



**Seclusion and Restraint Results:
Type 1 Residential Service Providers
January through December 2016**

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A Note about Ohio's Trauma-Informed Care Initiative

Individual trauma results from an event, series of events, or a 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 institutionalization 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 peoples' 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 re-traumatizing an individual in their care. A reduction in seclusion and restraint can be an indicator of trauma-informed care implementation.

Summary

For providers serving adults:

Of the 48 adult providers that provided data, 87 percent (n = 42) had a policy against Seclusion and Restraint. Six adult providers reported a policy that permitted Seclusion and Restraint. Of those six providers, only four reported incidents. The limited number of reported cases of Seclusion and Restraint from adult facilities restricted the current analysis to four providers, an insufficient number for analysis. As a result, data regarding Adult Seclusions and Adult Mechanical Restraints are not examined here in detail. Adult providers reported no staff injuries related to Seclusion and Restraint.

For providers serving children and youth:

The monthly Child Seclusion rates only rose above the expected range once, during the month of October. The upward trend in Child Seclusions among medium-sized providers during the months of September and October could account for the increase in rates during the July to December reporting period. Similarly, the average length of Child Seclusions also increased during the July to December reporting period.

Within each reporting period, 18 child and adolescent providers reported using Physical Restraints and Transitional Holds. Physical Restraints and Transitional holds rates among child providers rose beyond the expected range during the months of July and August. Large providers also reported a steady rate increase between the months of March and August. However, the average length of such restraints and holds among Large providers was relatively stable for all months examined. Medium-sized providers reported the highest average frequency of Physical Restraints and Transitional Holds within each reporting period.

Finally, injury rates were low throughout both reporting periods. As can be expected, injuries requiring first aid were more prevalent than those requiring unplanned medical intervention, but remained low and consistent across reporting periods. No injuries requiring hospitalization were reported.

Methods

Ohio Department of Mental Health and Addiction Services (OhioMHAS) OAC 5122-14-14 requires that Type 1 Residential 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.

Type 1 Residential facilities provide room and board, personal care and certified mental health care services to one or more adults, children or adolescents with mental illness. Type 1 Residential providers are required to report their agency policy regarding Seclusion and Restraint, service utilization (Resident 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 only includes those providers that were both open for service for all twelve months and provided data for both reporting periods.

The reporting providers were split between adult and child/adolescent agencies. In order to compare Seclusion and Restraint rates across organizations of varying size, frequencies were calculated on both the number of Seclusions and Restraints per 1000 resident days and the average duration per Seclusion and Restraint.

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

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

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

² A Seclusion is defined as 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, 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.

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.

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

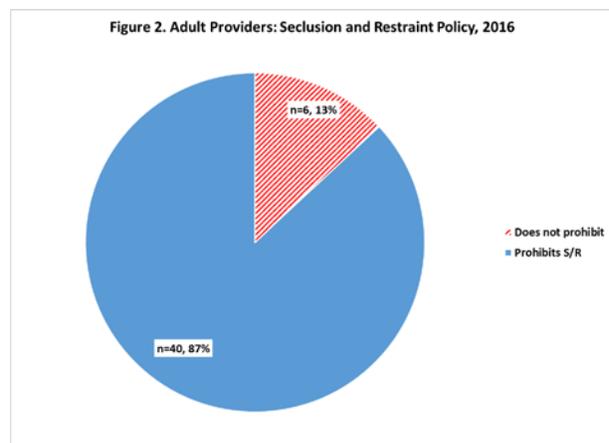
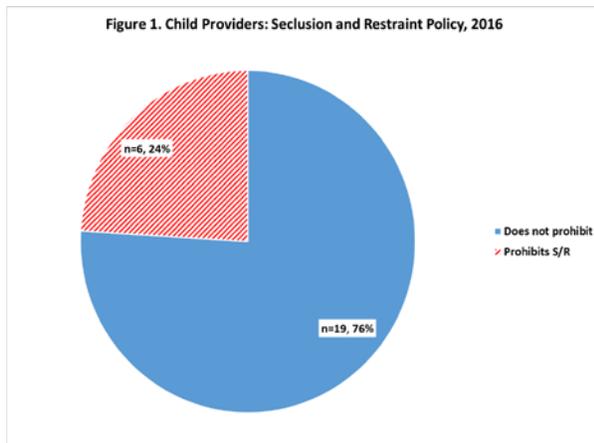
Control charts were used to determine if change over time was beyond the expected range. A limit of +/-2 Sigma was used as a parameter. Any findings approaching or exceeding this limit are reported here.

Policy Against Seclusion and Restraint

In 2016, six (24%) of the 25 child and adolescent Type 1 Residential providers prohibited the use of any form of Seclusion and Restraint. The remaining nineteen providers reported on their use of Seclusion and Restraint. In contrast, 40 (87%) of the adult providers that provided data to Ohio MHAS had a policy against the use of Seclusion and Restraint. Subsequently, the 19 child / adolescent and 6 adult providers with no policy against Seclusion and Restraint were analyzed for Seclusion and Restraint frequency, average length and related injury to staff.

All 19 child and adolescent providers that allowed Seclusion and Restraint had at least one case of Seclusion and Restraint during the January to June reporting period. Similarly, 18 child and adolescent providers had at least one Seclusion and Restraint case during the July-December reporting period.

