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Seclusion and Restraint Plan
Southwestern Virginia Mental Health Institute
2021 – 2022
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Introduction

The Mission, Vision, Values, and Leadership Philosophy of SWVMHI all support an atmosphere of Recovery, respect for all individuals and the use of the least restrictive or coercive interventions. We will stay focused on our Mission, "We promote mental health in southwest Virginia by assisting people in their recovery" by using our facility Values of Communication * Honesty with Compassion * Trust * Teamwork * Self-initiative * Leadership * and Honoring day-to-day tasks to fulfill our Vision.

"SWVMHI, in collaboration with Community Service Boards, will always be the region's center of excellence in the treatment of serious mental illness."

In addition, SWVMHI has developed and reviewed a Seclusion and Restraint Philosophy

Seclusion and Restraint Philosophy

SWVMHI is committed to creating a trauma informed environment free of violence and coercion based on prevention strategies; assuring a safe environment for individuals receiving services as well as staff; and focusing on the elimination of seclusion and restraint as congruent with the principles of recovery and person-centeredness. This goal is consistent with a facility that treats people with dignity, respect, and mutuality, protects their rights, provides the best care possible, and supports them in the achievement of their personal vision for their lives.

I.   SWVMHI Mission, Vision, Values and Leadership Philosophy

    A.   <u>Mission - Department of Behavioral Health and Developmental Services (DBHDS)</u>:
       "We provide leadership and service to implement and improve Virginia's system of quality treatment and prevention services and supports for individuals and families whose lives are affected by mental health or substance use disorders or by intellectual disability. We seek to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals receiving services."

    B.   <u>SWVMHI Mission</u>:

       We promote mental health in southwestern Virginia by assisting people in their recovery.
       ~ originally promulgated in 2006

    C.   <u>DBHDS Vision</u>:

       "Our vision is a system of services and supports driven by individuals receiving services that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership."

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D. SWVMHI Vision:

Southwestern Virginia Mental Health Institute, in collaboration with the Community Services Boards, will always be the region's center of excellence in the treatment of serious mental illness.

- As a result, the people we serve continue their recovery from mental illness in their chosen communities and in their chosen roles.
- They leave the most restrictive treatment settings within the shortest possible time.
- SWVMHI is the region's center of excellence for people who are most challenged by serious behavioral health disorders.
- The SWVMHI vision helps to provide structure and guidance in moving toward our goals.

E. SWVMHI Core Values:

Definition:
- How we want to treat each other, both our co-workers and the individuals we serve.
- What are our underlying ethical standards?
- What is our ultimate or core reason for being – our "Higher Moral Purpose?"
- What values are we going to use to guide the decisions, actions and behaviors of our organization and each of us personally while at work?

F. DBHDS Values:

- "The mission of DBHDS is rooted in a set of core values, which represent the foundation of our work:
- Focus first on the individual receiving the services;
- Be responsive to our external and internal customers;
- Promote partnerships and collaboration;
- Maintain professionalism, integrity, and trust; and
- Be good stewards of our resources."

G. SWVMHI Values:

We best promote mental health in the people we serve by valuing:

- Communication,
- Honesty,
- Trust,
- Teamwork,
- Self-initiative,
- Leadership, and
- Honoring day-to-day tasks.

   1. SWVMHI Value: Communication

      Effective communication is an essential component of the successful functioning of SWVMHI. This is true for any fast-paced, complex, healthcare environment.

Effective communication flows across units, departments, shifts, and work teams. It flows up and down through the facility, and outside of the organization to families, CSBs, and other community partners.

We must pay special attention to potential communication barriers between groups who might have different priorities and goals, and work to enhance communication.

Employees at all levels will be engaged in the communication process.

Communication itself is desired but not all communication is desirable.

Effective and valued communication is clear, direct, accurate, consistent, concise, timely, inclusive, and relevant.

The general atmosphere must support valuable communication: *we value hearing about problems for which we do not yet have solutions, as well as possible solutions for problems we do not wish to have.*

We strive to minimize loopholes in communication: in the absence of information, information will be manufactured and will likely be inaccurate.

Knowledge is Power: when valuable information is confined to the few, the whole may suffer, and this may result in organizational weakness.

