



**Ohio Department of
Mental Health and Addiction Services**

**Seclusion and Restraint Data Report Results:
Inpatient Psychiatric Service Providers
January through December 2014**

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A Note about Ohio’s Trauma-Informed Care Initiative

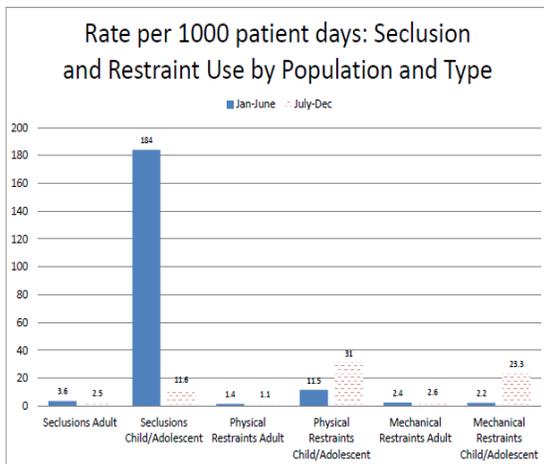
Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual well-being. (SAMHSA, 2012)

OhioMHAS recognizes that hospitalization for mental health disorders, in and of itself, can be a traumatizing event. Therefore, the agency is working with the Ohio Department of Developmental Disabilities to encourage all providers to adopt “Trauma-Informed Care.” This approach explicitly acknowledges the role trauma plays in people’s lives and develops an organizational and clinical culture that considers and addresses its impact on the person’s disease and recovery. Through Regional Collaboratives, OhioMHAS and its partners provide technical assistance to help providers avoid retraumatizing an individual in their care. A reduction in seclusion and restraint can be an indicator of trauma-informed care implementation.

Summary

For private hospitals serving adults:

- Adult-serving hospitals reported using a higher total number of Mechanical Restraints followed by Seclusions and a lower number of Physical Restraints; this pattern was generally consistent when averaging the frequency per 1000 patient days.
- Average duration per incident was longer for Mechanical Restraints followed by Seclusions, with a lower average duration for Physical Restraints.
- When private hospitals were analyzed by groups such as geographical region or capacity group, the effect of a single outlier upon group averages was more prominent than when as a whole. Therefore, with the exception the frequency of adult seclusions, no consistent patterns were found

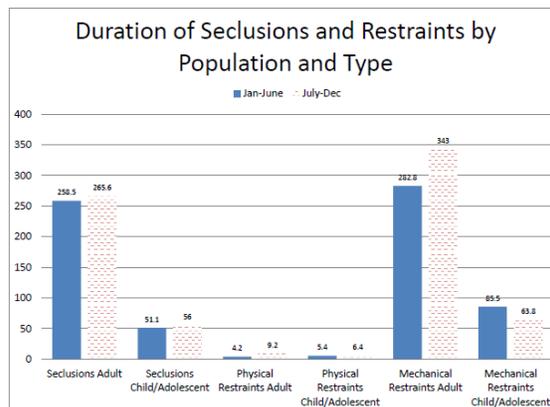


For hospitals serving children and youth:

- Youth-serving hospitals reported using a higher total number of Physical Restraints, a slightly smaller number of Seclusions, and a lower number of Mechanical Restraints. When averaging the frequency per 1000 patient days for all youth-serving hospitals there was a higher number of Seclusions, followed by Physical Restraints.
- Average duration per incident was longer for Mechanical Restraints, followed by Seclusions, with a lower average duration for Physical Restraints.
- Due in part to the small number of youth providers, outliers with high rates for one to two-month periods created large jumps between reporting periods for all types of seclusion and restraints.

Comparing hospitals serving adults to hospitals serving children and youth:

- Hospitals serving children and youth report fewer total Seclusions and Restraints. When looking at frequencies per 1000 Patient Days, compared with hospitals serving adults, hospitals serving youth report more seclusions and more physical restraints. For the January-June reporting period, youth and adult providers had about the same number of mechanical restraints.
- Hospitals serving adults have a longer average duration of Seclusions and Mechanical Restraints.
- The longest average duration of any of the Seclusions and Restraint types are Mechanical Restraints in adult-serving hospitals.



Ohio Department of Mental Health & Addiction Services (OhioMHAS) OAC 5122-14-14 requires that inpatient hospital providers report certain incident data every six months (January – June, and July – December). Mental health providers that are required to report incidents include Type 1 Residential Facilities, Inpatient Psychiatric Service Providers, and Community Mental Health Agencies.

Methods

Hospital providers are comprised of psychiatric inpatient units within general hospitals and freestanding psychiatric hospitals in Ohio. OhioMHAS licenses acute inpatient beds on these units for adults, adolescents, and children; some adult licensed units have programming specific to the geriatric population. All acute inpatient units and/or hospitals provide programming and treatment for individuals who are experiencing an acute psychiatric crisis and require hospitalization.

Hospitals were required to report their service utilization. Patient days¹, number and minutes of Seclusion², Physical Restraints³, Mechanical Restraints⁴, number of patient injuries or illnesses, and number of injuries to staff resulting from Seclusion and Restraint. The number of licensed facilities may differ between months and/or reporting periods. Therefore, aggregate data displayed over 12 months should be viewed with caution.

Comparisons: In order to compare across organizations of varying size, frequencies were calculated on both the number of Seclusions and Restraints per 1000 patient days and the average duration per Seclusion and Restraint.

$$\text{Seclusion/Restraints per 1000 Patient Day} = \frac{\text{Total \# of Seclusions/Restraints}}{\text{Total \# of Patient Days}} \times 1000$$

$$\text{Avg. Duration per Seclusion/Restraint} = \frac{\text{Total mins of Seclusion/Restraint}}{\text{Total \# of Seclusions/Restraints}}$$

For example, if an organization reported 600 patient days, 15 incidents of Seclusion, and 500 total minutes of Seclusion, the Seclusions per 1000 patient days would be 25 (15/600=25) and the average duration would be 33.3 minutes (500/15=33.3).

Geographic Areas Served

There were 72 total hospitals operating in January – June 2014. The total decreased to 71 hospitals operating in July – December 2014. Table 1 below reports the number of hospitals serving adults and youth for the total state as well as within each geographical area. The county map below shows the geographical areas based on referral regions for the six State Psychiatric Hospitals (SPHs).

¹ Patient days are the sum of all census days less the sum of all leave days.

² Seclusion means a staff intervention that involves the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.

³ Physical Restraint, also known as Manual Restraint, means a staff intervention that involves any method of physically/manually restricting a patient's freedom of movement, physical activity, or normal use of his or her body without the use of Mechanical Restraint devices.

⁴ Mechanical Restraint means a staff intervention that involves any method of restricting a patient's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

- The Northeast region had the highest number of hospitals for both adults and children and youth, with a decrease of 1 child and adolescent hospital between the reporting periods.
 - The number of adult-serving providers within the Southwest region remained stable, accounting for approximately 21 percent of total number of hospitals serving adults.
 - The Southeast region lost one hospital adult-serving hospital between the two reporting periods.
 - The number of adult-serving providers within Southwest region remained stable between the two reporting periods.
 - As of December 2014, the Southeast region held the smallest percentage of adult-serving hospitals (N=7, 9.9%). The Southeast region also had the smallest percentage of child/adolescent providers (N=1, 7.7%).
 - The Northeast and Central regions each lost 1 child provider between the two reporting periods.
- Results will be reported by region for hospitals serving adults; the subsample size was too small to report results by region for the child and youth-serving hospitals.

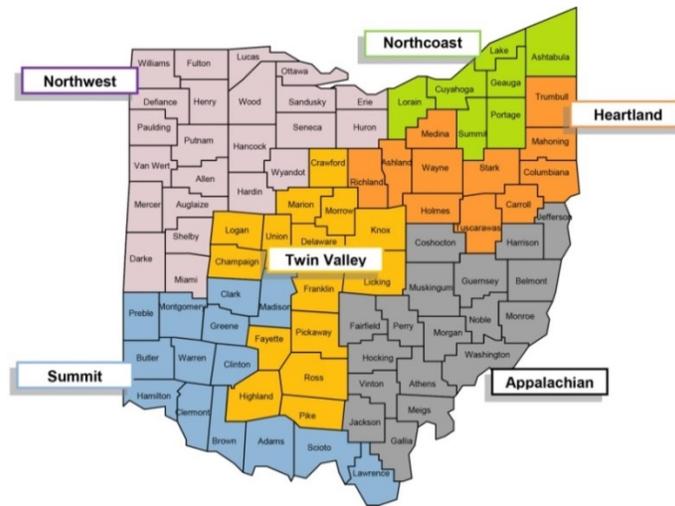


Table 1. Inpatient Psychiatric Service Hospitals by Geographical Region.

	Adult Private Inpatient				Child/Youth Private Inpatient			
	Jan-Jun 2014	Jan-Jun 2014	Jul-Dec 2014	Jul-Dec 2014	Jan-Jun 2014	Jan-Jun 2014	Jul-Dec 2014	Jul-Dec 2014
	N	%	N	%	N	%	N	%
TOTAL	72 ⁵		71 ⁴		15 ⁴		13 ⁴	
Northeast/Northcoast	18	25.0	18	25.4	5	33.3	4	30.8
Heartland	8	11.1	8	11.3	2	13.3	2	15.4
Southeast/Summit	8	11.1	7	9.9	1	6.7	1	7.7
Southwest/Appalachia	15	20.8	15	21.1	2	13.3	2	15.4
Central/Twin Valley	9	12.5	9	12.7	2	13.3	1	7.7
Northwest	14	19.4	14	19.7	3	20.0	3	23.1

⁵ 8 hospitals serve both adults and youth.

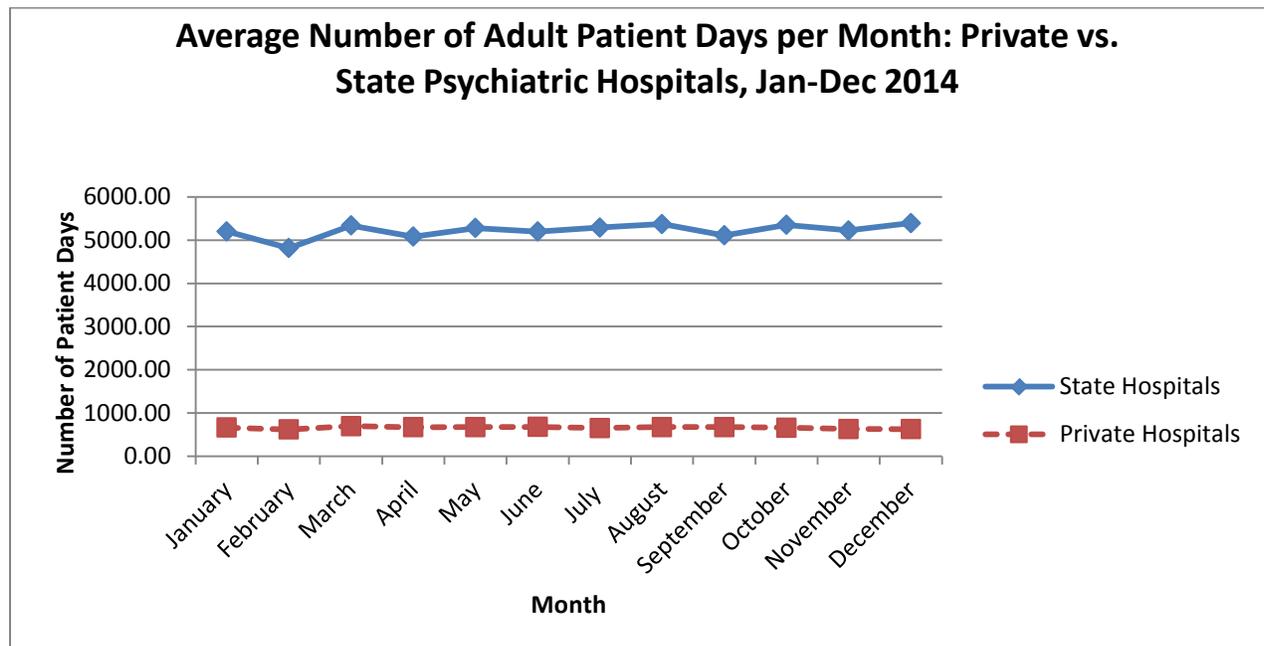
Inpatient Psychiatric Hospitals Serving Adults

Patient Days

Patient days⁶ summarize hospital service utilization. Table 2 below reports the monthly averages and six-month total patient days for the SPHs and the inpatient psychiatric service providers serving adults. On average, private inpatient hospitals reported 651 patient days per month January – June, and 680 days July – December 2014. Public hospitals reported an average of 5,266 patient days per month January – June, and 5,234 July – December 2014.