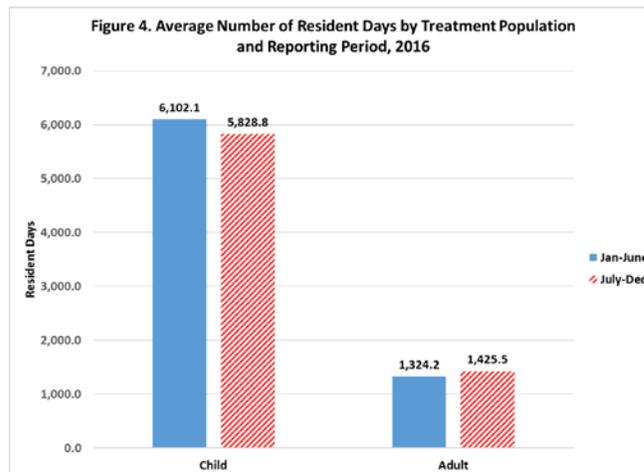
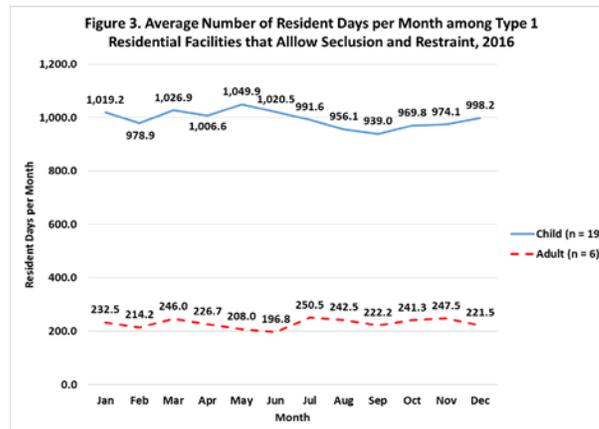
Of the 6 adult providers with no policy against Seclusion and Restraint, 2 reported no incidents within 2016. The remaining 4 providers reported a total of 1 case of mechanical restraint, 1 case of seclusion and 3 cases of Physical Restraint and Transitional Hold within calendar year 2016.



Type 1 Residential Providers: Resident Days

Service Utilization

Resident days² summarize Type 1 Residential service utilization. Table 1 in Appendix and Figure 3 below report the monthly averages for patient days among Type 1 Residential service providers by population. Child and adolescent Type 1 Residential providers that do not have a policy against seclusion and restraint reported an average of 6,102 resident days from January to June, and 5,829 resident days from July to December 2016. Adult Type 1 Residential providers with no policy against Seclusion and Restraint reported an average of 1,324 resident days from January to June, and 1,426 resident days from July to December 2016⁶ (See Figure 4 below).

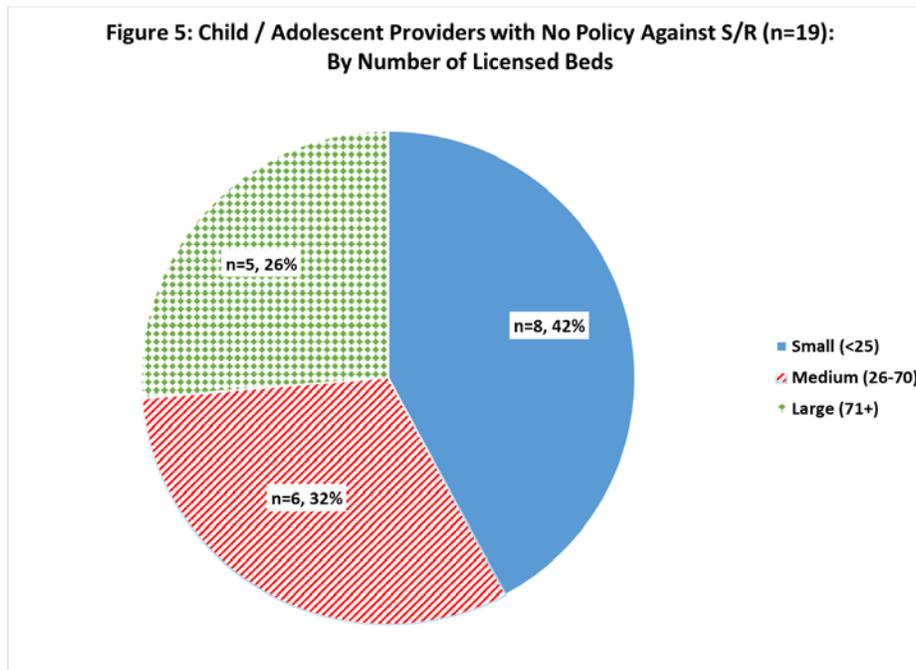


² Resident days are the sum of all census days less the sum of all leave days.

⁶ Outlier data from agencies have been verified and included within the report. Two Type 1 Residential providers who did not have resident days for the Jan-June reporting period were removed from the annual report.

Capacity: Size Group

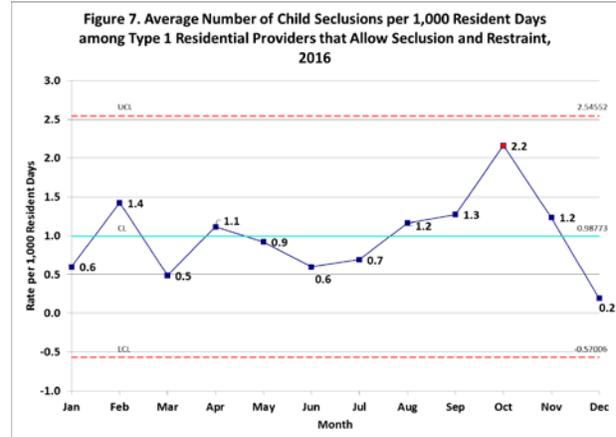
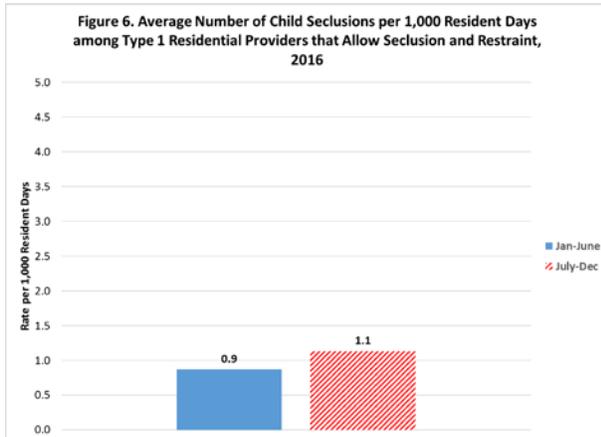
The nineteen child and adolescent providers that used Seclusion and Restraint were grouped by the number of available beds (See Figure 5). The provider data were then analyzed by group to determine the effect of bed capacity upon seclusion and restraint rates among child providers. Within this report, the organization of providers in relation to bed capacity are referred to as size groups. Due to the limited number of reported cases of Seclusion and Restraint among Adult providers, the variable of size group could not be applied when analyzing Adult provider data.