2. SWVMHI Value: Honesty with Compassion

Honesty with compassion characterizes our interactions with others and is an essential quality of genuine, sincere, and respectful relationships. When there is a balance of respect and understanding between people, frank and open honesty is an expectation with all interactions.

However, honesty alone can be cruel and not helpful in furthering the mission and values of the organization. At those times when truth presented by one to another may challenge a belief or understanding of another, it is necessary for honesty to be paired with compassion. Giving support or showing mercy in interactions with others without compromising honesty shows sympathetic concern for the perspective and the feelings of others.

The platinum rule: *Do unto others as they would have you do unto them.*
Honest verbal behavior: Avoid duplicity or the appearance of duplicity.
Go the extra mile to inspire others' confidence in your integrity: Do not have ulterior motives or the appearance of ulterior motives.

Appearances: *We have to be mindful that in our business, in our region, with our sources of funding, we have to not only be good, we have to look good.*

Candor, caring, and integrity are required ingredients.

Honesty with compassion is an important message with our communications.

Praise Sandwich: Use compliment-feedback-compliment techniques whenever possible.

3. SWVMHI Value: Trust

Trust lies at the heart of a functioning, cohesive team.

Trust is the confidence among team members that our co-worker's intentions are good and that there is no reason to be protective or careful around the group. In essence, teammates must get comfortable being vulnerable with one another and begin to act without concern for protecting themselves or their turf.

As a result, **the team can focus their energy and attention completely on the job at hand**, rather than being worried that their motives might be misinterpreted.

Trust:
- Is deeply intertwined with the other values.
- It is the key to driving out fear in the organization.
- **It is slow to build and quick to destroy.**
- **Link your words to your actions always, always, always.**
- We do not promise more than we can deliver.
- **We sincerely apologize for mistakes.**
- We accept responsibility for outcomes, positive and negative.
- What we say to a person is the same as what we say about that person.
- We do not separate Caring from our Candor.
- We are generous with our benefits of doubt: we do not rush to condemn.

4. SWVMHI Value: Teamwork

In order for the work team to attain its goals and objectives, it is imperative that team members work together as a cohesive unit. The team must share a common picture or vision of what each member is capable of accomplishing. Teams will function best if there is effective communication, honesty with compassion, and trust with accountability.

- One of the key components in the organizational vision.
- We need to maximize the productivity of our limited human resources.
- Synergy is essential to maximizing productivity.
- Teamwork is essential to synergy.
- There should be a variety of teams working on a variety of problems.
- Evidence of value: team composition, leadership, and quality output.
- Teamwork makes us a better facility!

5. SWVMHI Value: Self Initiative

We believe that there are multiple paths to recovery based on an individual's unique strengths and resiliencies as well as needs, preferences, and experiences. To that effort staff do the right things for the right reasons and ask questions or offer opinions when in doubt. Not knowing is less of an issue than not asking.

Staff self-initiate but do so with personal, professional, and organizational respect for what might have already transpired. This requires trust/trustworthiness, passion, communication, and unselfishness.

Staff must always be aware of how their self-initiative might impact other team members. Therefore checking with others to see how ideas, projects, etc. might impact those around you is important.

Recognize the value of your contribution and the cost of your absence.

6. SWVMHI Value: Leadership

SWVMHI believes that creativity and the ability to lead are not limited to a few, but reside within each of us. Given the opportunity and proper encouragement people at all levels can be leaders.

Each member of our staff can seize the initiative to make creative changes that benefit the people that we serve, every day.

It is closely intertwined with the values of Teamwork and Self-Initiative.

Leadership behavior includes being a good follower. Being a good follower is expected but supporting our leaders is also expected. Staff should be ready to identify and support leaders.

It is not just a function of expertise or position: **leadership can be demonstrated by fulfilling your own role.**

Staff is encouraged to identify impediments to achieving our mission and work collaboratively to make improvements.

7. SWVMHI Value: Honoring Day to Day Tasks

We want to honor those day-to-day tasks and interactions that collectively promote recovery**.**

We all strive to treat everyone with decency, dignity, and directness. In a psychiatric hospital these qualities actually become the core of therapy and of change.

These qualities must be more than just what we do, they must be what we are.

