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Ohio Administrative Code Rule 5122-14-10 Effective 1/1/12

- The rule that contains the paragraphs which will be reviewed during the presentation is available for download here:
  - http://mentalhealth.ohio.gov/assets/licensure-certification/rules/20120101/5122-14-10.pdf

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Trouble Accessing the Webinar

- **Citrix Live Support**
  - **888-259-8414**
- **Citrix FAQ Webpage**
  - **http://support.citrixonline.com/en_US/gotowebinar/help_files/GTW110001?title=Common+Issues+When+Joining+a+Webinar+on+PCs%7D**
- **If system shows attendee is unable to hear, he/she may receive an audio PIN via e-mail. Can also contact Citrix Live Support**

3

Ohio Department of Mental Health

LICENSED PRIVATE PSYCHIATRIC HOSPITAL PROVIDERS
SECLUSION AND RESTRAINT

Amended Rules Effective 1 January 2012
Rule 5122-14-10

Janel M. Pequignot, Chief
Standards Development & Administrative Rules
19 December 2011

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Continuing Education Information
Available Only for Live Webinar

- Approved for up to 2 hours CE for RN/LPN/SW/Counselor/MFT/Psychologist/ Chemical Dependency
- If you registered for CEUs, *and you meet attendance requirements*, you will receive an evaluation form via e-mail within 72 hours
- Return the evaluation within three weeks of receipt following instructions in e-mail
- CE Certificate will be e-mailed
- If you registered for CEUs and do not receive an evaluation, please contact Debbie.Swank@mh.ohio.gov

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How to Ask A Question

- Type your question on the control panel & "send"
- Questions will be answered at the end of each section
  - Will answer as many questions as possible
- Can use "raise hand" function if you prefer to verbally ask your question
  - Moderator will turn on your microphone
  - All attendees will hear you
  - Do not use "raise hand" if sending question in writing

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Webinar CE Objectives

- Implement standards in order to reduce the use of or prevent the need for seclusion and/or restraint.
- Apply seclusion and restraint in a safe, effective method to reduce risk of harm to the consumer and staff, and try to prevent its re-occurrence.
- Analyze data to develop plan to reduce the use of seclusion and restraint.

7

Ohio Administrative Code 5122-14-10

- Seclusion and restraint related standards are paragraphs (G) to (I).
  - The majority are contained in (G)
- (G) Each inpatient psychiatric service provider shall meet all applicable medicare conditions of participation, TJC, HFAP and/or DNV standards for seclusion and restraint in addition to the following:

8

Objective # 1

Implement standards in order to reduce the use of or prevent the need for seclusion and/or restraint.

9

(G)(3)

- Identify, educate & approve staff members to use seclusion or restraint.
- Competency of staff
- The results of evaluations maintained for a minimum of three years
- Staff shall have appropriate training prior to utilizing seclusion or restraint, and, at a minimum, annually thereafter.

10

TJC, DNV and HFAP Standards on Preventing Seclusion and Restraint

- All have some form of the following standards:
  - Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm.
  - Required staff training in the use of non-physical intervention skills, including de-escalation and dealing with aggressive behavior;

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Some Ideas Regarding Staff Training (Not Requirements)

- Trauma informed care
  - http://www.samhsa.gov/nctic/trauma.asp
- Staff training in mediation, conflict resolution, and building non-coercive relationships
  - More useful if leadership empowers staff (with guidance) to make immediate decisions about program rules/expectations to respond to events (e.g. power struggle about attending a group or meal time). On-going issues are treatment team matters.

12

Some Ideas Regarding Staff Training (Not Requirements)

- Understanding imminent threat/danger
  - How is it defined, recognized?
- Involve consumers in training
- Provide alternatives to S/R
  - Giving staff tools and teaching skills needed has more success than telling staff "we are no longer going to…"
- Use a vendor for staff training that has data showing reduction in other facilities which have used its programs

13

Patient Assessment 5122-14-13

- (G) Each inpatient psychiatric service provider shall be responsible for conducting a complete assessment of each patient including a consideration of the patient's **strengths** and **patient's needs**, and **types of services to meet those needs in the least restrictive environment** consistent with treatment needs.
- (1) The assessments shall include as appropriate to patient need: physical, laboratory, emotional, behavioral, social, recreational, cognitive, functional living skills, educational, legal, vocational, nutritional, cultural, religious, income support, housing needs, and other community support and discharge planning needs.