Child and Adolescent Providers: Seclusion and Restraint Rates

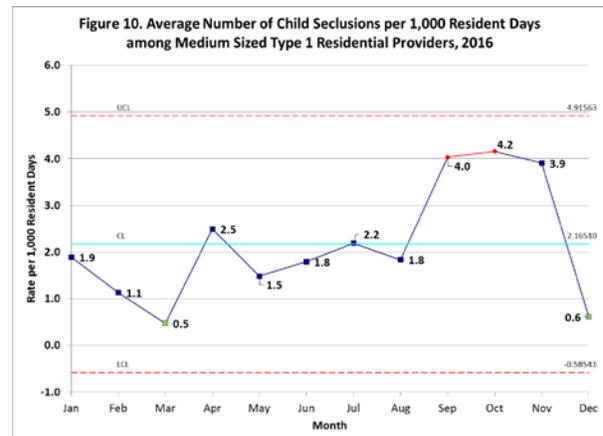
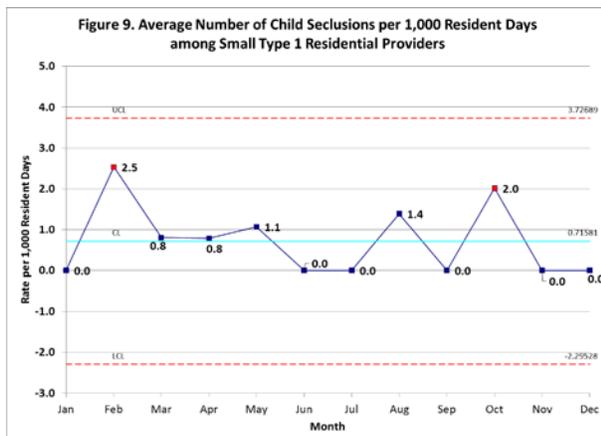
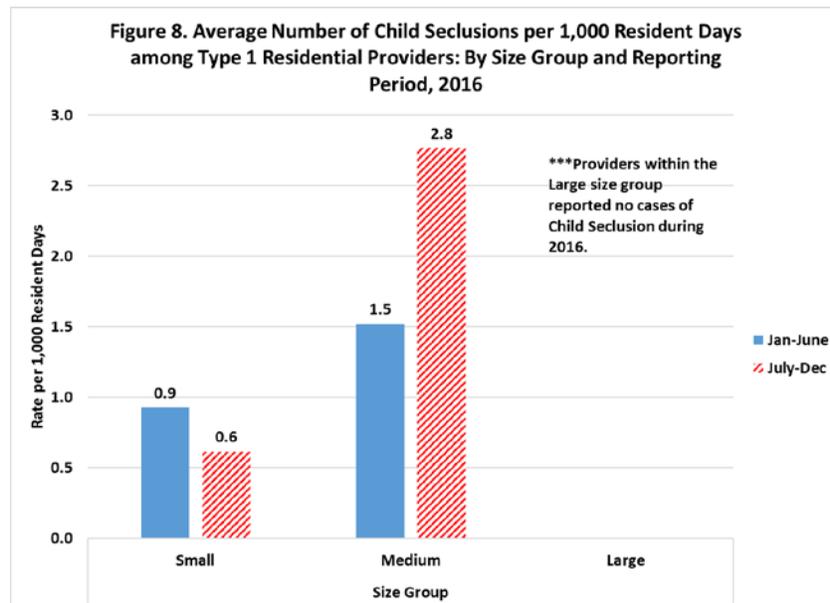
Child and Adolescent Seclusions

Table 2 (See Appendix) reports the child and adolescent Seclusion rates among Type 1 Residential child and adolescent providers. Three child and adolescent providers reported using seclusion during each reporting period. Within this group, the total number of seclusions reported in 2016 was 126 (48 from January to June and 78 from July to December). As seen in Figure 6 below, rates were low and relatively stable between reporting periods (January to June = .9, July to December =1.1). However, when viewed by month, there was a rate increase in the month of October which exceeded the expected range. The monthly seclusion rates per 1,000 resident days are displayed below (See Figure 7).



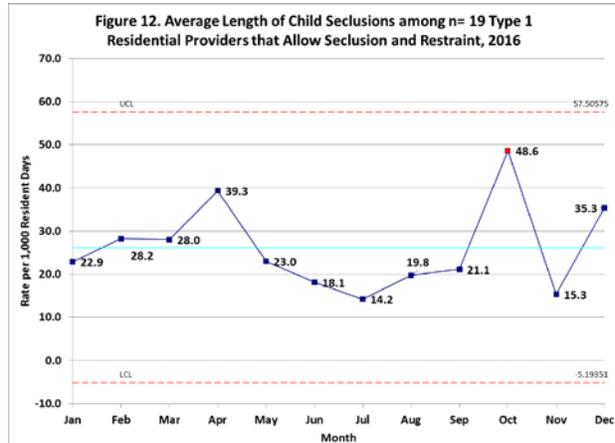
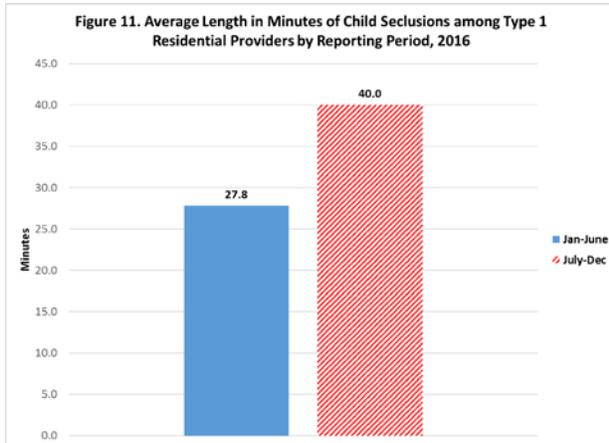
By Size Group