When we live these qualities day to day, we model them as ways of being that others might follow our lead. In the most mundane or trivial interaction, we still transmit our way of being, even if in seemingly insignificant quantities.

Atoms may be small, but no molecule can do without them; and the universe cannot do without molecules. So day-to-day tasks are the building blocks of excellence at SWVMHI.

This value captures concepts such as politeness, neighborliness, optimism, good manners, and leading by example.

These fundamental tasks are the building blocks of excellence.
We treat everyone as valued participants and every interaction as a moment of truth.

Teachable moments: Supervisors should "catch" staff engaging in this value to provide positive feedback.
Not engaging in this value offers opportunity for instruction and modeling.

Leaders Make It Happen!

It is important for SWVMHI and its employees to have a clear understanding of the values we wish to drive throughout the organization.

The SWVMHI Executive Team is SWVMHI's ultimate champion of our Mission, Vision and values.
However, it must not begin and end at this level.

All SWVMHI staff must learn, live, and lead the values of SWVMHI.

H. SWVMHI Leadership Philosophy

The Southwestern Virginia Mental Health Institute leadership philosophy promotes creativity, teamwork, and shared leadership by expecting all employees to learn, live, and lead the Values. We believe leadership can and should be demonstrated by all staff in their individual and collective roles. This leadership philosophy enables SWVMHI to fulfill its Mission of assisting people in their Recovery.

SWVMHI Elements of Leadership

Leaders:
- see the big picture,
- define outcomes and expectations,
- set the course,
- inspire,
- are visionary,
- serve as catalysts, and
- They are role models.

The "All Hands Work of Leadership"

A person is a leader when he or she is functioning in the interest of values that are not local to the person, but are of some greater force of which the person is a vehicle. Leaders keep both the vision and the mission in mind. They hold a well-crafted picture of the desired ends, referencing those ends to daily actions.

II. Making the Individual Experience Safer by Eliminating Seclusion and Restraints

   A. Implementation of increased Active Treatment

   - SWVMHI has an active Centralized Rehabilitation Services work group. The focus of CRS leadership within the last year has been to evaluate, refine and enhance the services and groups offered on and off ward. Some of the initiatives are as follows:
   - Rehab staff (Rehab Resource Coordinators on the Treatment Teams and Centralized Rehab Services Specialists/Coordinators) have been scheduled to be available on the unit for immediate application of redirection and de-escalation TOVA skills, which is to decrease episodes of S/R each month.
   - Restructuring of Rehab Services to better meet COVID-19 treatment/quarantine needs; and to fulfill precautionary actions set by Infection Control.
   - Increased Individualized Rehab Services interventions by QMHPs (Qualified Mental Health Professionals) and provide immediate assistance for individuals to assist with de-escalating behavioral/emotional/conflictual outbursts.
   - Increased individualized Rehab Services interventions by QMHPs (Qualified Mental Health Professionals) to attend to individuals' immediate needs and concerns, to decrease any dissatisfaction or stress within the high-acuity milieu.
   - Rehab staff will increase their availability on the unit for immediate application of redirection and de-escalation skills to reduce conflicts between peer-peer and patient-staff, as evidenced by a decrease in episodes of S/R.
   - Rehab staff will be available to perform One-to-One Observations when Nursing Dept. is in need of assistance, to increase the overall safety of the unit milieu.
   - Adding a Licensed Mental Health Professional-Eligible (LMHP-e) Rehab staff member, who has a Certification in Autism, to Ward C/D. Specifically trained to work with ID/DD populations and can appropriately intervene during behavioral emergencies to avoid the use of S/R.
   - Increased clinical support with master's level clinicians and Rehab Supervisors on each Admissions Unit.
   - Additional Documentation Training to better capture descriptions of individuals' symptoms and progress outcomes presented during their direct Rehab Services interactions/interventions. Improved liaison work between treatment teams, individuals served and Rehab staff in order to make effective clinical decisions to best serve individuals' treatment needs.
   - Identify, plan and immediately implement the least restrictive interventions in order to keep everyone safe from harm and/or injury.