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Some Ideas (Not Requirements)

- Develop de-escalation or safety plan with patient
  - Identify triggers, environmental stressors, preferences
  - In addition to seclusion/restraint reduction strategy, helps patient learn illness self-management
  - Reflect on patient's treatment plan
- Comfort/sensory rooms
- System in place for staff to document or share "success"
  - If something worked w/ a patient to de-escalate, prevent S/R, communicate the information to other staff

15

S/R Debriefing

- (G)(7) Following the conclusion of each incident of seclusion or restraint, the patient and staff shall participate in a debriefing(s).
  - (a) The debriefing shall occur within twenty-four hours of the incident unless the patient refuses, is unavailable, or there is a documented clinical contraindication.
  - (b) The following shall be invited to participate unless such participation is clinically contraindicated and the rationale is documented in the clinical record:
    - (i) For a child/adolescent patient, the family, or custodian or guardian, or
    - (ii) For an adult patient, the patient's family or significant other when the patient has given consent, or an adult patient's guardian, if applicable.

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S/R Debriefing

- Use this information to reduce use of or prevent future need for S/R
  - Treatment plan modifications
  - Crisis plan
  - Modification to program rules or expectations
  - Staff training
  - Performance improvement
  - ???

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Objective # 2

Apply seclusion and restraint in a safe, effective method to reduce risk of harm to the consumer and staff, and try to prevent its re-occurrence.

18

Prohibited Techniques/Activities

- (G)(1) The following shall not be used under any circumstances:
  - **(a) Behavior management interventions that employ unpleasant or aversive stimuli such as: the contingent loss of the regular meal, the contingent loss of bed, and the contingent use of unpleasant substances or stimuli such as bitter tastes, bad smells, splashing with cold water, and loud, annoying noises;**
  - (b) Any technique that obstructs the airway or impairs breathing;
  - (c) Any technique that obstructs vision;
  - (d) Any technique that restricts the individual's ability to communicate;

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Prohibited Techniques/Activities

- (G)(1) The following shall not be used under any circumstances:
  - (e) Weapons and law enforcement restraint devices, as defined by CMS in appendix A of its interpretive guidelines to 42 C.F.R. 482.13(f) and found in manual publication No. 100-7, "Medicare State Operations", used by any hospital staff or hospital-employed security or law enforcement personnel, as a means of subduing a patient to place that patient in patient restraint/seclusion; and
  - (f) Chemical restraint. A drug or medication administered involuntarily to an individual in an emergency may be considered a chemical restraint if both conditions cited in paragraph (C)(6) of rule 5122-14-01 of the Administrative Code are met.

20

Prone Restraint

- (G)(2) Position in physical or mechanical restraint
  - (a) An individual shall be placed in a position that allows airway access and does not compromise respiration.
  - (i) The use of prone restraint is prohibited.
- 5122-14-01 (C)(44) “Prone Restraint” means all items or measures used to limit or control the movement or normal functioning of any portion or all of an individual’s body while the individual is in a face-down positions. Prone restraint may include either physical (also known as manual), or mechanical restraint

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Transitional Hold

- (G)(2) Position in physical or mechanical restraint
  - (a) An individual shall be placed in a position that allows airway access and does not compromise respiration.
  - (ii) A transitional hold shall be limited to the **minimum amount of time necessary** to safely bring the person under control, at which time staff shall either terminate the transitional hold, and begin the post-restraint process required by this rule, or, if the individual cannot safely be released from the transitional hold, re-position the individual into an alternate restraint position. The use of transitional hold shall not be utilized with mechanical restraint.
    - **"Minimum necessary"** is a clinical determination

22

Transitional Hold

- 5122-14-01 (C)(62) "Transitional hold" means a brief physical (also known as manual) restraint of an individual facedown for the purpose of effectively gaining physical control of an individual in order to prevent harm to self and others, or for the purpose of transport, i.e. carrying a individual to another location within the facility.

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Transitional Hold

- (G)(2)(b) The use of transitional hold shall be subject to the following requirements:
  - (i) Applied only by staff who have current training on the safe use of transitional hold, including how to recognize and respond to signs of distress in the individual.
  - (ii) The weight of the staff shall be placed to the side, rather than on top of the individual. No transitional hold shall allow staff to straddle or bear weight on the individual's torso while applying the restraint, i.e. no downward pressure may be applied that may compromise the individual's ability to breathe.
  - (iii) No transitional hold shall allow the individual's hands or arms to be under or behind his/her head or body. The arms must be at the individual's side.

