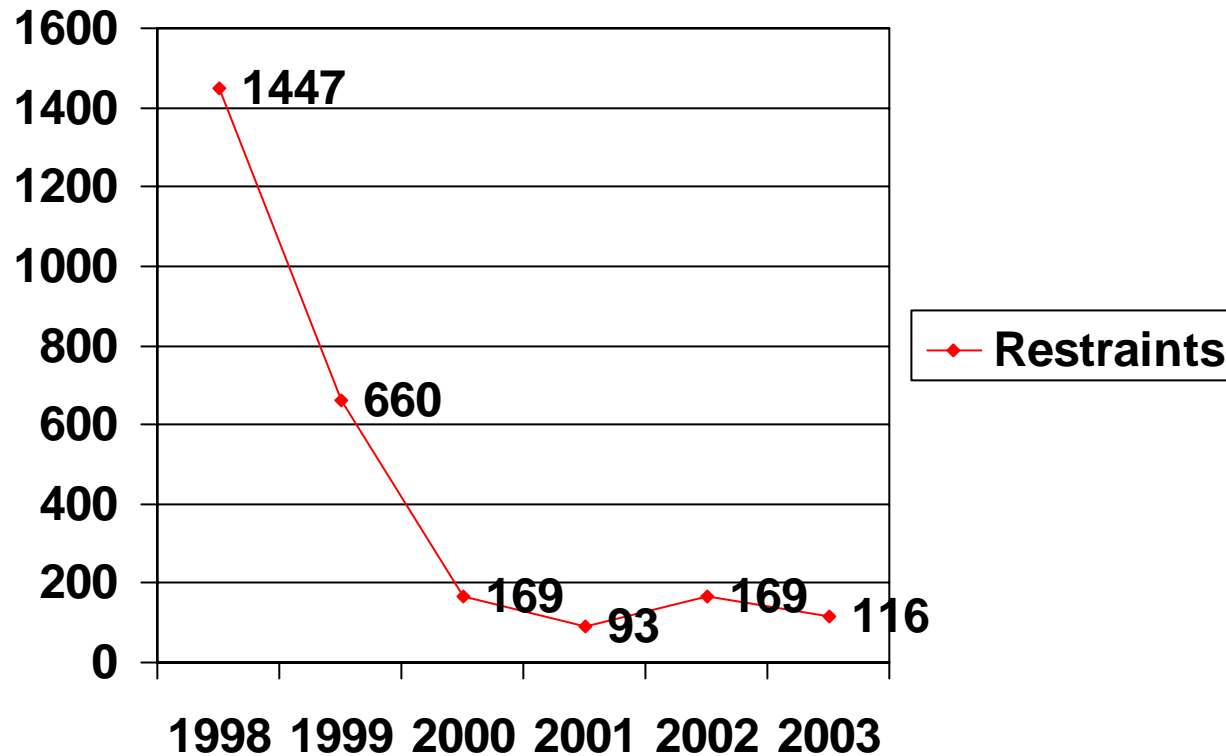
Home for Children

Greeneville, TN

Holston Home

- Day Treatment School (75 youth, K-12)
- Residential Group Care & Treatment (84)
 - Assessment (8)
 - Boy's Treatment (40)
 - Girl's Group Home (8)
 - Girl's Developmental Home (8)
 - Boy's Group Home (8)
 - Preparation for Adult Living (12)
- Staff : 200+ at four sites

Restraint Reduction



Restraint Reduction

Year	Restraints	Youth Injuries Requiring Medical Attention	Staff Injuries Due to Physical Management (% of overall)
1998	1447	6	36 (71%)
1999	660	2	27 (66%)
2000	169	0	4 (27%)
2001	93	3	12 (34%)
2002	169	0	17 (49%)
2003	116	0	11 (31%)