Table 3 (See Appendix) lists the child and adolescent Seclusion rates by size group. Figure 8 below depicts the Child Seclusion rates by size group and reporting period. Large providers (n=5) did not report any Child Seclusions during 2016. Medium-sized providers (n=6) saw an increase in Child Seclusion rates within the July-December reporting period. Among small providers (n=8), the monthly average Child Seclusion rates rose above the expected range twice, during the months of February and October (See Figure 9 below). Medium-sized providers experienced a steady increase in average Child Seclusion rates between August and October. Within this group, average rates remained above the expected range during the months of September and October (See Figure 10 below).



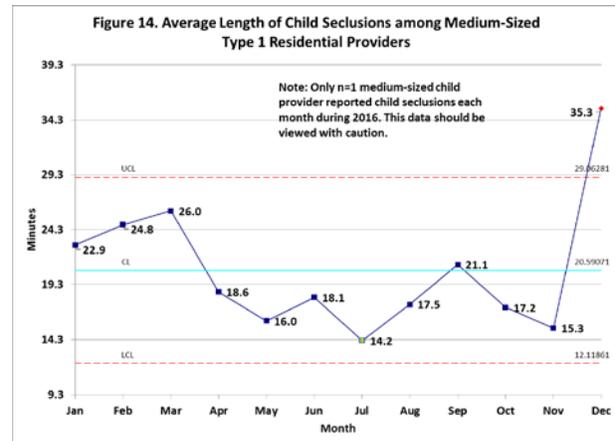
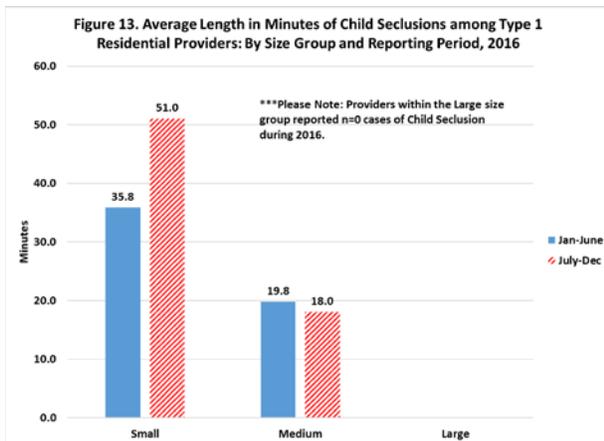
Average Length of Seclusions among Child Providers

The average length of Child Seclusions among the six providers reporting cases in 2016 increased by 43.9 percent between the January to June and July to December reporting periods, as seen in Figure 11 below. The monthly average lengths spiked within the month of October (See Figure 12 below). All other monthly rates remained within the expected range (See Table 6 in Appendix).



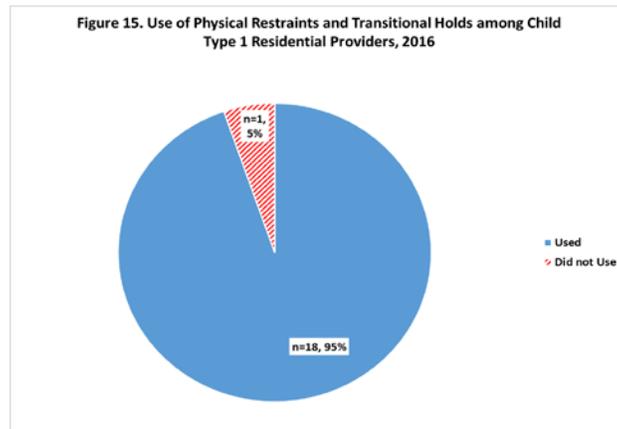
By Size Group

The average length of Child Seclusions increased between the January to June and July to December reporting periods for members of both the Small and Medium size groups (See Figure 13 below). As previously mentioned, no large agencies reported Child Seclusions in 2016. The monthly average Seclusion lengths among small child and adolescent agencies were all within the expected range. The average length of child seclusions among medium-sized providers spiked during the month of December (See Figure 14 below, Table 7 in Appendix). While an increase of this size would usually be cause for concern, the data should be viewed with caution due to the low number of providers that reported cases.

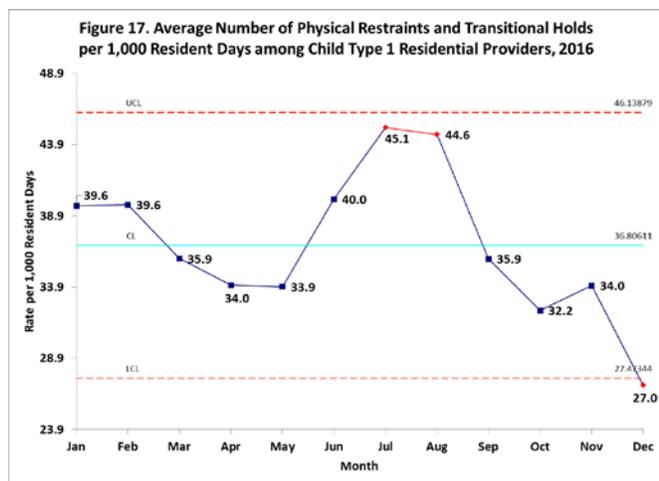
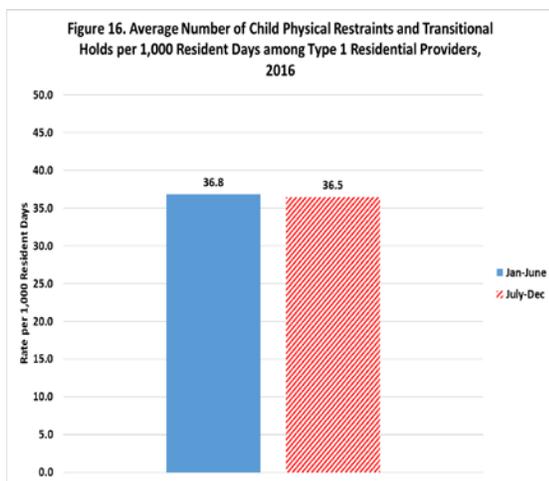