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Transitional Hold

- (G)(2)(b) The use of transitional hold shall be subject to the following requirements:
  - (iv) No soft device, such as a pillow, blanket or other item, shall be used to cushion the client's head, since such a device may restrict the individual's ability to breathe.
  - (v) All staff involved in the procedure must constantly observe the individual's respiration, coloring, and other signs of distress, listen for the individual's complaints of breathing problems, and immediately respond to assure safety.
  - (vi) After conclusion of the transitional hold, the hospital shall monitor and document the condition of the individual at least every fifteen minutes, for two hours. The inability to complete the fifteen minute monitoring and rational shall be documented.

25

Staff Training in Application of S/R

- (G)(3) The hospital shall identify, educate and approve staff members to use seclusion or restraint. Competency of staff in the use and documentation of seclusion or restraint methods shall be routinely evaluated. The results of evaluations shall be maintained by the hospital for a minimum of three years for each staff member identified.
- Staff shall have appropriate training prior to utilizing seclusion or restraint, and, at a minimum, annually thereafter. The exception to annual training is a first aid and/or CPR training/certification program of a nationally recognized certifying body, e.g. the american red cross or american heart association, when that certifying body establishes a longer time frame for certification and renewal.

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Staff Training in Application of S/R

5122-14-10 (G)(3)

- (a) Staff shall be trained in and demonstrate competency in the safe application of all seclusion or restraint interventions he or she is authorized to perform, including specific training in utilization of transitional holds, if applicable;
- (b) Staff shall be trained in and demonstrate competency in choosing the least restrictive intervention based on an individualized assessment of the patient's behavioral and/or medical status or condition;
- (c) Staff shall be trained in and demonstrate competency in recognizing and responding to signs of physical distress in consumers who are being secluded or restrained;
- (d) Staff shall be trained and certified in first aid and CPR;

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Staff Training in Application of S/R

5122-14-10 (G)(3)

- **(e) Staff shall be trained in and demonstrate competency in recognizing and responding to signs of physical distress in clients who are being secluded or restrained;**
- (f) Staff authorized to take vital signs and blood pressure shall be trained in and demonstrate competency in taking them and understanding their relevance to physical safety and distress;
- (g) Staff shall be trained in and demonstrate competency in assessing circulation, range of motion, nutrition, hydration, hygiene, and toileting needs; and
- (h) Staff shall be trained in and demonstrate competency in helping a client regain control to meet behavioral criteria to discontinue seclusion or restraint.

28

ODMH Needs to Correct (G)(3)(e)

- Repeats (G)(3)(c)
- Original intent was staff trained in identification of risk factors in paragraph (G)(5) of the rule
- Suggestion (not a requirement unless rule is changed) that staff receive some training
  - Health and Safety
  - Look at accrediting body requirements

29

Advance Directives

- (G)(4) The presence of advance directives or consumer preferences addressing the use of seclusion or restraint shall be determined and considered, and documented in the medical record. If the hospital will be unable to utilize seclusion or restraint in a manner in accordance with the patient's directives or preferences, the hospital shall notify the patient, including the rationale, and document such in the ICR

30

Risk Factors

- (G)(5) In each patient's medical record, upon admission and upon any relevant changes in the patient's condition, any perceived medical or psychiatric contraindications for the possible use of seclusion or restraint shall be documented. The specific contra-indication shall be described and shall take into account the following which may place the patient at greater risk for such use:
  - (a) Gender;
  - (b) Age;
  - (c) Developmental issues;
  - (d) Culture, race, ethnicity, and primary language;

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Risk Factors (G)(5) continued

- (G)(5)… The specific contra-indication shall be described and shall take into account the following which may place the patient at greater risk for such use:
  - (e) History of physical and/or sexual abuse, or psychological trauma;
  - (f) Medical and other conditions that might compromise physical well-being, e.g., asthma, epilepsy, obesity, lung and heart conditions, an existing broken bone, pregnancy, and drug/alcohol use; and
  - (g) Physical disabilities.

32

Who Can Order S/R

- (G)(6) Orders shall be written only by an individual with specific clinical privileges/authorization granted by the hospital to order seclusion and restraint, and who is a:
  - (a) Psychiatrist or other physician; or
  - (b) Physician's assistant, certified nurse practitioner or clinical nurse specialist authorized in accordance with his or her scope of practice and as permitted by applicable law or regulation.

33

Telephone Orders

- (G)(6)(c) Countersignatures to telephone orders for seclusion and/or restraint shall be signed within twenty four hours by an individual with specific clinical privileges/authorization granted by the hospital to order seclusion and restraint, and who is a psychiatrist or other physician, physician's assistant, certified nurse practitioner, or clinical nurse specialist.