   Data on group participation and hours of active treatment were evaluated by the Executive Team. A work group comprising clinical and nursing representatives was formed to develop this area. The Active Treatment Workgroup evaluated the practices of other facilities, performed a literature review and met on weekly basis to develop a plan of action to increase opportunities for individuals to become more actively engaged in groups and their recovery. The Geriatric Unit and Extended Rehabilitation Unit consistently averaged over 11 hours per patient per week in 2020. However on Adult Acute Admissions, the number of active treatment hours per patient per week was less than 4 hours per week. Recognizing this deficit and the inherent benefit of active treatment hours in the reduction of physical restraint, in 2020 the focus to increase active treatment hours was placed on the Adult Acute Admissions unit. In December 2020, the active treatment hours per patient per week was 11.27 on Ward AB and CD.

   Goal: To increase and maintain active treatment hours at a minimum of 10 hours per patient per week on all Wards

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B. <u>Continued use of Comfort Rooms</u>

The use of Comfort Rooms was implemented during the spring of 2009. There are two on the Acute Admissions Unit (one on Wards AB and one on Wards CD), one on the Geriatric Unit (Wards EF), and three on the Extended Rehabilitation Services Unit (Wards H, I, J). The primary uses of these rooms are to provide individuals with a private area with a variety of sensory aids to encourage successful self-management of difficult emotions. Comfort Rooms give individuals a place to go when feeling stressed, but still in control of their behaviors, and be in an attractive, separate area. The comfort rooms are designed to provide patients with choices that promote therapeutic coping skills. Additionally a music system was installed so that individuals can listen to either the radio or music of their choice.

When not in use, the Comfort Rooms are locked for safety purposes, since the rooms are not visible at all times. If an individual would like to use a room, he or she lets a staff member know, and the room is unlocked. If the individual is on close observation, a staff member will maintain the close observation in the room. If the individual is not on close observation, the door may be closed and a staff member will check in with the individual approximately each 15 minutes or less. If several individuals want to use the room at the same time, a schedule of 30 minutes each is developed. If no one is waiting to use the room, an individual may use it for a longer period of time.

Individual information and encouragement to use the comfort rooms is provided on admission to the ward. Written guidelines are posted on the unit and individualized encouragement is also provided. New nursing staff members are oriented to the concept of comfort rooms within their first month of employment in the classroom. Once on the unit, staff is reminded about promoting use of the rooms through weekly program management meetings and in monthly shift meetings. During these meetings staff members or individuals we serve may provide any recommendations about the comfort rooms and share anecdotes about the use.

New staff is oriented to this option as part of their onboarding on the units. Replacement of sensory items, such as stress balls, coloring sheets, modeling clay, etc. will continue to be ordered and replaced due to extensive use, and damage to some items. Funds are allocated each fiscal year to budget for the purchase of these items to be replaced.

Goal: To actively promote and increase comfort room use.

III. Recruitment and Retention of Qualified Medical Professional Staff and Nursing staff

<u>Medical Professionals:</u> SWVMHI has now filled all medical professional slots. Now all eight treatment teams are staffed with psychiatrists, in addition to one fulltime Medical Director, two internists, and four fulltime FNP's. Currently the facility is actively recruiting for a float Psychiatrist. The facility has a medical professional on site 24 hours per day, seven days per week for admission and other medical emergencies/urgent needs.

Active peer review is conducted and meetings are held (almost) weekly. The Facility Director and others also attend these meetings to assure effective communication.

<u>Nursing:</u> SWVMHI currently has stabilized the vacancy rate for Registered Nurses. However in 2020 the facility saw a significant increase in PCT vacancies due in part to retirements and resignations related to the Covid 19 Pandemic.

Ongoing efforts to recruit and retain nursing staff are as follows: Sign on bonuses, recruitment bonuses, implementing two hire groups per month, streamlined interview process, and conducting two job fairs in 2020. Currently plans are underway for a spring Job Fair in 2021.

Goal 1: To retain staff with the experience, education and training to enhance the quality care provided and furthermore reduce the incidence of S/R.

Goal 2: To achieve an average PCT vacancy rate of less than 10%.

IV. **Staff Development & Training, Recognizing Best Practices**

    A. Enhancements to TOVA Training

SWVMHI staff attended training to meet the biannual recertification requirement for instructors. Listed below are three items that are enhancements or possible program strengths that are somewhat specific to our facility:

The SWVMHI TOVA program incorporates data collected from the *SWVMHI After Code Processing Forms* to continuously monitor and improve the effectiveness of interactions between staff and the individuals we serve during behavioral crises. Class discussions focus on therapeutic practices and interventions that have resulted in positive outcomes as well as developing trends or issues where improvement is indicated.

