

ODMH PERFORMANCE IMPROVEMENT SURVEY 13
July 1 through December 31, 2010

Definitions:

“**Time-out**” means an intervention in which a person is required to remove him/herself from positive reinforcement to a specified place for a specified period of time or until ready behavior occurs.

“**Seclusion**” means the involuntary confinement of a person alone in a room where the person is physically prevented from leaving.

“**Physical/Manual restraint**” means any method of physically restricting a person’s freedom of movement, physical activity or normal use of his or her body, without the use of mechanical restraint devices. These methods include the utilization of physical holds by one or more qualified persons with the goal of either assisting the person to reestablish internal and behavioral control, or of stopping a dangerous behavior when verbal directions and/or non-verbal prompts have been ineffective.

“**Mechanical restraint**” means any method of restricting a person’s freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

“**Major behavioral aversives**” include: the contingent loss of the regular meal, the contingent loss of bed (mattress must be provided at regularly scheduled hours of sleep), and the contingent use of unpleasant substances or stimuli, such as bitter tastes, bad smells, splashing with cold water, and loud or annoying noises.

“**Involuntary**” means against an individual’s will and/or without having been provided informed consent.

15. Please check the appropriate option:

Option 1 For certified mental health providers who have **no episodes** of seclusion, restraint, time-out greater than 15 minutes, major behavioral aversive, or involuntary emergency medication to report for July 1 through December 31, 2010.

PLEASE STOP HERE AND RETURN SURVEY

Option 2 For certified mental health providers that have recorded at least one (1) episode of seclusion, restraint, time-out greater than 15 minutes, major behavioral aversive, or involuntary emergency medication between July 1 and December 31, 2010.

PLEASE COMPLETE SECTION II. COMPLETE A SEPARATE SURVEY FOR EACH CERTIFICATION AND LICENSE NUMBER.

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SECTION II

Licensed Residential Programs Only

16. Ages served: Percent below or equal to 17 years: % Percent above or equal to 18 years: %

17. Table 1: Client Days

Category	Jul	Aug	Sep	Oct	Nov	Dec
Total Number of Client Days ¹						

¹ **Client Days:** the sum of all census days less the sum of all leave days, defined as authorized or unauthorized absences when patient is not under direct supervision of psychiatric care setting staff.

18. Table 2: Aggregate Numbers of Time-out, Seclusion, and Restraint Measures

Category	Jul	Aug	Sep	Oct	Nov	Dec
Number of Time-outs greater than 15 min						
Number of Seclusions						
Number of Physical/Manual Restraints						
Number of Mechanical Restraints						
Number of Major Behavioral Aversives						
Number of Involuntary Emergency Meds						

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Licensed Residential Programs only (continued):

19. Table 3: Average Duration Statistics

Category	Jul	Aug	Sep	Oct	Nov	Dec
Avg. Duration (min) for Time-outs greater than 15 min						
Avg. Duration (min) Seclusion						
Avg. Duration (min) Physical/Manual Restraint						
Avg. Duration (min) Mechanical Restraint						

20. Are you a member of the Children's Residential Treatment Learning Community?
 Yes No Former Member

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Certified Outpatient Providers Only

21. Is restraint and/or seclusion utilized in:
- a. **Partial Hospitalization** program? Yes No
 If "Yes", please specify the number of hours per a unit of Partial Hospitalization in your program: _____ Hours
 - b. **Crisis Intervention** program? Yes No
 - c. **Other Programs?** Yes, please describe: _____ No
22. Ages served: Percent below or equal to 17 years: _____ % Percent above or equal to 18 years: _____ %

23. Table 4: Aggregate Numbers of Time-out, Seclusion, and Restraint Measures

Category	Jul	Aug	Sep	Oct	Nov	Dec
Number of Time-outs greater than 15 min						
Number of Seclusions						
Number of Physical/Manual Restraints						
Number of Mechanical Restraints						
Number of Major Behavioral Aversives						
Number of Involuntary Emergency Meds						

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Certified Outpatient Providers only (continued):

24. **Table 5: Average Duration Statistics**

Category	Jul	Aug	Sep	Oct	Nov	Dec
Avg. Duration (min) for Time-outs greater than 15 min						
Avg. Duration (min) Seclusion						
Avg. Duration (min) Physical/Manual Restraint						
Avg. Duration (min) Mechanical Restraint						

25. Are you a member of the Children's Residential Treatment Learning Community?
 Yes No Former Member

For questions, contact HelenAnne.Sweeney@mh.ohio.gov or Belinda.Stilwell@mh.ohio.gov.