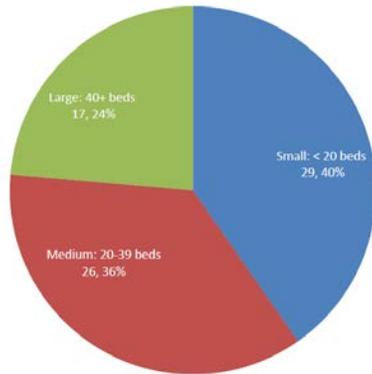
Table 2. Total number of adult patient days per month

		Jan-Jun Total	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Total	Jul	Aug	Sep	Oct	Nov	Dec
Inpatient Psychiatric Service Providers (Adult-serving)	Mean	3909	650	604	680	657	657	628	4080	677	707	699	690	655	652
	SD	3525	605	533	604	568	605	539	3247	547	572	552	551	522	516
	Min	0	0	0	0	0	0	2	116	19	4	24	17	14	13
	Max	17589	3067	2507	3050	2842	2995	2053	14372	2503	2481	2445	2426	2374	2143
State Psychiatric Hospitals (N=6)	Mean	30914	5202	4816	5339	5079	5280	5199	31741	5291	5372	5109	5351	5223	5395
	SD	13206	2135	2128	2364	2188	2239	2184	13943	2222	2336	2335	2395	2329	2339
	Min	13695	2364	2017	2139	2279	2444	2452	14284	2464	2364	2162	2432	2390	2472
	Max	47916	7711	7359	8314	8120	8292	8120	49744	8249	8318	8003	8398	8372	8404

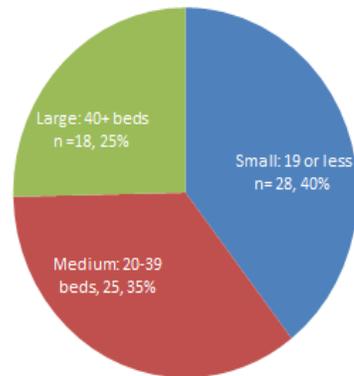


⁶ Patient days are the sum of all census days less the sum of all leave days.

Jan-June



July - December



Service Utilization

Capacity

Private psychiatric units/hospitals are licensed annually and full licensure renewal requires an on-site survey every three years. In 2014, the minimum number of licensed beds by a hospital was 6, and the maximum number of licensed beds by a hospital was 96; this was the same across both reporting periods. The average number of licensed beds was 31.0 (sd=22.0) January – June and increased slightly to 32.1 (sd=22.4) July – December 2014.

Based on the number of licensed beds, hospitals were grouped in to 3 capacity categories:

- Hospitals with less than 20 beds
 - Jan-Jun: N=29, 40%
 - Jul-Dec: N=28, 40%
- Hospitals with 20-39 beds
 - Jan-Jun: N= 26, 36%
 - Jul-Dec: N=25, 35%
- Hospitals with 40 or more beds
 - Jan-Jun: N=17, 24%
 - Jul-Dec: N=18, 25%

Seclusion and Restraint results will be reported by hospital capacity groups.

Occupancy

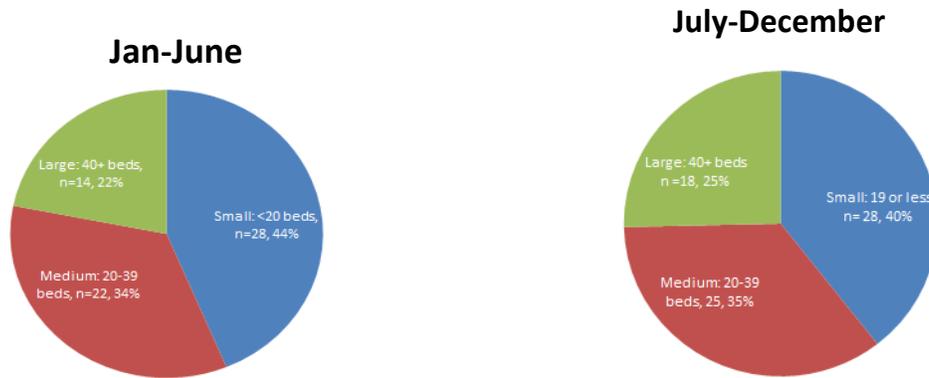
Occupancy was calculated for each hospital. The formula used to calculate occupancy was:

$$\text{Occupancy} = \frac{\text{Total \# of Patient Days}}{\text{\# of licensed beds * \# days in the 6-month period}}$$

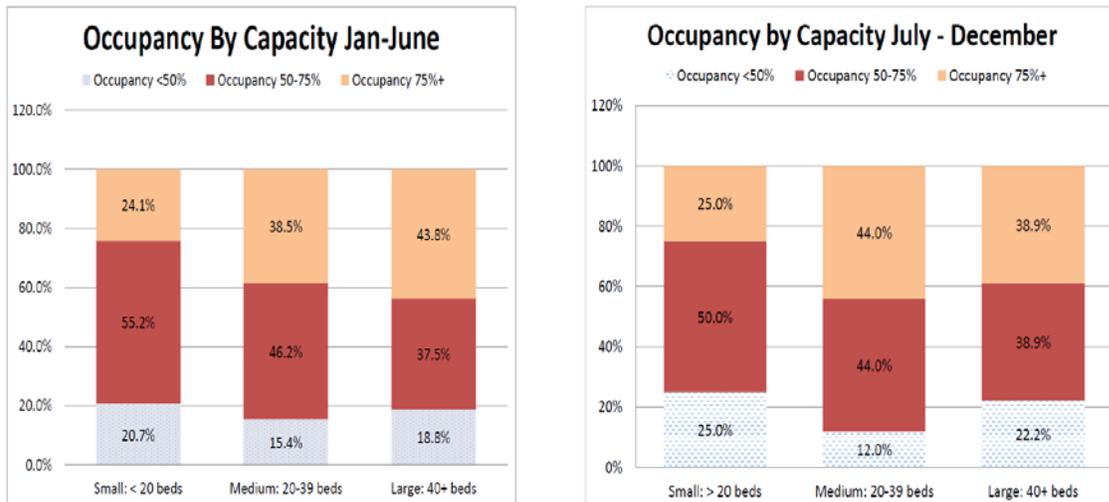
The minimum occupancy increased from 0.0% January – June, to 6.3% July – December; The average occupancy increased from 65.0% (sd=21.1%) January – June, to 67.1% (sd=20.6%) July – December.

Based on the occupancy percentages of past years, hospitals were grouped in to 3 categories:

- Hospitals with less than 50% occupancy
 - Jan-Jun: N=13, 18.3%
 - Jul-Dec: N=14, 19.7%
- Hospitals with 50 – 75% occupancy
 - Jan-Jun: N=34, 47.9%
 - Jul-Dec: N=32, 45.1%
- Hospitals with over 75% occupancy
 - Jan-Jun: N=24, 33.8%
 - Jul-Dec: N=25, 35.2%



The figures below compare Occupancy by Capacity. In January – June, small capacity hospitals (Less than 20 beds) had the largest number of hospitals in both the lowest occupancy category, under 50%, n = 6, and the Middle occupancy rate category, 50%-75%, n = 16.



The pattern changed slightly in July-December, particularly among small facilities. The percentage of small capacity hospitals (less than 20 beds) within the lowest occupancy group (less than 50%) increased from 20.7 (January to June) to 25 percent (July to December). The proportion of medium-sized facilities with occupancy rates of 75 percent or higher increased from 38 to 44 percent. The percentage of facilities within the 50-75 percent occupancy group remained relatively stable for both medium and large facilities.

Average Daily Census

The Average Daily Census (ADC) was calculated for each hospital. The formula used to calculate ADC was:

$$ADC = \frac{\text{Total \# of Patient Days}}{182 \text{ (days in the 6-month period)}}$$

The minimum ADC stayed about the same (January to June= 0, July – December=0.63); the maximum ADC decreased from 95.59 January to June to 78.11 July – December. The average ADC increased slightly from January – June (M=21.0, sd=19.1) to July – December (M=22.2, sd=17.6). SPHs ADC increased from January – June (M= 168.01) to July – December (M=175.5).

Based on the ADC figures, private hospitals were grouped in to 3 categories:

- Hospitals with ADC 0-10 patients per day:
 - Jan-Jun: N=23, 32.4%
 - Jul-Dec: N=23, 33.0%
- Hospitals with ADC 11-19 patients per day:
 - Jan-Jun: N=24, 33.8%
 - Jul-Dec: N=18, 25%
- Hospitals with ADC 20+ patients per day:
 - Jan-Jun: N=24, 33.8%
 - Jul-Dec: N=30, 42%

Seclusion and Restraint results will be reported below by hospital ADC groups.

Utilization of Seclusion or Restraint

In an effort to better understand the data, OhioMHAS has calculated the frequency data three ways. First, the frequencies were calculated by each Seclusion/Restraint type only for hospitals that used that type:

- Annually, about 65 percent of hospitals reported Seclusions (N=51 January – June, N= 42 July – December).
- The number of hospitals reporting Physical Restraints decreased from January – June (N=35) to July – December (N=30).
- And the number of hospitals reporting Mechanical Restraints decreased from January – June (N=54) to July – December (N=41).

Next, frequencies were calculated by the number of hospitals that reported any of the three types of Seclusion or Restraint (January – June: N=52; July – December: N=62). Because the data reporting form does not ask about hospital policy allowing or prohibiting the use of Seclusion or Restraint, this frequency is a proxy measure of hospitals that allow Seclusion/Restraint. A few hospitals (January – June: n=11; July – December n=9) did not utilize any type of Seclusion or Restraint.

Finally, frequencies were calculated for all hospitals (January – June: N=72; July – December: N=71). As the denominator increases across each of these calculation methods, the average frequency scores decrease.