Specialized TOVA training was implemented for medical and pharmacy staff. Part one of the training is an online course that emphasizes the core concepts of the TOVA program and the facility's commitment to reducing the use of seclusion and restraint. Part two is an instructor-led session that includes a demonstration of the physical skills/hands-on restraints, a written test on the core concepts of the program and an opportunity for discussion.

The SWVMHI TOVA instructional team consists of active instructors involving direct care staff on all three shifts and staff development coordinators. This team actively promotes the use of therapeutic, non-physical interventions to manage behavioral crises. This therapeutic approach includes at a minimum, using the least restrictive intervention possible and reserving the use of seclusion and restraint exclusively for emergency situations where less restrictive options are non-viable for keeping everyone safe and unharmed.

In the first quarter of 2020, in an ongoing effort to enhance and update our practices, two new TOVA techniques, the Standing Wall Restraint and Patient Lift was introduced and taught to the TOVA instructors at SWVMHI.

Goal 1: Continue to implement an excellent TOVA program, emphasizing Seclusion and Restraint reduction.

Goal 2: In 2021, TOVA Instructors will be expected to provide 'Real Time' education and instruction on techniques to maintain proficiency and skill on a monthly basis.

B. Implementation of ID/DD education for all new employees

SWVMHI has noted an increase in admissions of individuals with Intellectual Disability / Developmental Disability. These individuals present special challenges to all staff involved in their treatment and care. The Community Services Director provides ongoing and monthly education to all new staff in an effort to assist staff to provide care using the least restrictive methods possible.

Goal: To enhance the knowledge and ability of frontline staff working with individuals with ID/DD.

C. Motivational Interviewing

Motivational Interviewing is a mental health best practice aimed at helping persons to find their own motivation for making behavioral changes to enhance their likelihood of success. The approach has the associated advantage of increasing an individual's recognition that they are the most important partner in the healing alliance and consequently reducing the perception of individuals that they are being coerced.

All Staff are introduced to this approach in orientation. Motivational Interviewing has assisted staff to be able to avoid or resolve conflicts with the individuals we serve through verbal interaction, and consequently we believe it will help us to reduce the use of seclusion and restraint if all of our staff could apply this approach in interactions with patients.

Goal: Increase time in orientation of all new hires and development of a CAI in 2021 and to be completed by staff annually.

D. Ongoing Education

The Accident Review and Prevention Committee is a standing committee that reviews data from all of the employee incidents on a monthly basis. In 2020, the data continued to indicate a direct correlation between employee injuries, use of physical restraint and length of service of the employee involved. The committee determined that Psychiatric Care Technicians as well as other members of Nursing had a much higher rate of employee injury during the first two years of employment. The Accident Review and Prevention Committee implemented an education document to be reviewed by the employee's immediate supervisor during the employee's 4 month, 8 month and 11 month Probationary Progress Review.

E. In 2021 DBHDS developed a new CAI which focused on providing therapeutic interactions with special needs groups. These groups involved those with a trauma history, traumatic brain injury, Forensic, severe personality disorders and transgender individuals.

Goal: To provide ongoing education for staff to reduce S/R events and therefore injuries.

F. Enhancing skills with Direct Service Professional Career Pathway Curriculum

The Direct Service Professional (DSP) Career Pathway has provided a mechanism in which our Direct Service Associates (DSA) have gained a rich learning environment, skill development, and gained increased competence in assisting the individuals we serve in their recovery.

Successful completion at each level in the pathway requires the DSA to demonstrate and maintain proficiency in eight competencies (Advocacy and Individual Empowerment; Communication; Community Living Skills and Support; Crisis Intervention; Documentation; Facilitation of Services; Information Gathering; and Organization Participation). These competencies are observable and measurable behaviors and have distinct progression to each level which is validated by supervisors and managers. These competencies are directly tied to excellence on the job.

All DSA staff is expected to successfully completed Level I as a requirement in their EWP. After achieving Level I, staff are encouraged to begin meeting requirements for Level II, which includes taking on-line college classes.