34

Objective # 3

Analyze data to develop plan to reduce the use of seclusion and restraint.

35

Performance Improvement

- (G)(8) As part of the inpatient psychiatric service provider's performance improvement process, a periodic review and analysis of the use of seclusion and restraint shall be performed.

36

Examples (not ODMH rule requirements) of Data to Review

- Staff involved, including staff member(s) who initiated the seclusion or restraint
- Duration of the method
- Date, time and shift each method was initiated
- Day of week
- Type of method, including type of physical hold or mechanical restraints utilized
- Patient age, race, gender and ethnicity
- Patient and/or staff injuries
- Number of episodes per patient

37

Log

- (G)(9) The inpatient psychiatric service provider shall maintain an ongoing log of its seclusion and restraint utilization for departmental review. A log shall be maintained for department review of each incident of mechanical restraint, seclusion, and physical restraint, and for time-out exceeding sixty minutes per episode. The log shall include, at minimum, the following information.
  - (a) The person's name or other identifier;
  - (b) The date, time and type of method utilized, i.e., seclusion, physical or mechanical restraint, or time-out. The log of physical and mechanical restraint shall also describe the type of intervention as follows:
    - (i) For mechanical restraint, the type of mechanical restraint device used;
    - (ii) For physical restraint, the type of hold or holds as follows:
      - *(a)* Transitional hold, and/or
      - *(b)* Physical restraint; and
  - (c) The duration of the method or methods.
- If both transitional hold and physical restraint are utilized during a single episode of restraint, the duration in each shall be included on the log. For example, a physical restraint that begins with a one minute transitional hold, followed by a three minute physical restraint shall be logged as one restraint, indicating the length of time in each restraint type.

38

Plan to Reduce S/R

- (G)(10) Plan to reduce seclusion and/or restraint.
  - (a) A hospital which utilizes seclusion or restraint shall develop a plan designed to reduce its use. The plan shall include attention to the following strategies:
    - (i) Identification of the role of leadership;
    - (ii) Use of data to inform practice;
    - (iii) Workforce development;

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Plan to Reduce S/R

- (G)(10) Plan to reduce seclusion and/or restraint.
  - (a) A hospital which utilizes seclusion or restraint shall develop a plan designed to reduce its use. The plan shall include attention to the following strategies:
    - (iv) Identification and implementation of prevention strategies;
    - (v) Identification of the role of patients (including children), families, and external advocates; and
    - (vi) Utilization of the post seclusion or restraint debriefing process.

40

Plan

- 6 Strategies in ODMH rule align with NASMHPD's Office of Technical Assistance 6 Core Strategies for the Reduction of S/R
  - http://www.nasmhpd.org/general_files/publications/ntac_pubs/SR%20Core%20Strategies%20Snapshot%2011-2006%20src%20edits.pdf

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Use of Data & Other Resources

- Use of data
  - Log, de-briefing, examples on slide 36, assessment data, etc.
- OTA draft example on S/R de-briefing
  - http://www.nasmhpd.org/general_files/publications/ntac_pubs/Debriefing%20p%20and%20p%20with%20cover%207-05.pdf
- Office of Technical Assistance Publications
  - http://www.nasmhpd.org/publicationsOTA.cfm

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Plan to Reduce S/R

- (G)(10) Plan to reduce seclusion and/or restraint.
  - (b) A written status report shall be prepared annually, and reviewed by leadership.

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Paragraphs (H) & (I)

5122-14-10

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Incident Reporting

- (H) Pursuant to rule 5122-14-14 of the Administrative Code, the hospital shall notify ODMH of each:
- (1) Instance of physical injury to a patient that is restraint-related, e.g., injuries incurred when being placed in seclusion and/or restraint or while in seclusion or restraint, with the exception of injury that is self-inflicted, i.e. a patient banging his/her own head;
- (2) Death that occurs while a person is restrained or in seclusion;
- (3) Death occurring within twenty four hours after the person has been removed from restraint or seclusion, and
- (4) Death where it is reasonable to assume that a person's death may be related to or is a result of such seclusion or restraint.

45

"Therapeutic Touch"

- (I) Staff actions commonly known as therapeutic, supportive or directional touch, utilized to direct an individual to another area without the use of force and which do not restrict an individual's freedom of movement, are not considered restraint and are not subject to the provisions of paragraphs (G) of this rule

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Final Questions?

Questions

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