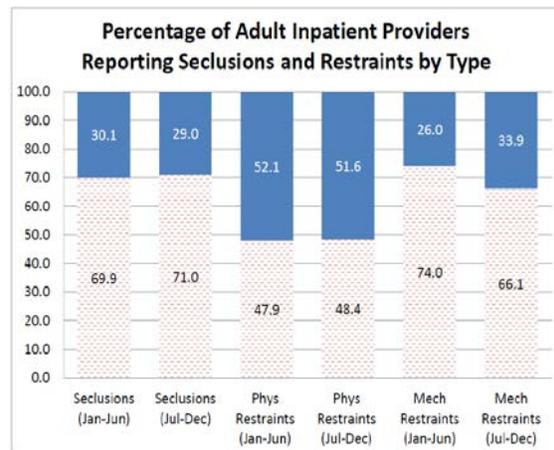
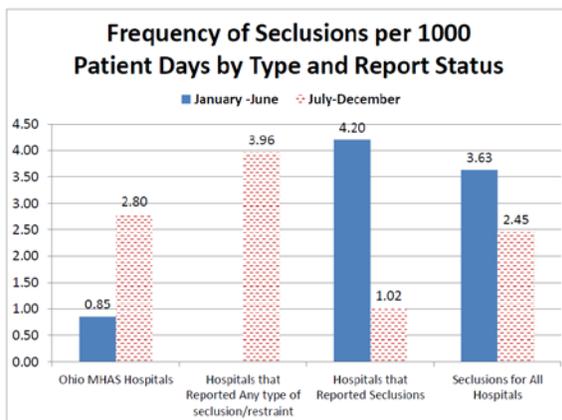
Additionally, private hospitals were compared with the public hospitals in regards to their use of seclusions and restraints. As a result, the Seclusions and Restraints cases for the six public Regional Psychiatric Hospitals have been aggregated and included.

Seclusions

Seclusion means a staff intervention that involves the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.

Frequency

Table 3 reports the frequency of Seclusions. The total number of Seclusions reported in 2014 was 2492 (1403 in January – June and 1089 in July – December).

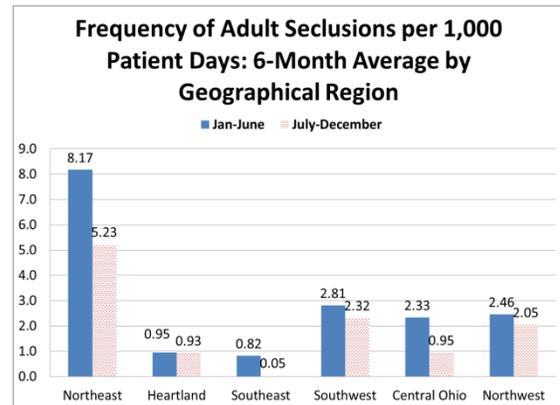


- Of the hospitals that did report Seclusions, the maximum number reported by a hospital decreased from January – June (N=208) to July – December (N=145). And the average number of Seclusions per hospital decreased from January – June (M=29.2) to July – December (M=19.5).
- When standardizing across hospitals by patient days, the average number of Seclusions per 1000 patient days for all private hospitals decreased from January – June (M=3.6) to July – December (M=2.45).

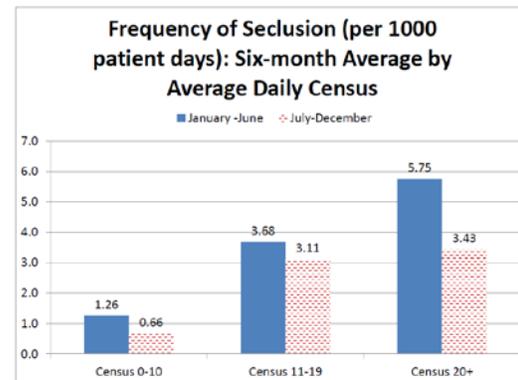
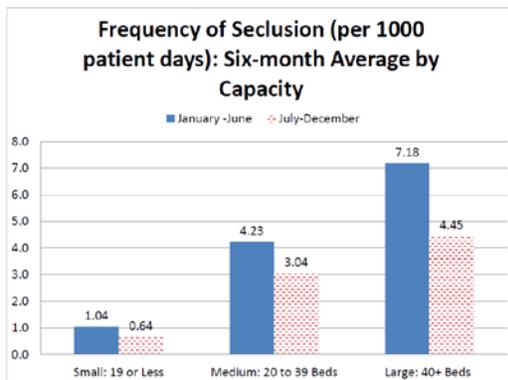
- The average number of Seclusions per 1000 patient days decreases (M=4.3 January – June; M=2.8 July – December) for hospitals that reported any type of Seclusion or Restraint in 2014.
- The average number of Seclusions per 1000 patient days decreases (M=3.6 January – June; M=2.5 July – December) for all hospitals.
- Within private hospitals, the average number of Seclusions per 1000 patient days was 3.0 or above in January, April, May, and June.
- The six SPHs reported a slight increase in average Seclusions per 1000 patient days similar between reporting periods (M=0.85 January – June; M=1.01 July – December). The highest average seclusions were reported in April, October, November and December.

By Geographical Area:

- Hospitals in the Northeast region reported the highest average frequency of seclusion per 1000 patient days from January to June (M =8.17) and from July to December (M =5.0).
- Hospitals in all regions reported a decrease in the average frequency of Seclusions per 1000 patient days between the January to June and July to December reporting periods. Hospitals within the Northeast, Central Ohio, and Southeast regions reported the highest percent decrease between reporting periods.



By Capacity and Average Daily Census

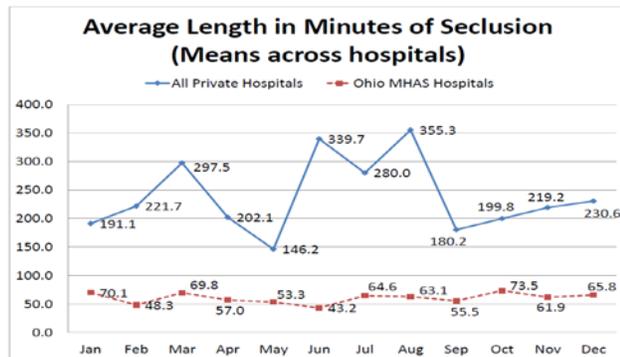


- The average frequency of Seclusions per 1000 patient days increased with capacity across both reporting periods, from a low of 1.04 and 0.64 for hospitals with less than 20 beds, to a high of 7.18 and 4.45 for hospitals with more than 40 beds.
- The average frequency of Seclusions per 1000 patient days also increased by Average Daily Census group within each reporting period, from a low of 1.26 and .66 for hospitals with 0-10 Census days, to a high of 5.75 and 3.43 for hospitals with 20 or more Census days.

Duration of Seclusion

Hospitals reported on the duration of seclusions by number of minutes. Private hospitals remained well above Ohio MHAS hospitals. Table 4 reports the average duration of Seclusions. Table 5 reports the frequency and duration of Seclusions by Geographical Area, by Capacity, and by Average Daily Census.

- Among providers that reported seclusions, the minimum length of Seclusion reported by a hospital decreased slightly between reporting periods, from 19 minutes January – June to 18 minutes July – December. The maximum number of minutes increased from 77,591 January – June to 141,274 July – December.



- The average number of minutes per hospital decreased from 7,308 January – June to 6,523 July - December.

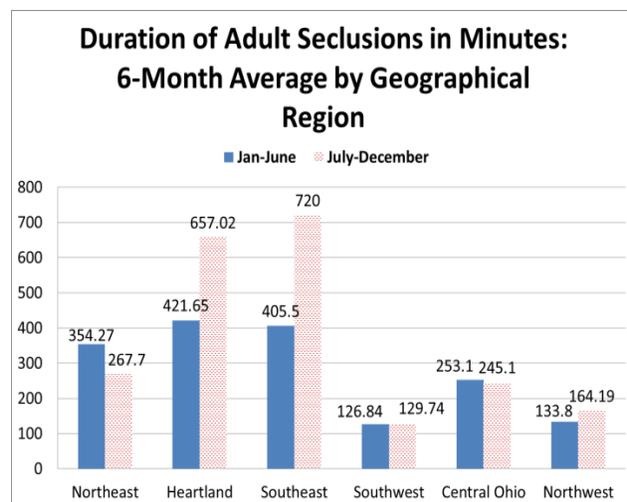
- Average duration was computed to standardize across hospitals, using only the hospitals that reported incidents (see calculation above). The minimum average duration decreased from 19 minutes

January – June to 18 minutes July – December. The maximum decreased from 2,000 minutes January – June to 1,943 minutes July – December. And the average duration of Seclusions decreased from 258 minutes January – June to 266 minutes July – December.

- Among private hospitals, the shortest average duration of Seclusions (below 200 minutes) were in January, May, September, and October. The longest average duration was in August (355 minutes).
- The six SPHs reported an average seclusion duration of 57 minutes from January to June, increasing to 64 minutes during the July to December reporting period. The average duration remained fairly stable across the twelve months, with the longest duration in October (196 minutes).

By Geographical Area:

- From January to June, hospitals in the Heartland region had the longest average duration of seclusions (M=421.65 minutes). Despite an increase within the Heartland region, hospitals within the Southeast region reported the longest average seclusions from July to December (M = 720 minutes).
- For both reporting periods, hospitals in the Southwest region had the shortest average duration (M=126.84 and 129.74 minutes).



The average length of seclusions increased between the two reporting periods for the Heartland, Southeast and Northwest regions, while the Southwest and Central regions remained relatively stable in average length. Finally, the average length of seclusions within the Northeast region decreased by 24.4% between the two reporting periods.

By Average Daily Census and Capacity:

- Hospitals within the Medium capacity group (20-39 beds) reported longer average seclusions than hospitals within the small or large capacity groups. This relationship remained stable across both reporting periods.
- Within the January to June reporting period, the average length of seclusions demonstrated a reverse relationship with average daily census group. During the July to December reporting period, hospitals within the Medium Census group reported the highest average duration of seclusions, at M=510.7 minutes.

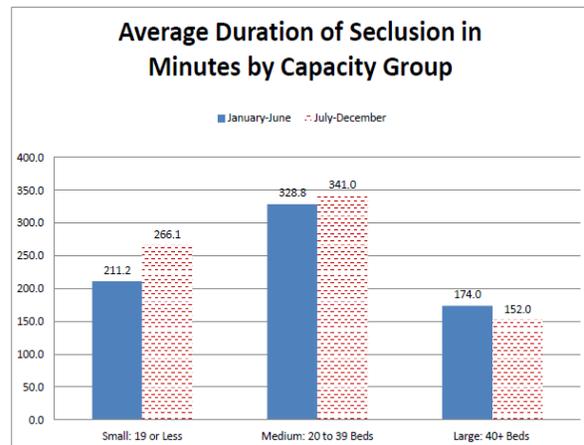
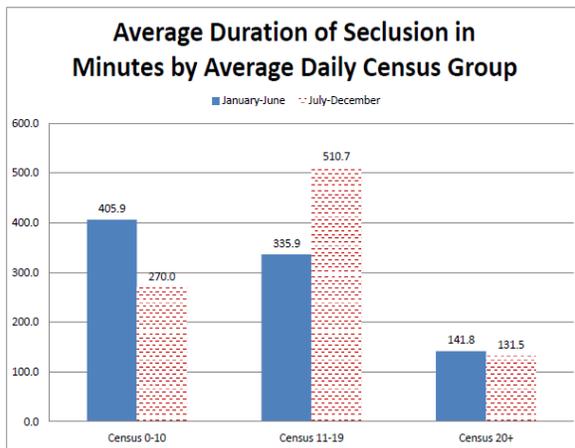


Table 3. Frequency of Seclusions per 1000 Patient Days (Means across Hospitals)