**Child Assessment Unit
Cambridge Hospital
Boston, MA
2004**

Child Assessment Unit

Cambridge Hospital

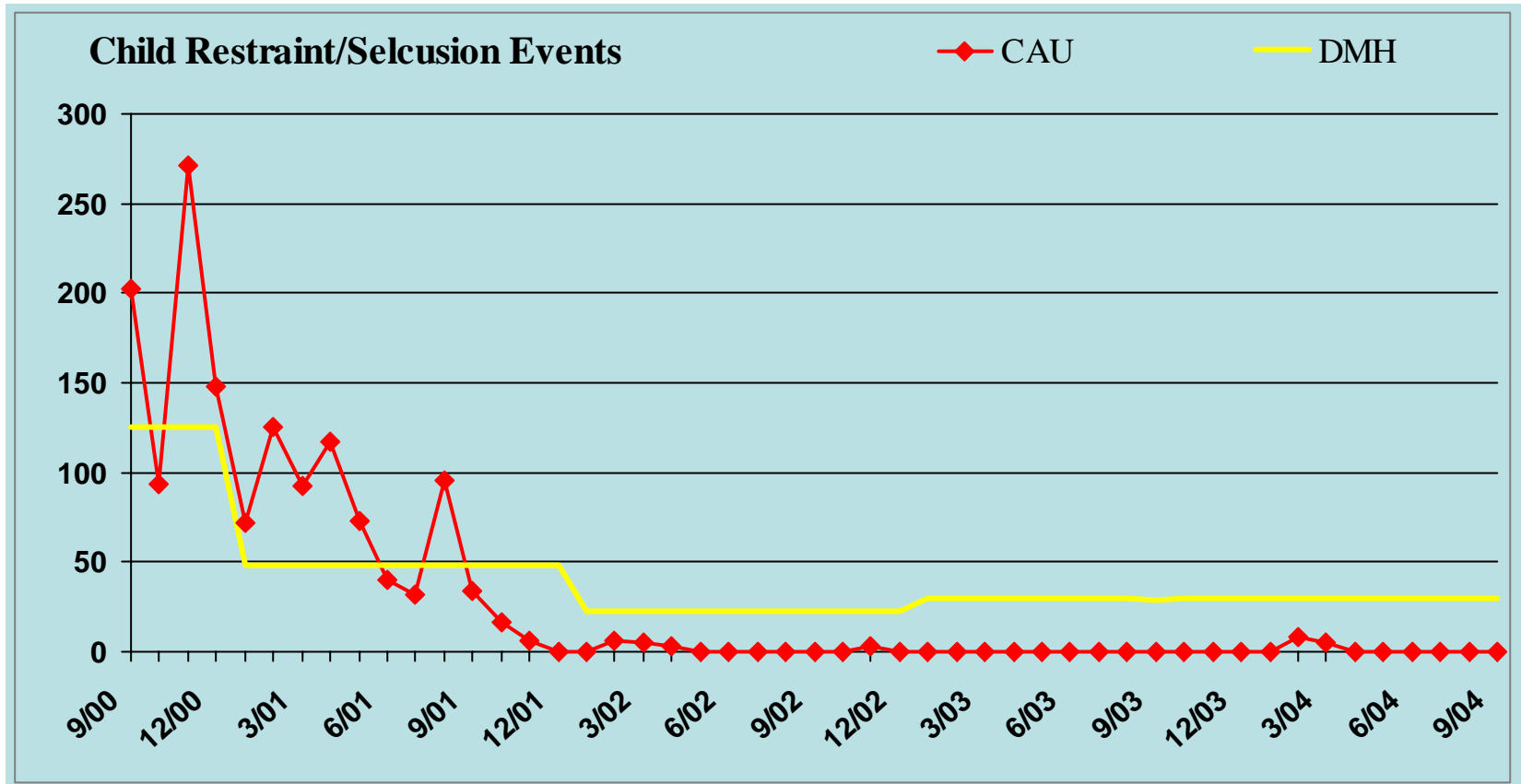
13 Beds

- Ages: 2 through 12
- DX: ADHD, PTSD and other Anxiety Disorders, PDD Spectrum, Language Deficits., Mood Disorders and Psychotic Disorders
- LOS: 2 groups:
 - acute: average 2 weeks
 - Children needing identified program: 6 weeks to 11 months!