Child Physical Restraints and Transitional Holds

Table 4 (See Appendix) reports the rate of Physical Restraints and Transitional Holds per 1,000 patient days among Type 1 Residential child and adolescent providers. Of the nineteen child and adolescent providers allowing the use of Seclusion and Restraint, eighteen (94.7%) reported cases of Physical Restraint within each reporting period (See Figure 15 below). In contrast, Physical Restraints and Transitional Holds were reported by only one adult provider during the July-December reporting period.

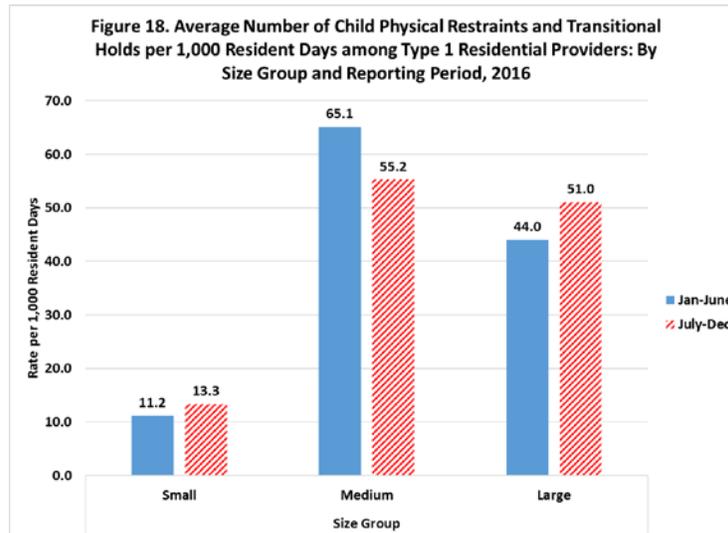


Among child and adolescent providers, the total number of Physical Restraints and Transitional Holds reported in 2016 was 10,678 (N=5,541 from January to June and N=5,137 from July to December). Among the eighteen providers that reported child Physical Restraints and Transitional Holds in 2016, the average rate was relatively stable between the January to June ($\mu=36.8$) and July to December ($\mu=36.5$) reporting periods (See Figure 16 below; Table 4 in Appendix). However, when examined more closely, monthly rates demonstrated higher variability. Following a spike during the months of July and August, the average number of Physical Restraints and Transitional Holds trended downward for the remaining months. The standard deviation displayed a similar pattern, suggesting that the number of Physical Restraints and Transitional Holds among child providers was slightly more stable between the months of August and December (See Figure 17 below; Table 4 in Appendix).

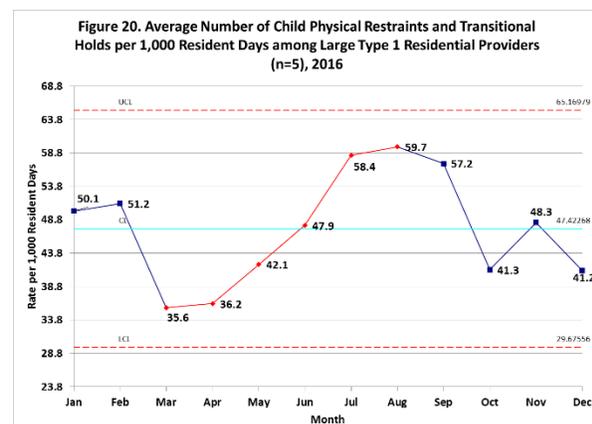
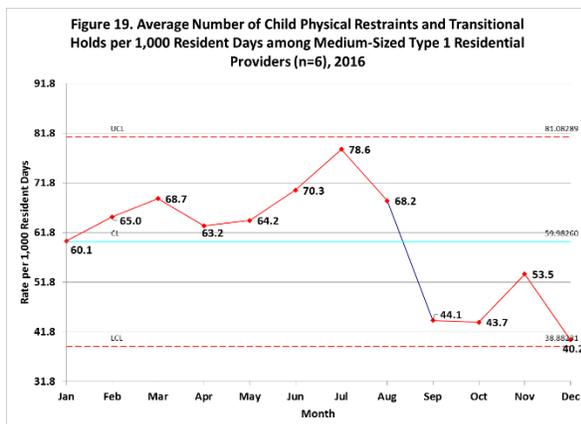


By Size Group

The Physical Restraint rates by size group were also examined (See Table 5 in Appendix; Figure 18 below). Within each reporting period, the highest rates were seen among medium-sized providers. The rates among small providers remained relatively stable across reporting periods (January to June $\mu=11.2$; July to December $\mu=13.3$). The rates among Medium-sized providers decreased by 15.2% between reporting periods. In contrast, Large providers saw a 15.9% increase during the second half of 2016.