			Jan-Jun Avg.	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Avg.	Jul	Aug	Sep	Oct	Nov	Dec
Private Hospitals	Hospitals that reported seclusions	Mean	6.0	5.6	5.0	4.8	6.0	7.9	7.0	4.0	4.5	4.2	4.2	3.6	3.0	4.1
		SD	8.0	8.5	8.1	6.9	10.0	15.9	20.1	5.4	6.6	5.9	7.3	6.0	5.2	8.2
	Hospitals that reported any Seclusion/Restraint	Mean	4.3	4.0	3.5	3.4	4.3	5.6	5.0	2.8	3.2	3.0	3.0	2.5	2.1	2.9
		SD	7.3	7.6	7.2	6.2	8.8	13.8	17.2	4.9	5.9	5.3	6.4	5.3	4.5	7.1
All Private Hospitals		Mean	3.6	3.4	3.0	2.9	3.6	4.7	4.2	2.5	2.8	2.6	2.6	2.2	1.8	2.5
		SD	6.8	7.1	6.7	5.8	8.3	12.8	15.9	4.7	5.6	5.1	6.1	5.0	4.3	6.7
State Psychiatric Hospitals		Mean	0.8	0.9	0.8	0.7	1.1	0.8	0.8	1.0	1.0	0.8	1.0	1.3	1.0	1.1
		SD	0.4	0.5	0.8	0.4	0.5	0.4	0.9	0.5	1.2	0.5	0.4	0.9	0.6	0.4

Table 4. Average Length in Minutes of Seclusion (Means across hospitals)

Provider Type		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Avg	Jul	Aug	Sep	Oct	Nov	Dec
All Private Hospitals	N	42	28	23	27	24	29	26	44	29	29	25	29	26	23
	Mean	258.5	191.1	221.7	297.5	202.1	146.2	339.7	265.6	280.0	355.3	180.2	199.8	219.2	230.6
	SD	352.9	261.5	229.0	580.1	193.3	194.0	580.4	393.5	507.8	743.8	212.7	356.8	288.0	389.8
State Psychiatric Hospitals	N	6	6	4	5	6	6	5	6	5	5	6	6	5	6
	Mean	57.8	70.1	48.3	69.8	57.0	53.3	43.2	64.1	64.6	63.1	55.5	73.5	61.9	65.8
	SD	8.3	22.5	29.0	23.6	35.6	14.4	21.0	15.9	48.3	27.5	19.4	61.6	23.3	38.5

Please note: The formula for computing duration only includes hospitals that reported seclusions for that period. Therefore, the N changes based upon the number of providers that report during a given month.

Table 5. Average Seclusion Frequency and Duration

		Frequency per 1000 Patient Days				Average Duration (Minutes)			
		January-June		July-December		January-June		July-December	
		N	Mean	N	Mean	N	Mean	N	Mean
Geographical Area	Northeast	18	8.17	18	5.23	13	354.27	13	267.7
	Heartland	8	0.95	8	0.93	5	421.65	5	657.02
	Southeast	8	0.82	7	0.05	1	405.5	1	720
	Southwest	15	2.81	15	2.32	8	126.84	9	129.74
	Central Ohio	9	2.33	9	0.95	6	253.1	5	245.1
	Northwest	12	2.46	14	2.05	9	133.8	11	164.19
Capacity	Small: 19 or Less	29	1.0	28	0.6	8	211.2	9	266.1
	Medium: 20 to 39 Beds	26	3.4	25	3.0	21	328.8	21	341.0
	Large: 40+ Beds	17	7.4	18	4.4	13	174.0	14	152.0
Avg. Daily Census	Census 0-10	22	1.3	23	0.7	9	405.9	7	270.0
	Census 11-19	24	3.7	18	3.1	13	335.9	18	510.7
	Census 20+	24	5.8	30	3.4	20	141.8	24	131.5

Physical Restraints

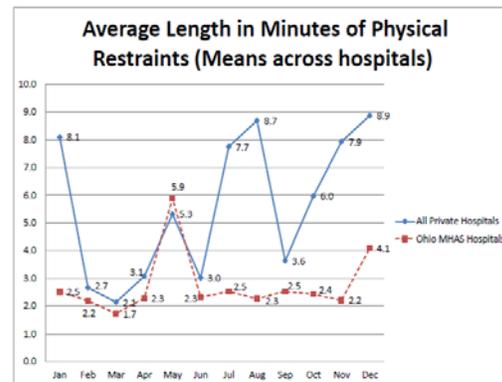
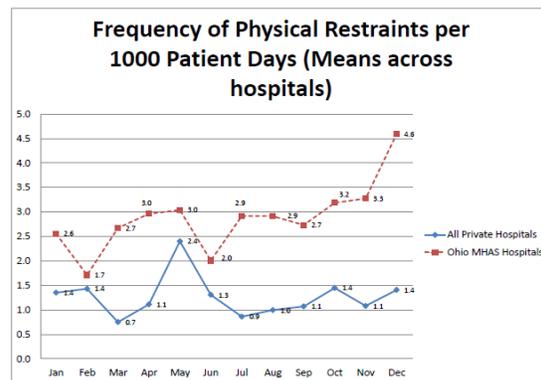
Physical Restraint, also known as Manual Restraint, refers to a staff intervention that involves any method of physically/manually restricting a patient’s freedom of movement, physical activity, or normal use of his or her body without the use of Mechanical Restraint devices.

Table 6 reports the frequency of Physical Restraints. Table 7 reports the average duration of Physical Restraints, while Table 8 reports the frequency and duration of Physical Restraints by Geographical Area, by Capacity, and by Average Daily Census.

Frequency

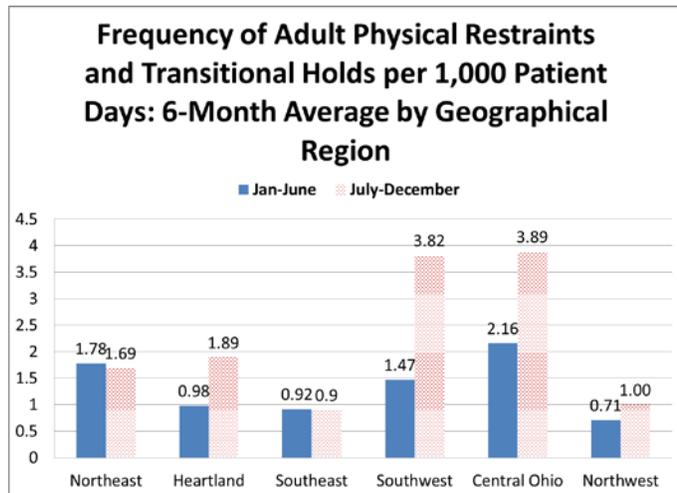
In 2014, the total number of Physical Restraints reported by all hospitals was 1221 (N=880 January – June; N=1002 July – December).

- Of the hospitals that did report Physical Restraints, the maximum number reported by a hospital for both reporting periods was 110. The average total number reported decreased from 3.2 (January – June) to 2.3 (July – December).
- When standardizing across hospitals by patient days, the average number of Physical Restraints per 1000 patient days decreased from January – June (M=3.2) to July – December (M=2.3).
- The average number of Physical Restraints per 1000 patient days decreases (M 3.2= January – June; M=1.3 July – December) for hospitals that reported any type of Seclusion or Restraint.
- The average number of Physical Restraints per 1000 patient days decreases (M=1.4 January – June; M=1.1 July – December) for all private hospitals.
- Among private hospitals, the average number of Physical Restraints per 1000 patient days was highest in May, at M=2.4. All other monthly averages remained at or below 1.4 per 1,000 patient days.
- The six SPHs reported an average of 2.9 Physical Restraints per 1000 patient days similar across reporting periods (M=2.5 January – June; M=3.3 July – December). The lowest average physical restraint rates were reported in February and March. The highest averages were reported in November and December; the averages were generally higher in spring and lower in fall.

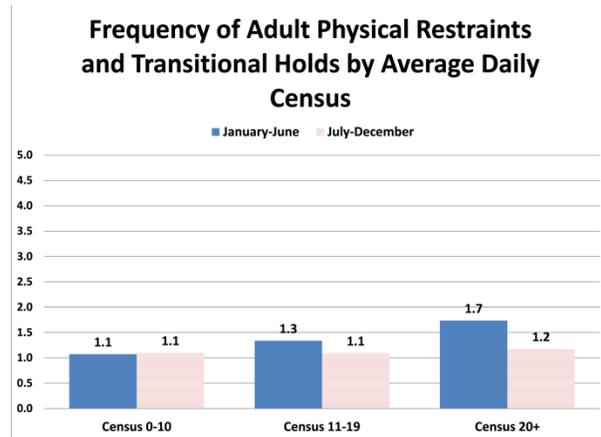
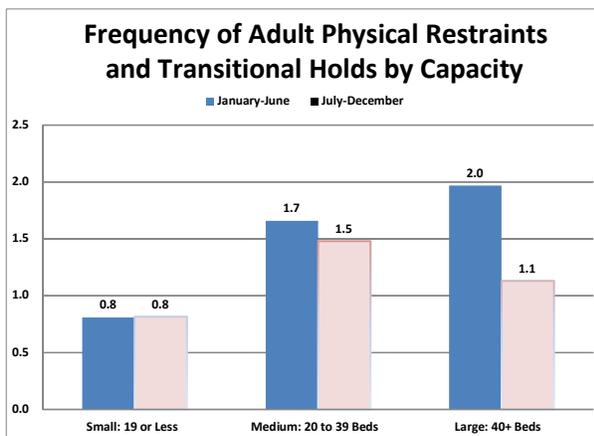


By Geographical Area:

- Hospitals in the Northwest and Southeast regions had low average frequencies across both reporting periods.
- Physical restraints increased in the second half of 2014 for hospitals in several regions. The largest increase occurred among hospitals within the Southwest region, (MΔ +159.9%).
- The frequency of physical restraints decreased slightly across reporting periods for hospitals within the Northeast and Southeast regions.
- Hospitals within the Central Ohio region reported the highest average frequency of adult physical restraints from July to December, and showed an 80% increase between reporting periods.



By Capacity and Average Daily Census



- The average frequency of Physical Restraints per 1000 patient days showed a similar trend in both reporting periods, with a low frequency for hospitals with a small capacity and an increasing frequency with increasing capacity. The average frequency of Physical Restraints per 1000 patient days by Average Daily Census varied for the two reporting periods, with no repeating pattern.

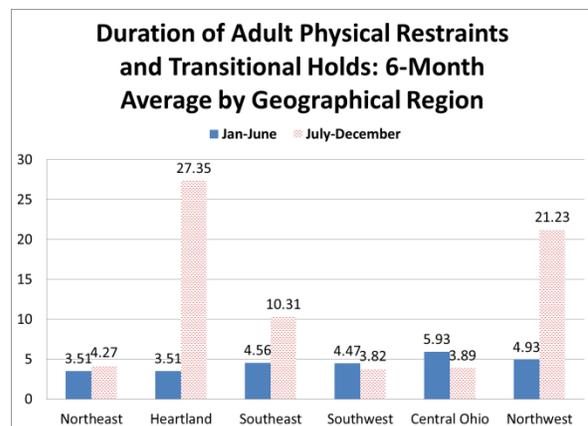
Duration

Hospitals reported on the minutes of Physical Restraint per month.