The on-line college courses for Level II include:

- **Becoming a Helper**
- **Contemporary Behavior Therapy**
- **Looking Out/Looking In**
- **Abnormal Psychology and Life**

Some interesting comments from staff completing Level II that validates a paradigm shift in the culture of assisting the individuals we serve in their recovery:

"I have a better understanding of what our clients are dealing with; we have fewer codes, more listening, and generally a calmer, more therapeutic atmosphere."

"I have observed staff having more patience with clients, listening and trying lots of techniques we have learned to have fewer codes."

"Clients are like us, just with more problems in the end, we all are working toward recovery. I have observed staff talking with clients more, interacting more, and offering the client more choices."

"I look at the individuals I serve in a different light. They are inspiring to me and make myself want to be more helpful to them. We are all different in some shape or form and we all have problems, but we must get beyond our problems in order to help the individuals we serve."

On-line classes for Level III began in February 2012 and continue to current day. We anticipate that all who will complete DSP Level II will eventually participate in Level III classes, which include:

- **Psych 195- Topics in Pharmacology and Drug Abuse**
- **Introduction to Behavior Modification**
- **Mental Health Skill Training I**

- **Intellectual Disabilities Skill Training I**
- **Human Relations**
- **Developmental Psychology**

When the students graduate from Level III, they will have 36 college credit hours towards an Associate's Degree in Human Services.

Goals for 2021-2022: Continue to promote Levels I, II and III for DSA staff, thus expanding the education, skills and knowledge of DSA staff.

V. Patient Education and Early Intervention

A. Newly admitted individuals initially are placed on 1:1 observation for safety but also to afford staff an opportunity to develop rapport and establish quality interpersonal professional interactions. During the early stages of admission, individuals are educated on the Ward Routine, Ward Guidelines (Which include behavior expectations), and education on how to handle interpersonal conflicts, coping skills and effective communication avenues.

B. Use of Sensory Safety Plan formerly known as Personal Safety Tool

The Sensory Safety Plan formerly called Personal Safety Tool was designed to be used as soon after admission as possible to give the staff an opportunity to sit one-to-one with a newly admitted individual and begin to develop a joint plan to use when and if a crisis occurs. The Sensory Safety Plan is completed by an assigned staff member within 72 hours of admission. The form prompts the individuals we serve to discuss any history of seclusion or restraints. The form also gathers information as to what might trigger an individual to be agitated and what interventions would assist in calming them down.

The components of the Sensory Safety Plan (triggers, warning signs, and crisis prevention strategies) provide a personal plan that can be implemented early on to prevent or at least lessen the severity of a crisis. The process of reviewing these trigger areas is an early way of letting the individual know the staff is supportive and keenly interested in assisting them to avoid negative experiences. The individual identifies situations that may initiate digressing behavior and then they share the warning signs that will alert staff to begin offering alternative coping strategies. The coping strategies are specific to the individual and identify what works for them. The person may choose from the coping strategies listed and they may also write down other tactics that are unique to themselves. A copy of this information is printed and provided to the individual to assist them throughout their stay.

The remaining two areas of the Sensory Safety Plan are "Seclusion and Restraint" and "Trauma History." These are left to the end of the Safety Plan because they may denote intensely negative experiences. This information sheds valuable light upon the past and gives staff insight as to the person's feelings and coping ability relative to past trauma. Seclusion and/or restraint may simulate past distress and should be avoided to prevent re-traumatization. Upon completion, a copy is printed and provided to the individual to use as a resource. A second copy is maintained in a three ringed notebook at the Nurse's Station for staff to access and review. It is hoped that the Sensory Safety Plan will assist the individual and staff to be aware of the individualized triggers. The SSP assists staff to know what the individual's preferences in de-escalation are, in an effort to calm them down before the crisis escalates.

Goal: To obtain pertinent information from the individual related to seclusion and restraint history, triggers, coping strategies and trauma history to avoid S/R events. The Ward Clerk / PCT and or designee will maintain a notebook containing the Sensory Safety Plans for quick reference.