CAU Reducing Restraints: 9/00–9/04

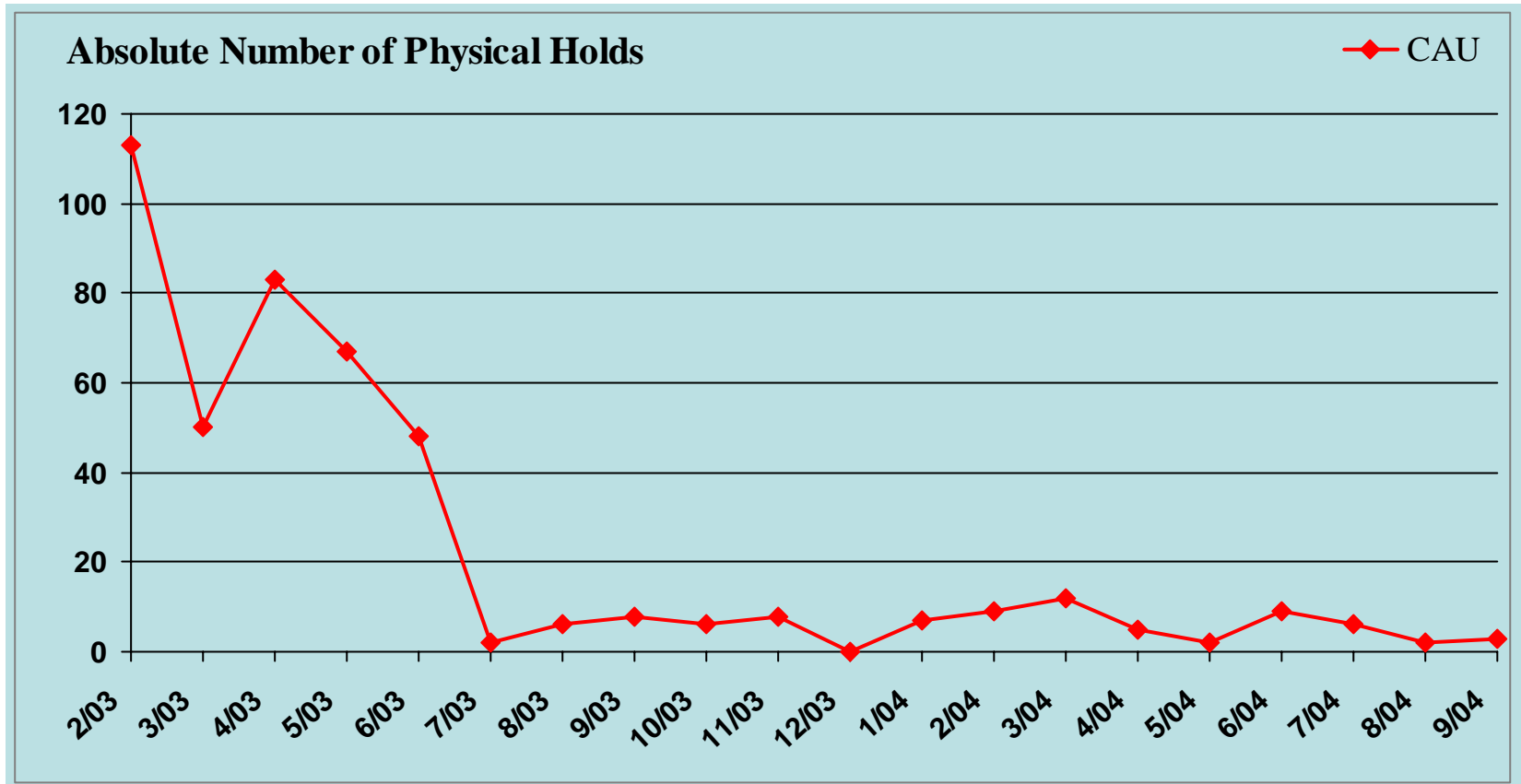
(includes mechanical, chemical, physical and seclusion)

Events per 1000 patient days.



Brief Physical Holds: 2/03 – 9/04

CAU (under 5 minutes)