- The minimum number of minutes of Physical Restraint reported by a hospital remained stable (1 minute) between the January–June and July–December reporting periods. The maximum number of minutes for a single hospital decreased from January – June (N=470) to July – December (N=360).
- Average duration was computed to standardize across hospitals, using only the hospitals that reported incidents (see calculation above). The minimum average duration increased slightly from 0.5 minutes January – June, to 1.0 minute July – December. The maximum increased from 17.75 minutes for January – June to 90 minutes for July – December. The average duration of Physical Restraints increased from 4.2 minutes January – June, to 9.2 minutes July - December.
- Among private hospitals, the average duration of Physical Restraints varied somewhat across months; the longest average durations (above 8 minutes) were in January, August, November and December, with the longest average duration in December (8.9 minutes).
- The six SPHs reported about the same average duration across the two reporting periods (2.8 and 2.7 minutes) and the average duration remained fairly stable across the twelve months, with marked increases in May (M=5.9 minutes) and December (M=4.1 minutes).

By Geographical Area:

- From January to June, the length of adult physical restraints was relatively stable across regions. The Central region had the longest average duration of Physical Restraints (M=5.93 minutes).
- From July to December, the Heartland region had the longest average duration of Physical Restraints (M=27.35 minutes); the Southwest region reported the shortest average length (M=3.82 minutes).
- The majority of regions reported an increase in length of physical restraints between reporting periods. The Central and Southwest regions reported decreases in average length between the January –June and July-December reporting periods.



By Capacity:

- During the January – June reporting period, average duration of Physical Restraints was relatively low, but increased slightly as capacity increased. This pattern continued in the July-December period, with larger differences between groups. Specifically, there was an 86% increase in length of physical restraints between small and medium-sized hospitals, and an 82% increase between medium and large capacity/census hospitals.

By Average Daily Census:

- The average length of physical restraints increased slightly by census group during the January-June reporting period. Data from the July-December reporting period showed that hospitals within the lowest census group (0-10) had the highest average length of physical restraints (M=13.6 minutes), and no consistent relationship between average daily census and restraint length emerged.

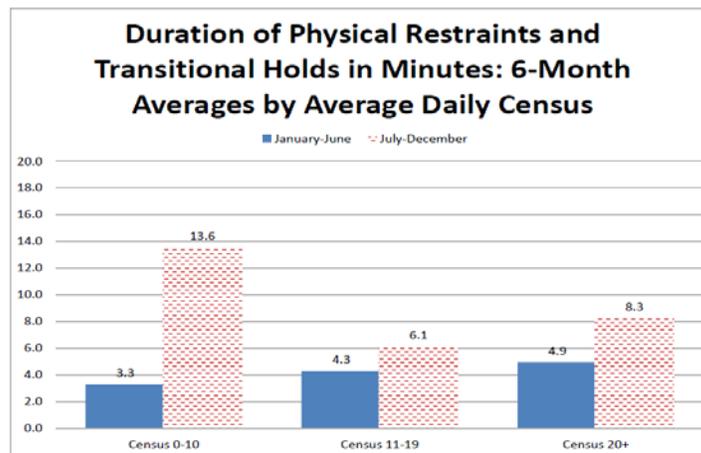
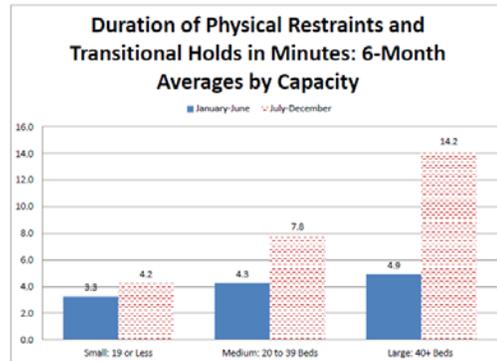


Table 6. Frequency of Physical Restraints per 1000 Patient Days (Means across hospitals)

Facility Type			Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Avg	Jul	Aug	Sep	Oct	Nov	Dec
Private Hospitals	Hospitals that reported holds, physical restraints	Mean	3.2	3.2	3.3	1.7	2.6	5.6	3.0	2.3	1.7	2.0	2.2	2.9	2.2	2.9
		SD	3.0	4.6	5.9	2.8	4.3	7.2	4.1	2.8	3.2	3.6	3.8	7.5	3.7	4.3
	Hospitals that reported any Seclusion/Restraint	Mean	3.2	3.2	3.3	1.7	2.6	5.6	3.0	1.3	1.0	1.1	1.2	1.7	1.2	1.6
		SD	3.0	4.6	5.9	2.8	4.3	7.2	4.1	2.4	2.5	2.9	3.1	5.8	3.0	3.5
	All Private Hospitals	Mean	1.4	1.4	1.4	0.7	1.1	2.4	1.3	1.1	0.9	1.0	1.1	1.4	1.1	1.4
		SD	2.5	3.4	4.2	2.0	3.1	5.5	3.1	2.3	2.4	2.7	2.9	5.5	2.8	3.4
State Psychiatric Hospitals		Mean	2.5	2.6	1.7	2.7	3.0	3.0	2.0	3.3	2.9	2.9	2.7	3.2	3.3	4.6
		SD	1.4	1.9	1.2	2.2	2.3	1.7	1.5	2.0	2.4	1.2	1.4	2.5	2.6	3.0

Table 7. Average Length in Minutes of Physical Restraints (Means across hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Avg	Jul	Aug	Sep	Oct	Nov	Dec
All Private Hospitals	N	30.0	18.0	14.0	12.0	18.0	20.0	18.0	35.0	15.0	17.0	19.0	16.0	17.0	19.0
	Mean	4.2	8.1	2.7	2.1	3.1	5.3	3.0	9.2	7.7	8.7	3.6	6.0	7.9	8.9
	SD	4.0	9.5	2.5	1.3	2.2	6.6	2.2	16.7	6.0	15.5	3.9	7.2	11.4	19.9
State Psychiatric Hospitals	N	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
	Mean	2.8	2.5	2.2	1.7	2.3	5.9	2.3	2.7	2.5	2.3	2.5	2.4	2.2	4.1
	SD	1.2	1.6	0.9	0.5	0.6	8.7	1.2	1.7	0.9	1.0	1.0	1.0	1.0	5.4

Please note: The formula for computing duration only includes hospitals that reported seclusions for that period. Therefore, the N changes based upon the number of providers that report during a given month.

Table 8. Average Physical Restraints/Holds: Frequency and Duration

		Frequency per 1000 Patient Days				Average Duration (Minutes)			
		January-June		July-December		January-June		July-December	
		N	Mean	N	Mean	N	Mean	N	Mean
Geographical Area	Northeast	18	1.78		3.51	10	3.5	10	4.27
	Heartland	8	.98		3.51	4	3.15	4	27.35
	Southeast	8	.92		4.56	2	4.56	3	10.31
	Southwest	15	1.46		4.47	7	4.47	10	3.82
	Central Ohio	9	2.16		5.93	4	5.92	4	3.89
	Northwest	12	.71		4.93	3	4.93	4	21.23
Capacity	Small: 19 or Less	28	0.8	28	0.8	9	3.3	8	4.2
	Medium: 20 to 39 Beds	26	1.7	25	1.5	9	4.3	15	7.8
	Large: 40+ Beds	16	2.0	18	1.1	12	4.9	12	14.2
Avg. Daily Census	Census 0-10	22	1.1	23	1.1	9	3.3	9	13.6
	Census 11-19	24	1.3	18	1.1	9	4.3	7	6.1
	Census 20+	24	1.7	30	1.2	12	4.9	19	8.3

Mechanical Restraints

Mechanical Restraint means a staff intervention that involves any method of restricting a patient's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

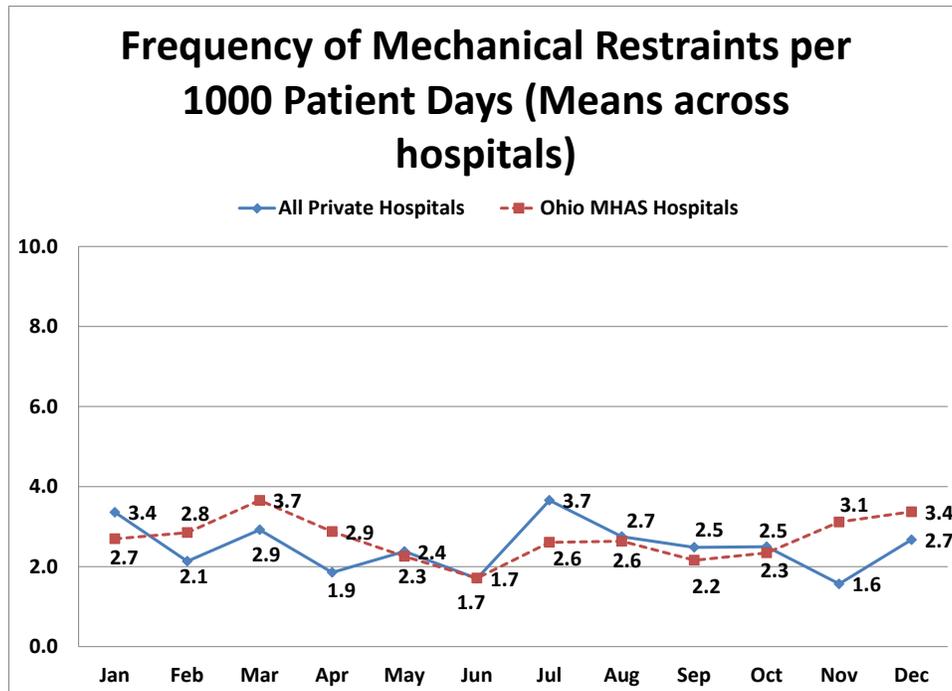
Table 9 reports the frequency of Mechanical Restraints, Table 10 reports the average duration of Mechanical Restraints, and Table 11 reports the frequency and duration of Mechanical Restraints by Geographical Area, by Capacity, and by Average Daily Census.

Frequency

The total number of Mechanical Restraints reported in 2014 by all hospitals was 2,605 (1,125 in January – June, and 1,480 in July – December).

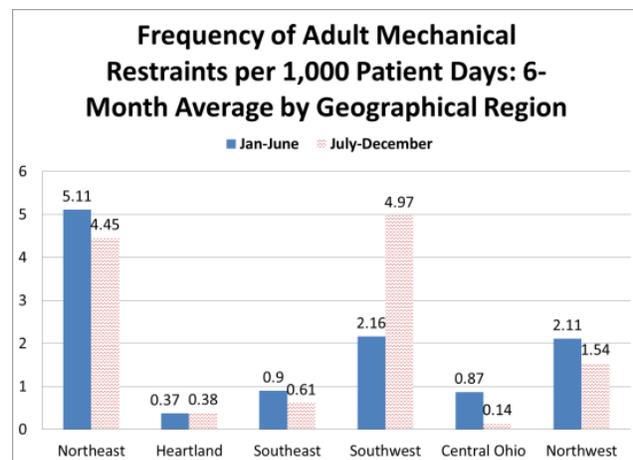
- Of the hospitals that did report Mechanical Restraints, the maximum number reported by a hospital increased from January – June (N=156) to July – December (N=282). The average total number of Mechanical Restraints per hospital increased from January – June (M=13.97) to July – December (M=22.63).
- When standardizing across hospitals by patient days, the average number of Mechanical Restraints per 1000 patient days increased from January – June (M=3.6) to July – December (M=4.5).
- The average number of Mechanical Restraints per 1000 patient days increased between reporting periods (M=2.8 January – June; M=3.0 July – December) for hospitals that reported any type of seclusion or restraint.