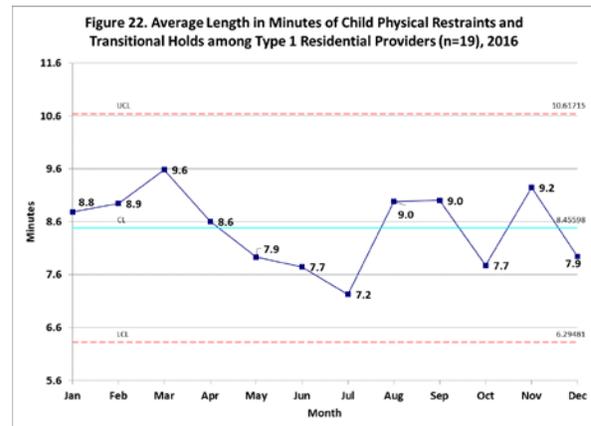
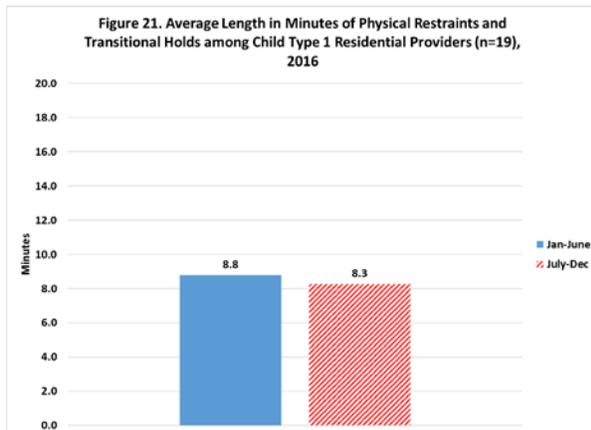
When each size group was examined more closely, the monthly Physical Restraint and Transitional Hold rates were less consistent. Specifically, the rates among small providers fell below the expected range during the of May, and remained within the expected range during all other months examined. In contrast, medium-sized providers were above the mean for eight consecutive months, from January through August. The trend then reversed in September, and rates for December were two standard deviations below the mean (See Table 5 in Appendix; Figure 19 below). While such variation could be cause for concern, the data should be viewed with caution. When examining a small census ($n=6$), variation within one provider can have a large impact upon group results. In addition, the 35.3% rate decrease between August and September within this group did have a significant effect upon the 12-month average, which could also skew the control chart results.



Finally, large providers experienced a steady increase in Child Physical Restraints and Transitional Holds between March and August, rising above the expected range in August (See Table 5 in Appendix; Figure 20 on previous page). As with other size group results, the population size should be noted.

Length of Child and Adolescent Physical Restraints

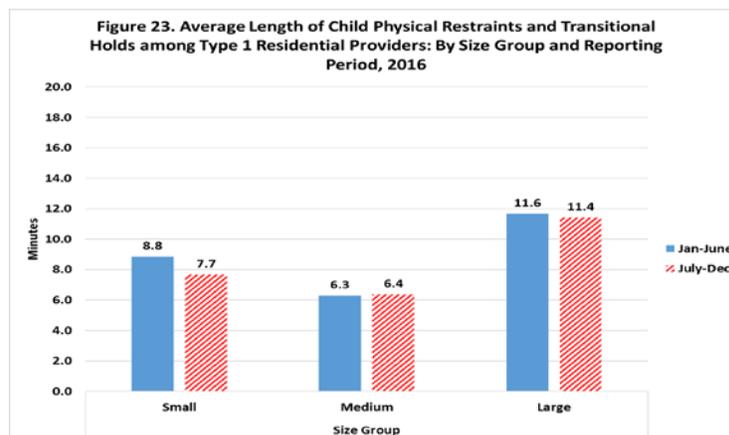
As seen in Figure 21 below, the average length of child physical restraints and transitional holds among Type 1 Residential providers decreased slightly between reporting periods (January to June $\mu=8.8$ minutes, July to December $\mu= 8.3$ minutes). When examined more closely, the monthly averages all fell within the expected range, despite a slight increase during the month of March (See Table 6 in Appendix; Figure 22 below).



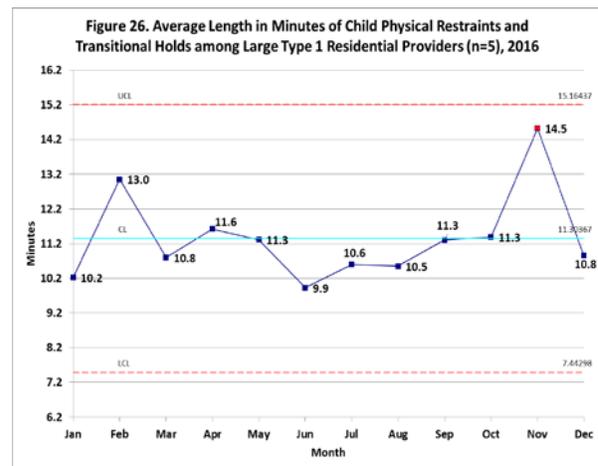
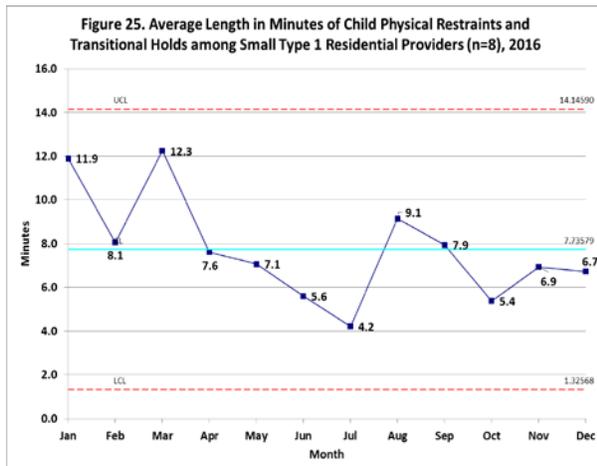
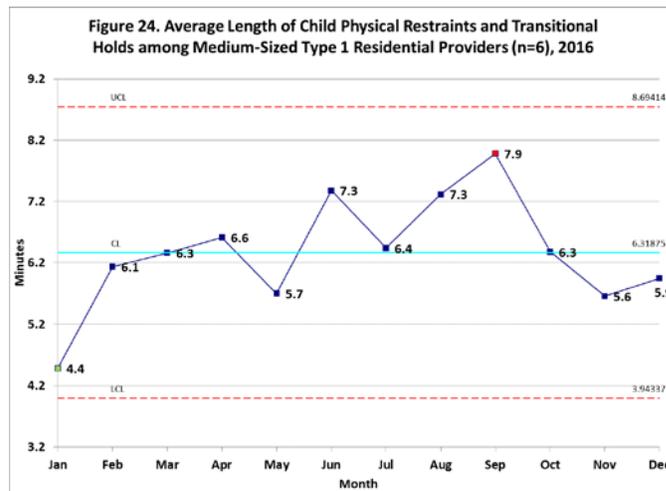
By Size Group