Staff Injuries: CAU

Minor injury -- no medical treatment required

- 2000 and 2001 99 both years
- 2002 77
- 2003 38

Serious injury -- required medical treatment

- 2000 and 2001 6 total
- 2002 0
- 2003 0

Worcester State Hospital

Worcester, MA

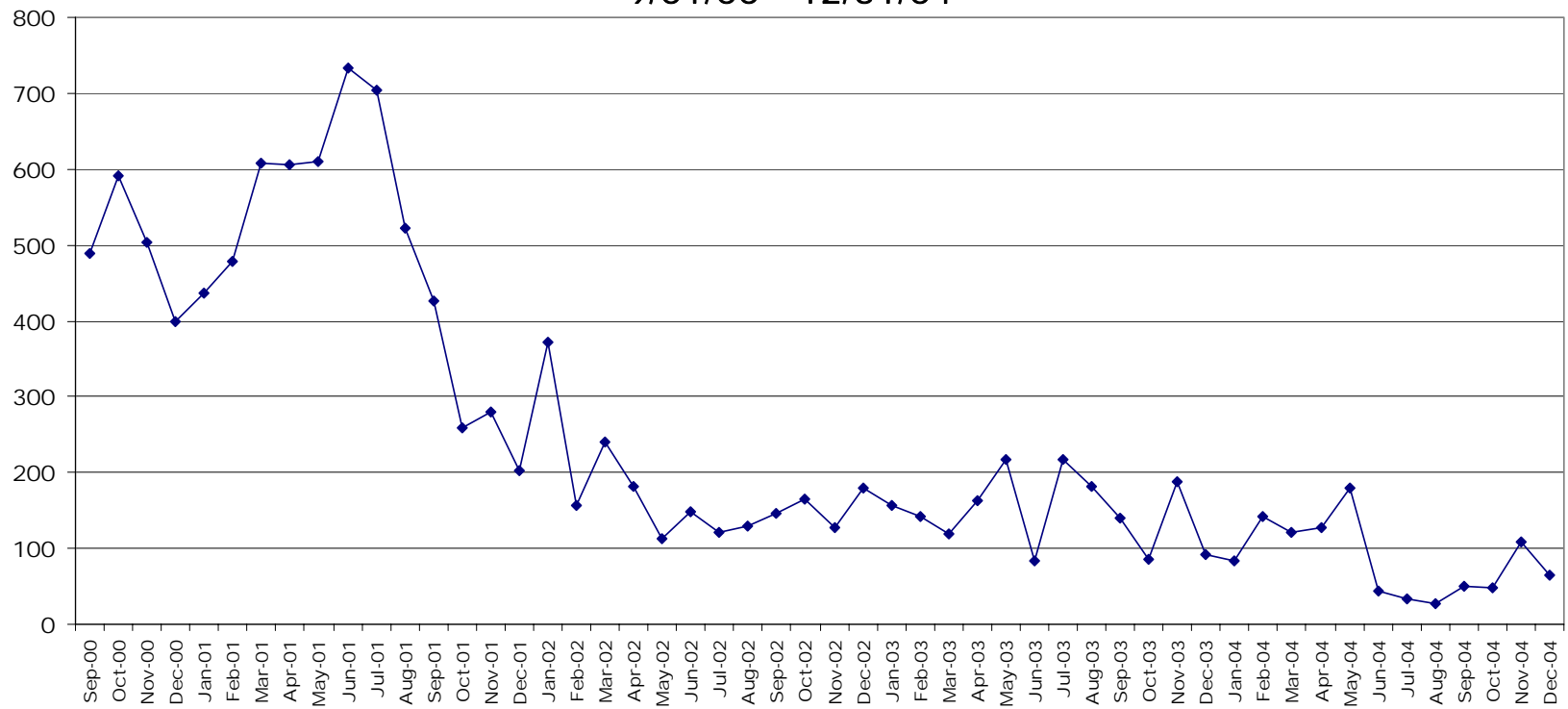
12/2004

Worcester State Hospital

- Continued Care Inpatient Psych Facility
- 156 Adult beds
 - 141 Continuing Care
 - 15 Court Evaluations (forensic)
- Public Sector, state funded/managed
- Usual SMI diagnoses
- Age range: 18 and older