- The average number of Mechanical Restraints per 1000 patient days increased slightly (M=2.4 January – June; M=2.6 July – December) for all hospitals.
- The six SPHs reported an average of 2.7 Mechanical Restraints per 1000 patient days for each reporting period. The highest frequencies were in March, November and December.



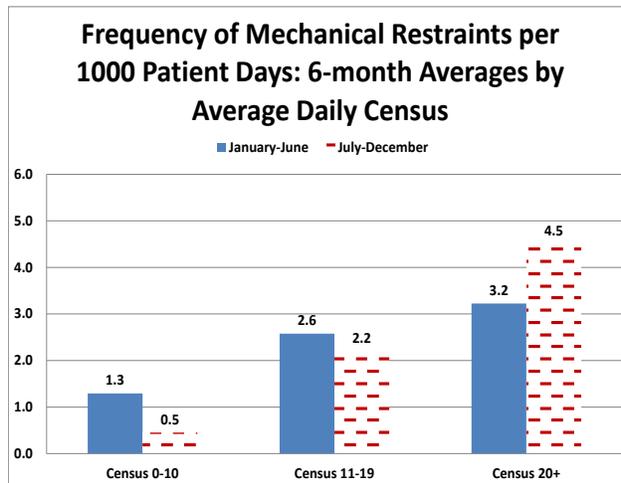
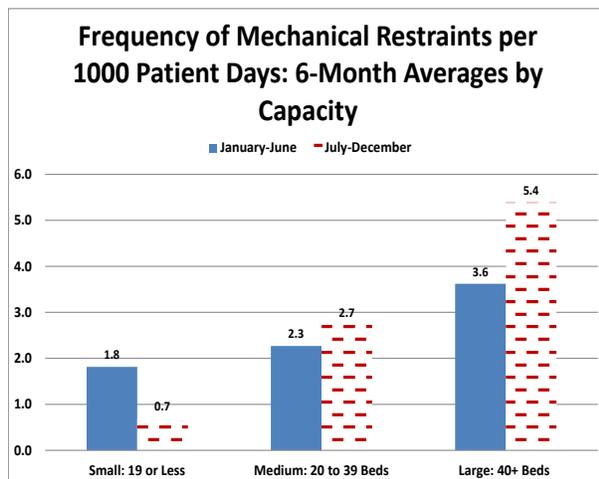
By Geographical Area:

- January-June: across most regions, the hospitals average frequency of Mechanical Restraint per 1000 patient days was somewhat similar (Means ranged from 0.37 to 2.16). The one exception was the Northeast region, where mechanical restraints averaged 5.11 restraints per 1,000 patient days during this time.
- Hospitals within most regions reported stable or decreased rates between reporting periods, with one exception. Hospitals within the Southwest region saw a 130.1 percent increase in the average number of mechanical restraints between the January-June and July-December reporting periods.
- The Northeast, Southeast, Central and Northwest regions all saw decreases in average frequency of mechanical restraints between the two reporting periods. Heartland's rates remained relatively stable.



By Capacity/Census Group:

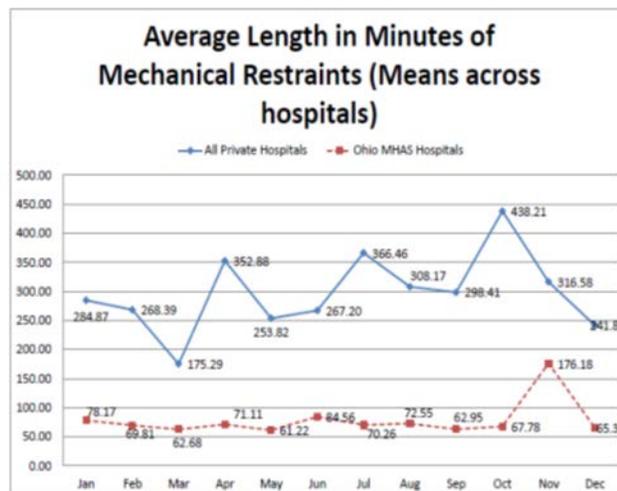
- For the average frequency of Mechanical Restraints per 1000 patient by both capacity grouping and average daily census group, the restraint frequency increased with capacity/census group.
- Though the averages varied within each reporting period, this pattern was similar across both reporting periods.



Duration

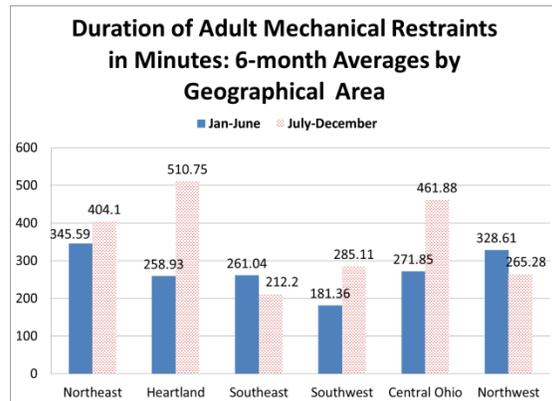
Hospitals reported on the minutes of Mechanical Restraint per month.

- The minimum number of minutes of Mechanical Restraint reported by a hospital decreased from 57 minutes January – June, to 16 minutes July – December. The maximum number of minutes increased from 29,444 January – June to 283,214 July – December. The average number of minutes increased from 3,565 January – June, to 10,786 July – December.



- Average duration was computed to standardize across hospitals, using only the hospitals that reported incidents (see calculation above). Among private hospitals, the minimum average duration decreased from 34 minutes January – June, to 14 minutes July – December. The maximum average length =increased from 1,479 minutes January – June, to 3,287 July – December. The average duration of Mechanical Restraints increased from 283 minutes January – June to 343 minutes July - December. For all private hospitals, the average duration of mechanical Restraints was shorter January through June (M=282.85) and longer July through December (M=342.98), with the longest average duration in October (M=438.21).

- The six SPHs reported an increase in the average duration of mechanical restraints between the two reporting periods (69.4 minutes January-June, 99.3 minutes July-December). The increase was due to a spike in November, when State Psychiatric Hospitals reported an average length of 176.2 minutes. The average duration remained fairly stable across the remaining eleven months.



By Geographical Area:

- Hospitals within the Northeast, Heartland, Southwest and Central Ohio regions saw an increase in average duration of mechanical restraints between the two reporting periods. Hospitals within the Heartland region reported the largest increase ($M\Delta=251.82$ minutes, 97.25% increase).
- Hospitals in the Southeast and Northwest regions showed decreases in average duration of adult mechanical restraints between the two reporting periods.

By Capacity and Average Daily Census:

- When grouped by capacity and Average Daily Census, the medium capacity and middle census groups demonstrated high average rates for adult mechanical restraints during the July-December reporting period. This spike was most likely due to single providers recording long restraints (average of over 300 minutes) during the months of July and December. No other patterns emerged.

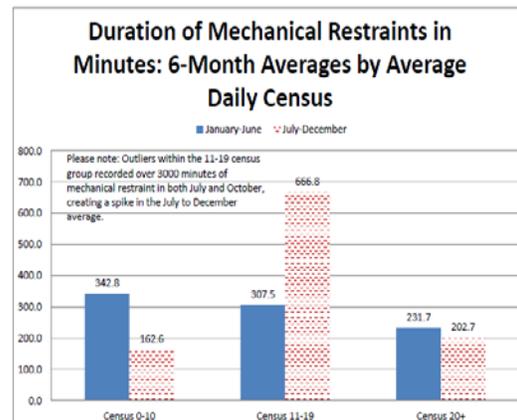
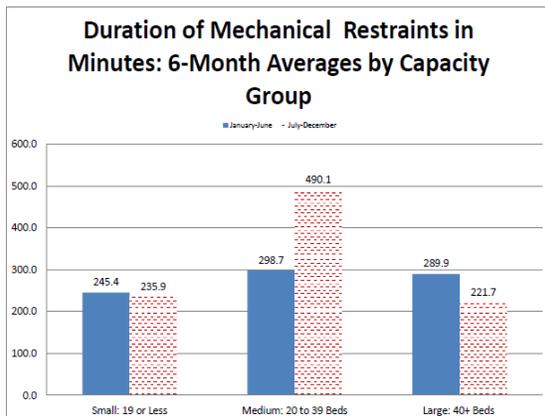


Table 9. Frequency of Mechanical Restraints per 1000 Patient Days (Means across hospitals)

			Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Avg	Jul	Aug	Sep	Oct	Nov	Dec
Private Hospitals	Hospitals that reported mechanical restraints	Mean	3.6	5.0	3.2	4.4	2.8	3.5	2.5	4.5	6.3	4.8	4.3	4.3	2.7	4.6
		SD	5.3	9.9	4.2	10.5	4.1	4.6	6.2	8.3	15.3	9.9	7.1	8.7	5.2	10.8
	Hospitals that reported any Seclusion/Restraint	Mean	2.8	4.0	2.5	3.5	2.2	2.8	2.0	3.0	4.2	3.1	2.8	2.9	1.8	3.1
		SD	4.9	9.1	4.0	9.5	3.8	4.3	5.6	7.0	12.7	8.3	6.1	7.3	4.4	9.0
	All Private Hospitals	Mean	2.4	3.4	2.1	2.9	1.9	2.4	1.7	2.6	3.7	2.7	2.5	2.5	1.6	2.7
		SD	4.6	8.5	3.8	8.8	3.6	4.1	5.2	6.6	12.0	7.8	5.8	6.9	4.2	8.5
State Psychiatric Hospitals	Mean	2.7	2.7	2.8	3.7	2.9	2.3	1.7	2.7	2.6	2.6	2.2	2.3	3.1	3.4	
	SD	0.7	1.5	1.5	2.2	1.4	1.0	0.8	0.6	1.0	0.4	0.7	1.7	1.9	1.0	

Table 10. Average Length in Minutes of Mechanical Restraints (Means across hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Avg	Jul	Aug	Sep	Oct	Nov	Dec
All Private Hospitals	N	47.0	27.0	28.0	23.0	25.0	29.0	21.0	41.0	21.0	23.0	23.0	22.0	20.0	23.0
	Mean	282.8	284.9	268.4	175.3	352.9	253.8	267.2	343.0	366.5	308.2	298.4	438.2	316.6	241.8
	SD	298.6	480.7	306.7	107.3	464.4	248.1	315.1	536.9	685.0	352.7	315.3	767.2	289.1	296.2
State Psychiatric Hospitals	N	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
	Mean	69.4	78.2	69.8	62.7	71.1	61.2	84.6	99.3	70.3	72.6	62.9	67.8	176.2	65.4
	SD	12.2	31.9	22.6	14.8	22.5	18.8	23.2	80.6	15.5	14.9	9.3	40.0	282.5	23.1

Please note: The formula for computing duration only includes hospitals that reported seclusions for that period. Therefore, the N changes based upon the number of providers that report during a given month.