The length of child Physical Restraints and Transitional Holds by Size Group are listed within Table 8 (See Appendix). No relationship was observed between size group and average length of physical restraint among child and adolescent providers. The average length within the small size group declined between reporting periods, while the two larger groups remained relatively stable (See Figure 23 below).

When monthly rates were examined, the variance within groups was more pronounced. Small providers reported spikes within the months of January and March. March rates were higher than expected within



this group (See Figure 25). Among medium-sized providers, the monthly average length of child Physical Restraints approached the expected range only once, during the month of September (See Figure 24 below). Providers with 70 or more beds reported an upward trend in average length of child physical restraints and transitional holds between June and November. In addition, the average length for November within this group was two standard deviations above the mean, and approached the upper control limit (See Figure 26 below).



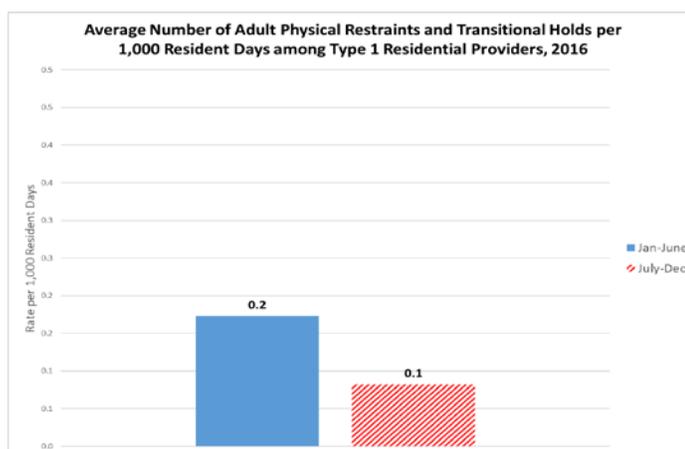
Adult Providers

Restrictions

PLEASE NOTE: As previously mentioned, the current analysis included only six adult Type 1 Residential providers with no policy against Seclusion and Restraint. Of those, only four adult providers reported any cases of Seclusion or Restraint. Due to a low number of reported cases, the Adult Seclusion and Adult Mechanical Restraint data will not be reported here in detail.

Frequency of Adult Physical Restraints and Transitional Holds

Table 9 (See Appendix) reports the rate of Physical Restraints and Transitional Holds per 1,000 patient days among the Adult Type 1 Residential providers that provided data. Within this group, the total number of physical restraints and transitional holds reported in 2016 was 20 (N=9 from January to June and N=11 from July to December). As previously mentioned, the yearly total for physical restraints among child providers exceeded 10,000 cases.



Length of Adult Physical Restraints and Transitional Holds

Adult providers reported twenty cases of Physical Restraint or Transitional Hold within the year of 2016. The average lengths ranged from one to fifteen minutes. The results are reported in Table 10 (Please see Appendix). As a result of the limited number of cases, the data could not be broken down by size group.

Injuries to Staff from Seclusion and Restraint

Providers also reported on the number of injuries to staff members related to Seclusion and Restraint. A summary of these results can be found in Table 11 (Please see Appendix). No adult providers reported any seclusion and restraint related injuries to staff. Similarly, child and adolescent providers reported no cases of staff injury which required hospitalization. The average number of cases requiring unplanned medical intervention remained low and stable across both reporting periods (January-June $\mu = 1.79$, July-December $\mu = 1.32$). The average number of staff injuries per 1,000 resident days requiring first aid was also stable across reporting periods (January-June $\mu = 5.47$, July-December $\mu = 5.37$).

Appendix

Table 1. Number of resident days per month among providers that allow S/R: By population

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
Type 1 Residential Providers, Adult-serving: Allow S/R (n=6)	Mean	220.7	232.5	214.2	246.0	226.7	208.0	196.8	250.5	242.5	222.2	241.3	247.5	221.5	237.6
	SD	93.3	101.9	73.7	91.5	106.7	93.8	92.2	103.3	107.3	78.9	86.7	83.0	77.2	89.4
	Min	105.8	124.0	116.0	122.0	88.0	96.0	89.0	92.0	73.0	85.0	90.0	118.0	118.0	96.0
	Max	349.5	406.0	312.0	353.0	374.0	310.0	342.0	403.0	403.0	300.0	333.0	330.0	310.0	346.5
Type 1 Residential Providers, Child Serving, Allow S/R (n=19)	Mean	1017.0	1019.2	978.9	1026.9	1006.6	1049.9	1020.5	991.6	956.1	939.0	969.8	974.1	998.2	971.5
	SD	938.4	960.4	899.3	948.3	923.9	960.1	938.4	870.2	849.2	812.1	849.2	842.4	846.1	844.9
	Min	73.2	86.0	117.0	115.0	90.0	31.0	0.0	31.0	27.0	30.0	31.0	30.0	26.0	29.2
	Max	3280.5	3469.0	3231.0	3276.0	3244.0	3256.0	3207.0	2611.0	2542.0	2513.0	2536.0	2505.0	2587.0	2549.0