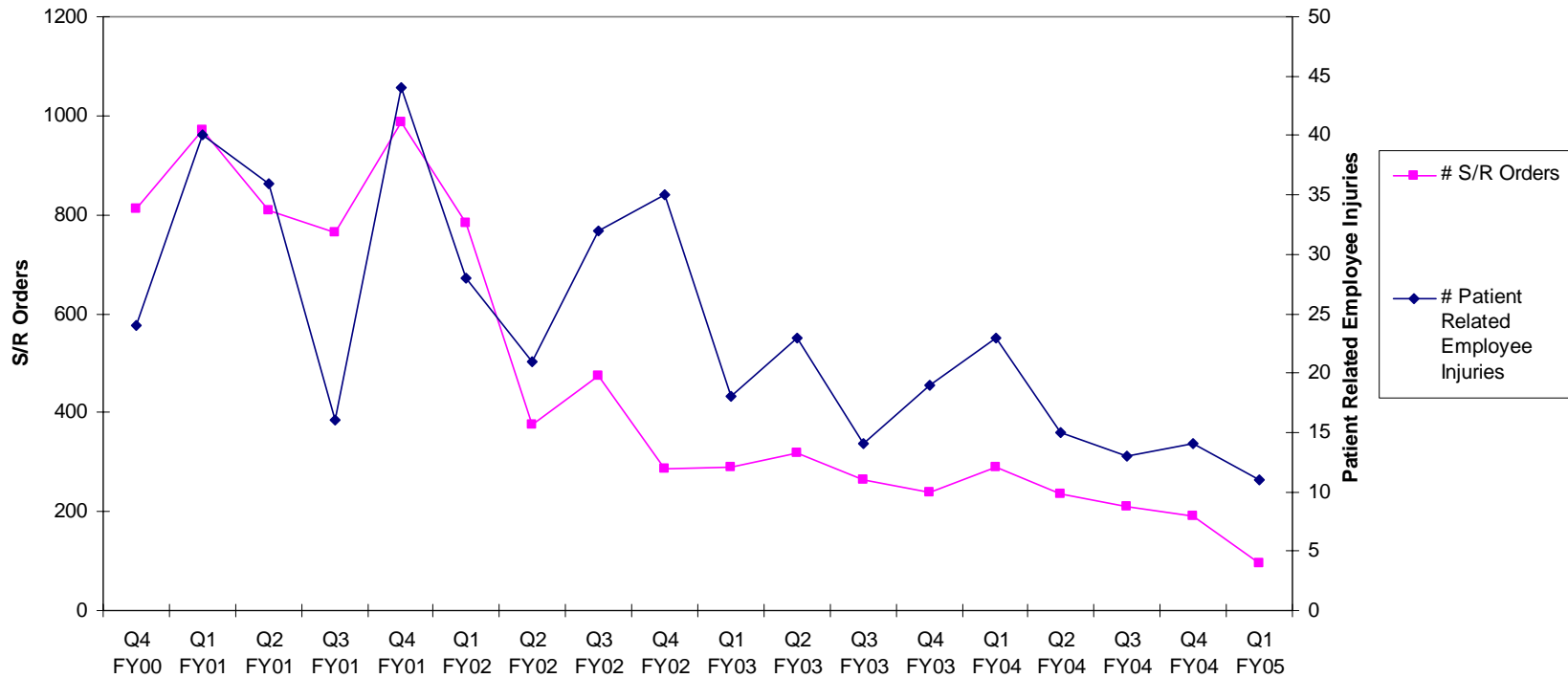
Worcester State Hospital

Seclusion and Restraint Hours (all wards)
Worcester State Hospital
9/01/00 - 12/31/04



Worcester State Hospital

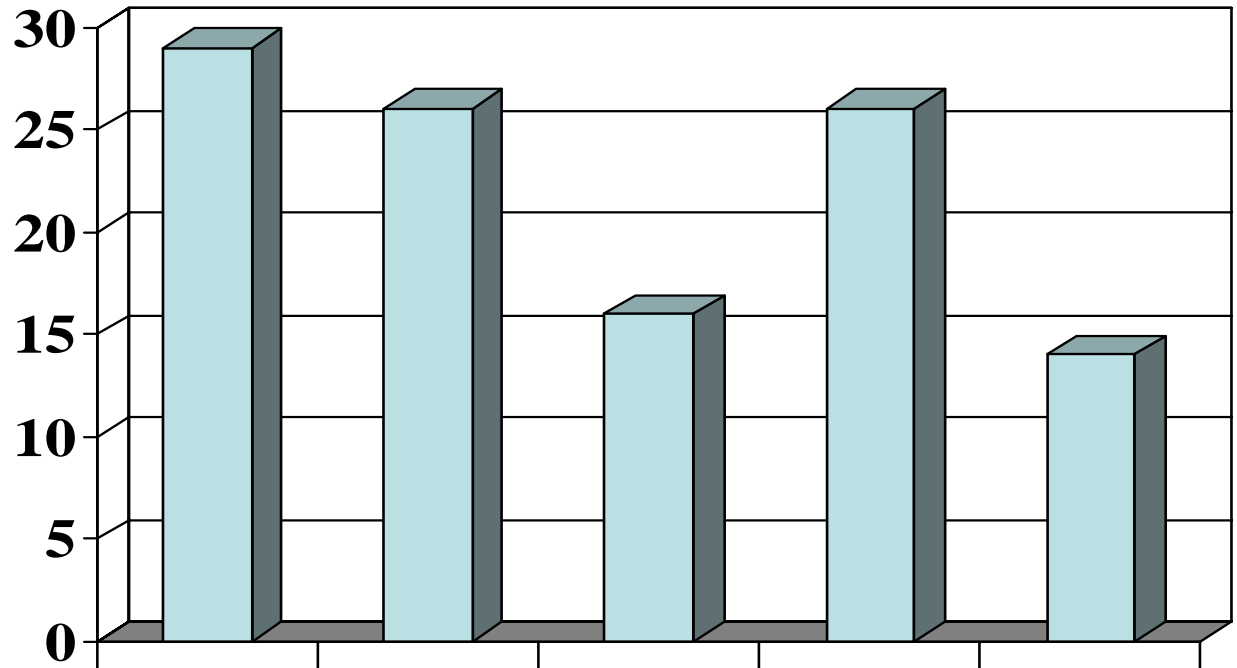
Seclusion and Restraint Orders and
Patient Related Employee Injuries
Worcester State Hospital
Q4 FY '00 - Q1 FY '05