Table 11. Average Mechanical Restraints Frequency and Duration

		Frequency per 1000 Patient Days				Average Duration (Minutes)			
		January-June		July-December		January-June		July-December	
		N	Mean	N	Mean	N	Mean	N	Mean
Geographical Area	Northeast	18	5.11	18	4.45	17	345.59	16	404.1
	Heartland	8	0.37	8	0.38	3	258.93	1	510.75
	Southeast	8	0.9	7	0.61	4	261.04	5	212.2
	Southwest	15	2.16	15	4.97	11	181.36	10	285.11
	Central Ohio	9	0.87	9	0.14	6	271.85	4	461.88
	Northwest	12	2.11	14	1.8	6	328.61	5	265.28
	Capacity	Small: 19 or Less	28	1.8	28	0.7	12	245.4	10
	Medium: 20 to 39 Beds	26	2.3	25	2.7	23	298.7	18	490.1
	Large: 40+ Beds	16	3.6	18	5.4	12	289.9	13	221.7
Avg. Daily Census	Census 0-10	22	1.3	23	0.5	8	342.8	7	162.6
	Census 11-19	24	2.6	18	2.2	20	307.5	13	666.8
	Census 20+	24	3.2	30	4.5	24	231.7	21	202.7

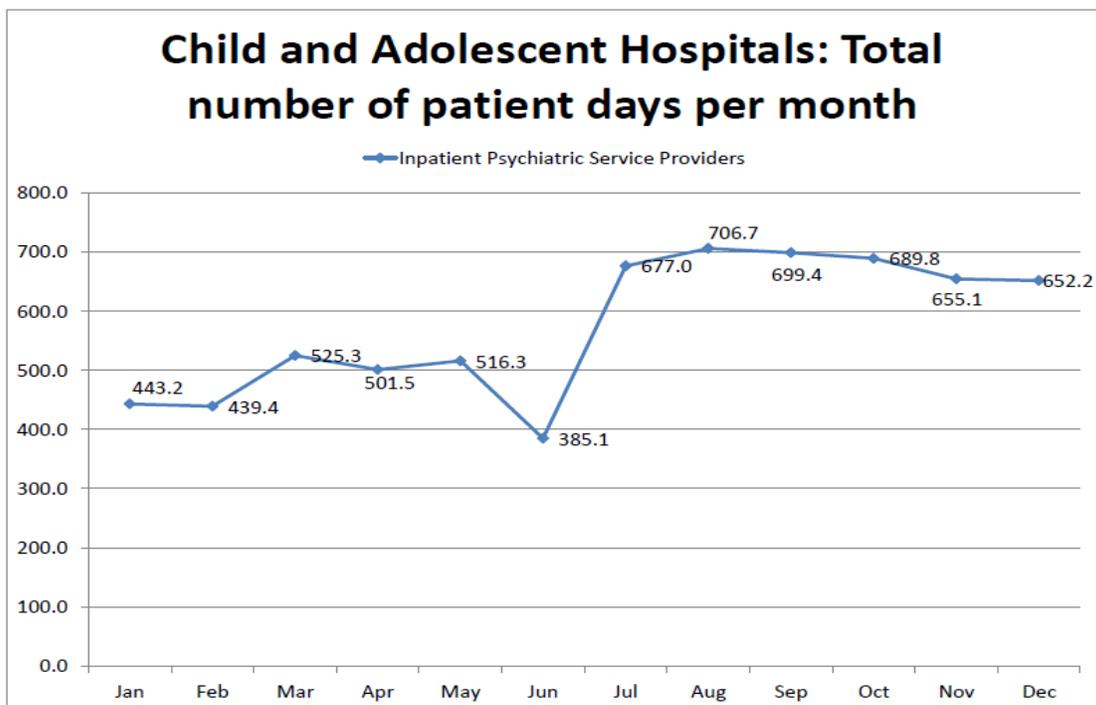
Inpatient Psychiatric Hospitals Serving Children and Adolescents

Patient Days

Patient days summarize hospital service utilization. Table 12 below reports the monthly average and six-month total patient days for the inpatient psychiatric service providers serving children and youth. On average, private inpatient hospitals serving children and adolescents reported fewer patient days in January – June (M=468) than in July – December (M=663). There was lower utilization during the months of January, February and June.

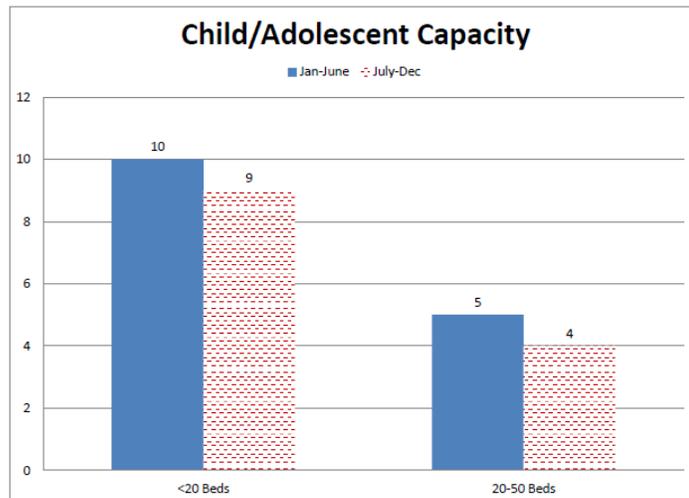
Table 12. Total number of patient days per month, child/adolescent providers

		Jan-Jun Total	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Total	Jul	Aug	Sep	Oct	Nov	Dec
Inpatient Psychiatric Service Providers	Mean	2810.7	443.2	439.4	525.3	501.5	516.3	385.1	3978.2	677.0	706.7	699.4	689.8	655.1	652.2
	SD	3589.4	557.2	543.3	664.5	629.7	653.0	551.6	5326.4	547.3	572.3	552.3	551.3	521.7	516.0
	Min	8.0	0.0	5.0	0.0	0.0	0.0	0.0	740.0	19.0	4.0	24.0	17.0	14.0	13.0
	Max	14012.0	2172.0	2131.0	2557.0	2457.0	2520.0	2175.0	17525.0	2503.0	2481.0	2445.0	2426.0	2374.0	2143.0



Capacity

Private psychiatric units/hospitals licenses are renewed annually and full licensure renewal requires an on-site survey every three years. The minimum number of children/youth licensed beds by a hospital was 9. The maximum number of licensed beds by a hospital was 46 in January-June and 47 in July-December reporting periods.. The average number of licensed beds decreased slightly from January – June (M=19.5) to July – December (M=21.2). Because of the small number of hospitals serving children and youth, capacity groups were not used in subsequent analyses.



Occupancy

Occupancy was calculated for each hospital. The formula used to calculate occupancy was:

$$\text{Occupancy} = \frac{\text{Total \# of Patient Days}}{\# \text{ of licensed beds} * 182 \text{ (days in the 6-month period)}}$$

The minimum occupancy for hospitals serving children and youth decreased from .33 January – June, to 37.91 July – December. The maximum occupancy decreased from 507.68 January – June, to 476.7 July – December. The average occupancy increased slightly from 82.9 January – June, to 95.5 July – December. Because of the small number of hospitals serving children and youth, occupancy groups were not created.

Average Daily Census

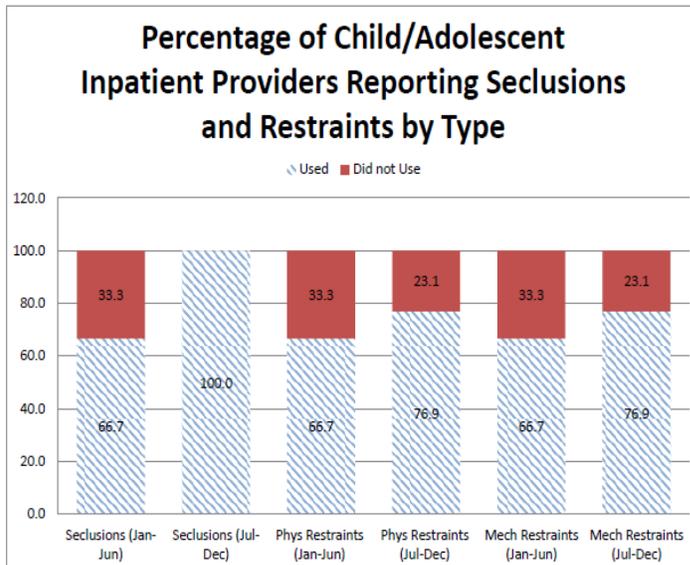
The Average Daily Census (ADC) was calculated for each hospital. The formula used to calculate ADC was:

$$\text{ADC} = \frac{\text{Total \# of Patient Days}}{182 \text{ (days in the 6-month period)}}$$

The minimum ADC for hospitals serving children and youth was .04 for January – June and 4.02 for July – December. The maximum ADC increased slightly from January – June (N=76.15) to July – December (N=95.24). The average ADC also increased slightly from January – June (M=15.3) to June – December (M=21.6). Because of the small number of hospitals serving children and youth, census groups were not created.

Utilization of Seclusion or Restraint

In an effort to better understand the data, OhioMHAS has calculated the frequency data two ways. First the frequencies were calculated by each Seclusion/Restraint type only for hospitals that used that type:



- Two-thirds of hospitals reported using for Seclusions (N=10, 66.7%) in January – June. Within the second reporting period, all child/adolescent providers (N=13) reported using seclusion.

- Two-thirds of hospitals with child/adolescent beds reported Physical Restraints in January – June (N=10, 66.7%) and over three-fourths in July – December (N=10, 76.9%).

- Two-thirds of hospitals reported Mechanical Restraints in January – June (N=10, 66.7%); 10 hospitals reported Mechanical Restraint July – December (N=10, 76.9%).

Because the data reporting form does not ask about hospital policy allowing or prohibiting the use of Seclusion or Restraint a proxy measure of hospitals that allow Seclusion/Restraint would be frequencies reported by the number of hospitals that reported any of the three types of Seclusion or Restraint. However, within each reporting period, all of the youth-serving hospitals reported at least one of the three types of Seclusion and Restraint.

Frequencies were calculated for all hospitals (N=15 Jan-June, N=13 July-December). Table 13 reports the frequency of Seclusions and Restraints, and Table 14 reports the average duration of Seclusions and Restraints. As the denominator increases across each of these calculation methods, the average frequency scores decrease.

Additionally, the private hospitals wished to compare their Seclusions and Restraints with the public hospitals. Upon request, seclusions and restraints for the six SPHs were included above. There are no SPHs serving children and youth.

Seclusions

Seclusion means a staff intervention that involves the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.

Frequency

The total number of Seclusions reported in 2014 for hospitals serving children and youth was 1,180 (591 January – June, 589 July – December).

- Of the hospitals that did report Seclusions, the maximum number reported increased from January – June (N=285) to July – December (N=303). The average total number reported decreased from January – June (M=59.1) to July – December (45.3).
 - When standardizing across hospitals by patient days, the average number of Seclusions per 1000 patient days decreased across reporting periods (M=275 January – June; M=11.6 July – December). The difference was due to an outlier agency that reported a maximum of 2625 seclusions during the January-June reporting period.
 - The average number of Seclusions per 1000 patient days was above 10 during the months of February, March, May through August, October and December.

Duration

Hospitals reported on the minutes of Seclusion per month.

- The minimum number of minutes of Seclusion reported by a hospital decreased from January – June (N=50) to July – December (N=9). The maximum number of minutes reported by a hospital increased between the January – June (N=8,262) and July – December (N=12,554) reporting periods. The average number of minutes decreased from January – June (M=2,877) to July – December (M=1,916).
- Average duration was computed to standardize across hospitals, using only the hospitals that reported incidents (see calculation above). The minimum average duration increased from January – June (N=18.7 minutes) to July – December (N=55.95 minutes). The maximum average duration increased January – June (N=93.7 minutes), to July – December (N=167 minutes). The mean average duration of Seclusions across hospitals increased slightly from January – June (M=51.1 minutes) to July – December (M=56 minutes).
- The average duration of child seclusions was over 50 minutes in February, April, May, and December; the longest average duration reported was in May, at M=64 minutes..