C. Medication Refusals

Medication refusals are monitored daily with active follow-up being made by the Team Nurse and Unit Nurse Coordinator with the individual's Treatment Team. These are further reviewed every Monday, Wednesday and Friday in Special Management. In 2020 DBHDS implemented a new Facility Incident Report, which has enhanced communication and effective follow-up.

Goal: To provide rapid follow-up and Team assessment to improve compliance with treatment and reduce incidents of S/R.

 D. Internal Review Committee

Individuals who are demonstrating an increased tendency towards aggression, require use of physical restraints, present behaviors that are difficult / challenging are referred to the Clinical Director for an Internal Review Committee review. The IRC consists of Executive Team members, Department Heads and Unit Nursing Leadership. In these called meetings, the individual's Treatment Team members present essentially a case study of the individuals past psychiatric, behavioral, medical and medication regime. A free flowing discussion of possible strategies to prevent aggressive behavior which results in seclusion and restraints is conducted.

Goal 1: To provide consult and assistance for the Treatment Teams in an effort to reduce physical restraint episodes.

Goal 2: In 2021-2022 SWVMHI will develop and implement a Rapid Review Team which will automatically consult with an individual's Treatment Team when there are 3 or more episodes of physical restraint, seclusion and or mechanical restraint in a 24 hour period. The consult will occur within 3 business days of the event. The Rapid Review Team's role will be consultative in nature with the focus being on providing input in an effort to prevent physical restraints being used.

Goal 3: In 2021 the Quality Risk Manager implemented a regularly scheduled meeting which started on January 20th, 2021 with nursing leadership to review video of physical restraint events to assess for training needs as well as recognizing good practice.

VI. Therapeutic Interaction Guidelines

In the event an individual presents with especially challenging, aggressive or difficult to manage behaviors the Treatment Team will develop Therapeutic Interaction Guidelines. These guidelines are designed with the individual's input to assist staff to quickly be aware of the individual's history, behaviors and strategies to provide a coherent and consistent approach in an effort to avoid physical restraint.

Goal: Provide frontline staff with insight into the patient's history and strategies to prevent escalation of behaviors which could lead into a physical restraint.

VII. Monitoring of Individual Situations and aggregate data; Intervention in Individual cases.

A. Regular participation of leadership staff at Codes, serving as role models and monitors.

It is an expectation that clinical leadership staff including nurse coordinators, programs directors and others respond to patient crises. In this manner can best practices be promoted, even in the midst of a behavioral crisis.

B. Review of monthly data in Quality/Risk Management Committee

Seclusion and Restraint events can be traumatic to both the individuals we serve and staff. As such they are reviewed as high risk events and all S&R event data at SWVMHI is reviewed on a monthly basis at the facility's Quality/Risk Management Committee meeting. This committee consists of facility leadership including the Facility Director, Medical Director, Clinical Services Director, Chief Nurse Executive, Director of Quality/Risk Management, and the Assistant Director for Administration.

S&R data is collected from forms completed by staff at the time of the event. Staff in the Quality/Risk Management office enters this data into the DBHDS S&R database where it is aggregated and then submitted by Central Office staff to NASMHPD Research Institute (NRI) for use as indicators in the CORE Measures program. Since July 2009 when SWVMHI first began to participate in CORE Measures data has indicated that, in the absence of any special cause variation, the facility's S&R data has been within one standard deviation of both the National and State means. In the case of restraint SWVMHI is often below the benchmark data.

NRI then compiles the submitted data and returns to SWVMHI a report that benchmarks the facility's S&R data against both state and national data. These CORE Measures reports are reviewed at the monthly Quality/ Risk Management Committee Meetings

Processing data in CORE measures can be time consuming and the resulting data can be 60-90 days old when reviewed by the committee. Due to this delay, SWVMHI also reviews S&R data gathered from the previous month at each Quality/Risk Management Committee meeting. In doing this we are able to review data for specific individuals who may be experiencing seclusion or restraint. We are also able to analyze our supine restraint data over time by using Control Charts that display the current year's events with those of the previous two years. We then also review our S&R data on an ongoing rolling 12 month basis that displays data on a facility wide basis, and each unit. We see these data displayed in terms of S&R episodes, number of individuals who experience an S&R event, as well as the number of hours each experience. We are then able to discuss trends or other changes in the data. Provide follow-up to the appropriate staff or unit to communicate the trends and data.