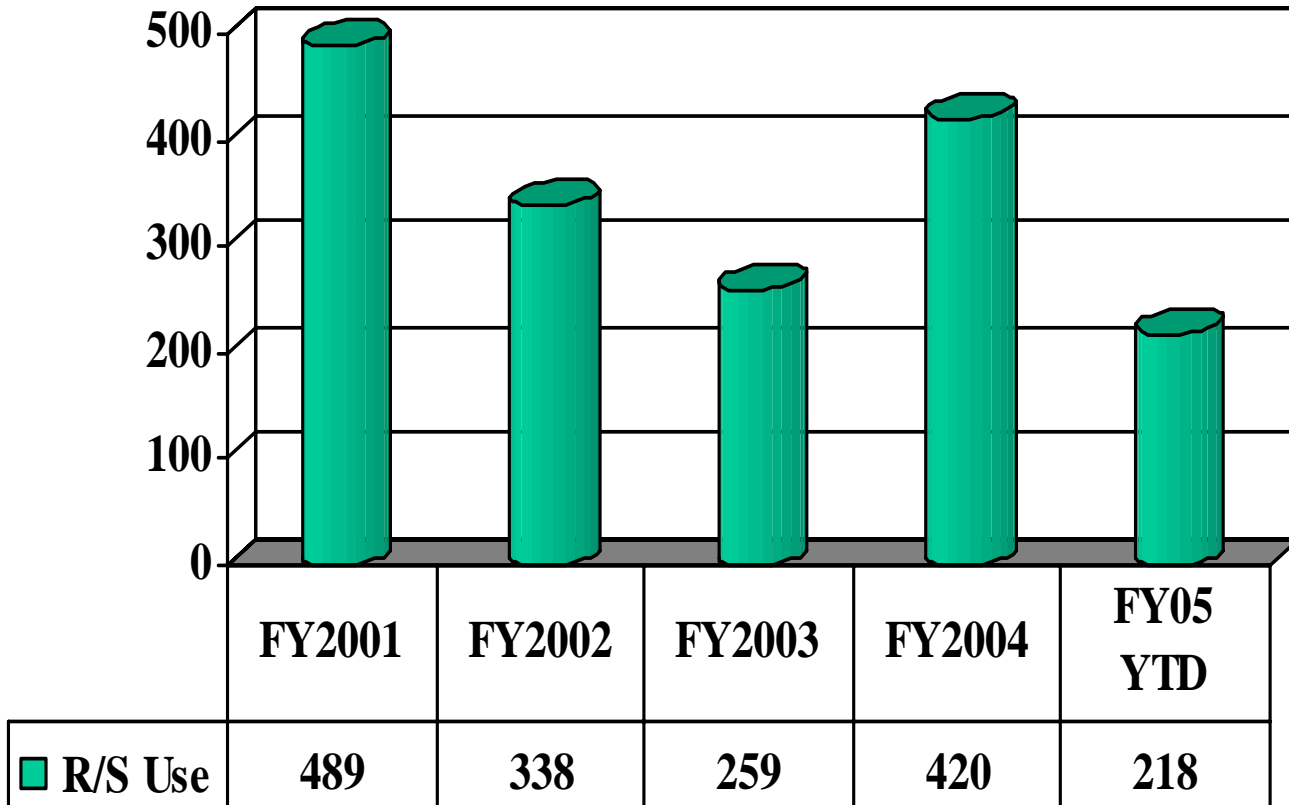
South Dakota Human
Services Center
Yankton, SD
2005