Physical Restraints

Physical Restraint, also known as Manual Restraint, is defined as a staff intervention that involves any method of physically/manually restricting a patient’s freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices.

Frequency

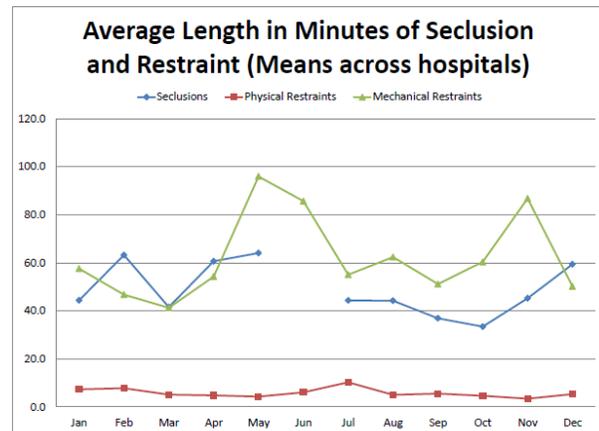
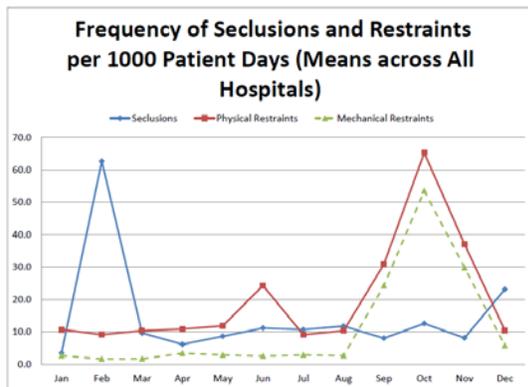
The total number of Physical Restraints reported in 2014 by all youth-serving hospitals was 2270 (N=1005 January – June; N=1265 July – December)

- Of the hospitals that did report Physical Restraints, the maximum number reported increased from January – June (N=499) to July – December (N=585). The average total number reported increased slightly from January – June (M=100.5) to July – December (M=105.4).
- When standardizing across hospitals by patient days, the average number of Physical Restraints and transitional holds per 1000 patient days for hospitals that reported such restraints increased from January – June (M= 17.3) to July – December (M=33.6).

- The average number of Physical Restraints per 1000 patient days ranged between 9.8 and 70.7 across the twelve months, with the highest average frequencies in September through November and the lowest average frequencies occurring in July and August.

Duration

- The minimum number of minutes of Physical Restraints reported by a hospital (1 minute) remained stable between Jan-June and July – December reports. Similarly, the maximum number of minutes increased slightly from January – June (N=2396 minutes) to July – December (N=2420 minutes). And the average number of minutes decreased from January – June (M=531.5 minutes) to July – December (M=367.1 minutes).
- Average duration was computed to standardize across hospitals, using only the hospitals that reported incidents (see calculation above). The minimum average duration stable across reporting periods, at approximately 1 minute. The maximum average duration increased from January – June (N=13.4 minutes) to July – December (N=30 minutes). And the average duration of Physical Restraints decreased from January – June (M=7.0 minutes) to July – December (M=5.5 minutes).
- The average duration of Physical Restraints remained fairly low and consistent across all twelve months, with the exception of July (M=10.2 minutes).



Mechanical Restraints

Mechanical Restraint means a staff intervention that involves any method of restricting a patient’s freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

Frequency

The total number of Mechanical Restraints reported in 2014 by youth-serving hospitals was 216 (89 in January – June, and 473 in July – December).

- Of the hospitals that did report Mechanical Restraints, the maximum number reported by a hospital increased from January – June (N=94) to July – December (N=321). The average total number reported increased from January – June (M=15.4) to July – December (M=47.2).

- When standardizing across hospitals by patient days, the average number of Mechanical Restraints per 1000 patient days increased between January-June (M=3.36) and July-December (30.36) reporting periods.
- The average number of Mechanical Restraints per 1000 patient days increased between reporting periods (M=2.2 January – June; M=23.3 July – December) for all hospitals serving children and youth.
- The average number of Mechanical Restraints per 1000 patient days varied across the twelve months with the highest frequencies reported between September and November.

Duration

Hospitals reported on the minutes of Mechanical Restraint per month.

- Of the hospitals that did report Mechanical Restraints, the minimum number of minutes of Mechanical Restraint decreased slightly from January – June (N=41 minutes) to July – December (N=40 minutes). The maximum number of minutes increased from January – June (N=6213 minutes) to July – December (N=34676 minutes). And the average number of minutes increased from January – June (M=989.6 minutes) to July – December (M=4,270.2 minutes).
- Average duration was computed to standardize across hospitals, using only the hospitals that reported incidents (see calculation above). The minimum average duration decreased from January – June (N=37.9 minutes) to July – December (N=22.7 minutes). The maximum average duration decreased from January – June (N= 275 minutes) to July – December (N= 143.3 minutes). And the average duration of Mechanical Restraints decreased from January – June (M=85.5minutes) to July – December (M=63.8 minutes).
- The average duration of Mechanical Restraints fluctuated over the twelve-month period, with the average duration above 90 minutes in May, which had the longest average duration (M=95.9 minutes).

Table 13. Frequency of Child/Adolescent Seclusions and Restraints per 1000 Patient Days (Means across Hospitals)

			Jan-Jun Avg.	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Avg.	Jul	Aug	Sep	Oct	Nov	Dec	
Seclusions	Hospitals that reported Seclusions	Mean	275.9	5.0	94.0	15.0	9.6	13.4	17.4	11.6	10.7	11.8	8.0	12.6	8.1	23.1	
		SD	825.5	6.4	200.7	20.8	13.7	19.0	19.5	13.6	12.7	18.4	12.4	17.8	11.6	54.4	
	All Hospitals	Mean	184.0	3.4	62.6	9.6	6.1	8.6	11.2	See above	See above	See above	See above	See above	See above	See above	See above
		SD	675.4	5.7	167.3	17.9	11.7	16.3	17.6	See above	See above	See above	See above	See above	See above	See above	See above
Physical Restraints	Hospitals that reported Physical Restraints	Mean	17.3	13.9	13.7	14.5	15.2	16.6	34.0	33.6	9.8	11.2	33.5	70.7	40.1	11.4	
		SD	16.7	14.2	12.7	20.8	20.4	19.4	34.2	76.8	17.3	17.2	86.6	192.3	101.4	16.4	
	All Hospitals	Mean	11.5	10.7	9.1	10.4	10.9	11.8	24.3	31.0	9.1	10.4	30.9	65.2	37.0	10.5	
		SD	15.8	13.8	12.1	18.6	18.4	17.9	32.7	74.2	16.8	16.8	83.4	185.2	97.7	16.0	
Mechanical Restraints	Hospitals that reported Mechanical Restraints	Mean	3.4	3.5	2.4	2.4	4.8	4.0	3.6	30.4	3.7	3.5	31.6	69.6	38.8	7.5	
		SD	3.0	4.7	2.8	3.0	8.4	3.3	3.8	84.7	4.8	5.7	96.5	212.9	112.4	11.6	
	All Hospitals	Mean	2.2	2.7	1.6	1.7	3.4	2.9	2.5	23.3	2.9	2.7	24.3	53.5	29.8	5.8	
		SD	2.9	4.4	2.5	2.7	7.3	3.3	3.6	74.6	4.5	5.1	84.7	186.9	98.8	10.6	

Table 14. Average Length in Minutes of Seclusion and Restraint (Means across hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul-Dec Avg	Jul	Aug	Sep	Oct	Nov	Dec
Seclusions	N	10	6	7	6	6	9	0	13	8	7	7	8	8	11
	Mean	51.1	44.4	63.2	41.6	60.6	64.1	N/A	56.0	44.3	44.2	36.9	33.4	45.2	59.4
	SD	30.7	29.7	42.0	26.9	30.2	68.0	N/A	43.3	25.4	30.1	25.6	14.8	26.2	51.5
Physical Restraints	N	10	6	8	6	8	9	7	12	5	7	8	8	8	8
	Mean	5.4	7.3	7.8	5.1	4.8	4.3	6.1	6.4	10.2	5.0	5.5	4.6	3.4	5.3
	SD	4.1	4.4	5.3	1.2	3.1	3.7	4.9	8.3	11.7	2.4	6.7	5.0	2.2	3.3
Mechanical Restraints	N	10	4	5	5	4	7	6	10	5	5	4	5	5	5
	Mean	85.5	57.5	46.7	41.2	54.3	95.9	85.7	63.8	55.0	62.4	51.1	60.4	86.7	50.2
	SD	72.1	14.0	30.9	17.9	31.6	85.2	74.2	37.2	9.5	34.3	34.9	45.0	51.4	36.3

Please note: The formula for computing duration only includes hospitals that reported seclusions for that period. Therefore, the N changes based upon the number of providers that report during a given month.

Table 15. Frequency of Injury or Illness Related to Seclusion and Restraint

	Patient Injury or Illness				Seclusion/Restraint Injuries to Staff			
	Injuries requiring emergency/unplanned medical treatment or hospitalization		Illness/Medical emergency requiring immediate admission to a hospital		Injuries requiring emergency/unplanned medical treatment or hospitalization		Illness/Medical emergency requiring immediate admission to a hospital	
	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
# Hospitals reporting injuries	42	35	53	64	17	18	25	0
Mean	4.2	7.3	7.9	10.1	5.4	5.9	11.05	N/A

Patient Injury or Illness

Hospitals reported on the number of patient-related injuries and illness (injury and illnesses are reported for both adult and youth-serving hospitals combined). An injury is an event requiring medical treatment that is not caused by a physical illness or medical emergency, and does not include scrapes, cuts or bruises. An illness is a sudden, serious or abnormal medical condition of the body that requires immediate or unplanned admission to a hospital medical unit for treatment. Table 15 above reports the number of patient and staff injuries and illnesses reported.

- The total number of patient injuries requiring emergency/unplanned medical treatment or hospitalization for 2014 was 1547 (Jan to June N=741, July-Dec N=806).
 - The number of hospitals that reported injuries requiring emergency/unplanned treatment decreased from January – June (N=42, 63%) to July – December (N=35, 54.7%).
 - For the hospitals that reported injuries, the average number of injuries per hospital decreased from January – June (M=4.2) to July – December (M=7.3).
- The total number of patient illness/medical emergency requiring immediate and/or unplanned admission to a hospital medical unit for 2014 was 117.
 - The number of hospitals that reported such patient illnesses/emergencies increased from January – June (N=53) to July – December (N=64).
 - For the hospitals that reported illnesses, the average number of patient illnesses and medical emergencies increased from January – June (M=7.9) to July – December (M=10.1).

Injuries to Staff from Seclusions and Restraints

Hospitals also reported on the number of injuries to staff members related to Seclusion and Restraint (adult and youth-serving hospitals data are combined).

- The number of hospitals that reported injuries to staff requiring first aid decreased January – June (N=17, 25.4%) to July – December (N=18, 26.5%).
- For the hospitals that reported injuries, the average number of injuries requiring first aid increased from January – June (M=5.4) to July – December (M=5.9).
- For hospitals that reported injuries, the average number of injuries requiring emergency/ unplanned medical intervention increased from January – June (M=.97) to July – December (M=1.4).

No hospitals reported injuries to staff that required hospitalization.