South Dakota Human Services Center

- In FY2004 the Center changed methods to count S/R to include any physical hold that restricted a person's ability to move. This increased the reported number of incidents significantly
- In FY 2002 the Center adopted the Crisis Prevention Institute model of Non-Violent Crisis Intervention (NCI) as the only accepted intervention model for interacting with agitated persons
- Injuries requiring medical attention have followed the trends of seclusion and restraint, more S/R leads to more injuries
- During FY2004 and FY2005 YTD two persons have accounted for approximately 50% of all utilization



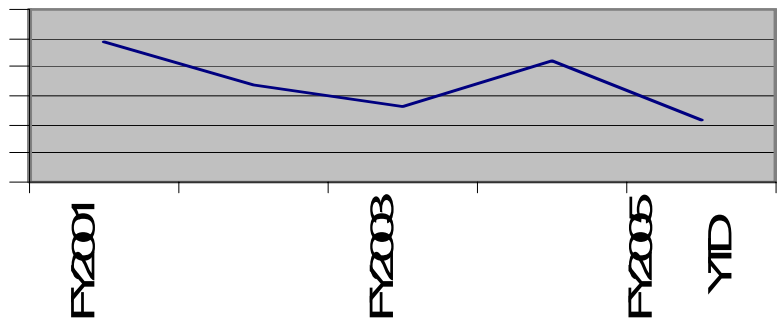
■ Sig. Injury	29	26	16	26	14
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Episodes of Restraint and Seclusion

Number of Episodes

600000
500000
400000
300000
200000
100000
0



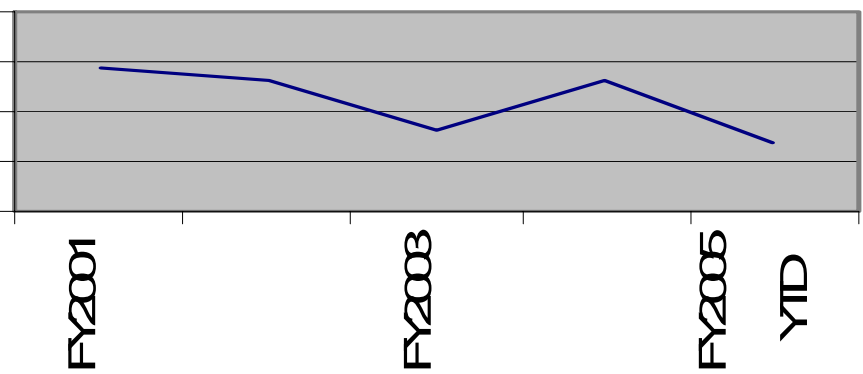
Episodes of R/S

Fiscal Year

Injuries Requiring Medical Attention

Number of Injuries

40
30
20
10
0



Significant Injuries

Fiscal Year

Analysis

Common Strategies Used

- Strong, involved, consistent leadership from CEO throughout process
- Clinical leaders involved as champions
- Change in treatment philosophy to less rule based, consequence based
- Prevention Approach adopted
- Thoughtful plan developed and monitored over time

Analysis

Common Strategies Used

- Workforce development that goes beyond “aggression control” training
- Heightened oversight and immediate response to every event
- Persons in recovery, families or advocates involved as partners
- Use of data in a transparent and motivating manner
- Rigorous analysis after events

Analysis

Individualized Approaches

- New treatment models used (Sanctuary©, Collaborative Problem Solving©, Anthony Role Recovery©)
- 24 hour on-call executive process
- Consumers hired as staff
- Change in staff roles in events (from security to nursing)
- Change in vendor models
- Change in hours allowed in orders

Analysis

Individualized Approaches

- Formal emergency response team
- Discontinuation of Seclusion
- Use of comfort or sensory rooms
- Person-first language
- Staff empowered to change rules
- Staff recognition events
- Formal kick-off and/or celebrations