Table 2. Frequency of Child / Adolescent Seclusions per 1000 Patient Days (Means across hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
All Child / Adolescent Providers (n = 25)	Mean	0.7	0.5	1.1	0.4	0.8	0.7	0.4	0.5	0.9	0.9	1.6	0.9	0.1	0.8
	SD	2.2	2.3	4.1	1.3	3.2	2.4	2.2	2.6	3.0	4.7	5.7	4.6	0.7	3.3
	Min	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Max	8.5	11.3	20.3	6.4	14.9	8.9	10.8	13.1	11.1	24.2	24.9	23.4	3.7	16.6
Provider Allows S/R (n = 19)	Mean	0.9	0.6	1.4	0.5	1.1	0.9	0.6	0.7	1.2	1.3	2.2	1.2	0.2	1.1
	SD	2.5	2.6	4.7	1.5	3.6	2.8	2.5	3.0	3.5	5.6	6.6	5.4	0.8	3.8
	Min	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Max	8.5	11.3	20.3	6.4	14.9	8.9	10.8	13.1	11.1	24.2	24.9	23.4	3.7	16.6

Table 3. Frequency of Child and Adolescent Seclusions by Size Group, 2016 (Means Across Hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
Small	N	8	8	8	8	8	8	7	8	8	8	8	8	8	8
	Mean	0.9	0.0	2.5	0.8	0.8	1.1	0.0	0.0	1.4	0.0	2.0	0.0	0.0	0.6
	SD	2.6	0.0	7.2	2.3	2.2	3.0	0.0	0.0	3.9	0.0	5.7	0.0	0.0	1.3
Medium	N	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	Mean	1.5	1.9	1.1	0.5	2.5	1.5	1.8	2.2	1.8	4.0	4.2	3.9	0.6	2.8
	SD	3.4	4.6	2.0	0.7	6.1	3.6	4.4	5.4	4.5	9.9	10.2	9.6	1.5	6.8
Large	N	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	Mean	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	SD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

Table 4. Frequency of Child / Adolescent Physical Restraints and Transitional Holds per 1000 Patient Days (Means across hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
All Child / Adolescent Providers (n = 25)	Mean	28.0	30.1	30.1	27.3	25.8	25.8	30.0	32.9	32.6	26.2	23.5	24.8	19.7	26.7
	SD	44.2	50.5	56.0	54.3	40.3	37.4	44.2	62.7	43.2	32.5	28.5	39.7	30.6	37.7
	Min	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Max	209.5	232.0	255.9	261.9	189.1	145.8	174.5	303.2	167.7	133.6	83.3	175.0	124.1	158.2
Provider Allows S/R (n = 19)	Mean	36.8	39.6	39.6	35.9	34.0	33.9	40.0	45.1	44.6	35.9	32.2	34.0	27.0	36.5
	SD	47.6	54.8	61.5	60.1	43.3	39.7	47.1	69.9	45.0	33.1	28.9	43.1	33.0	39.9
	Min	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Max	209.5	232.0	255.9	261.9	189.1	145.8	174.5	303.2	167.7	133.6	83.3	175.0	124.1	158.2

Table 5. Frequency of Child and Adolescent Physical Restraints and Transitional Holds by Size Group, 2016 (Means Across Hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
Small	N	8	8	8	8	8	8	7	8	8	8	8	8	8	8
	Mean	11.2	17.6	13.5	11.5	10.7	6.0	8.4	11.6	17.4	16.3	17.9	10.4	8.2	13.3
	SD	13.8	21.8	25.7	19.6	16.6	7.3	9.0	17.8	25.5	20.4	26.6	27.0	20.1	21.5
Medium	N	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	Mean	65.1	60.1	65.0	68.7	63.2	64.2	70.3	78.6	68.2	44.1	43.7	53.5	40.2	55.2
	SD	73.2	86.0	96.4	97.2	64.7	54.0	67.0	113.4	59.7	25.2	31.2	61.7	43.2	54.5
Large	N	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	Mean	44.0	50.1	51.2	35.6	36.2	42.1	47.9	58.4	59.7	57.2	41.3	48.3	41.2	51.0
	SD	23.6	41.6	42.0	30.6	18.3	18.0	22.0	34.4	30.6	44.6	24.1	19.8	25.3	28.0

Table 6. Length in Minutes of Child/Adolescent Seclusions and Physical Restraint / Transitional Holds (Means across n=19 hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
Seclusions	N	2	1	2	2	2	2	1	1	2	1	2	1	1	3
	Mean	27.8	22.9	28.2	28.0	39.3	23.0	18.1	14.2	19.8	21.1	48.6	15.3	35.3	40.0
	SD	11.3	N/A	4.9	2.8	29.2	9.9	N/A	N/A	3.2	N/A	44.4	N/A	N/A	34.7
Physical Restraints	N	18	17	15	16	14	15	15	15	14	16	15	13	13	18
	Mean	8.8	8.8	8.9	9.6	8.6	7.9	7.7	7.2	9.0	9.0	7.7	9.2	7.9	8.3
	SD	5.1	6.7	6.0	5.6	5.6	4.8	4.6	5.1	5.3	4.5	4.7	7.7	4.9	4.8

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

Table 7. Length in Minutes of Child and Adolescent Seclusions by Size Group, 2016 (Means Across Hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
Small	N	1	0	1	1	1	1	0	0	1	0	1	0	0	8
	Mean	35.8	N/A	31.7	30.0	60.0	30.0	N/A	N/A	22.0	N/A	80.0	N/A	N/A	51.0
	SD	76.0	N/A	41.0											
Medium	N	1	1	1	1	1	1	1	1	1	1	1	1	1	1.0
	Mean	19.8	22.9	24.8	26.0	18.6	16.0	18.1	14.2	17.5	21.1	17.2	15.3	35.3	18.0
	SD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Large	N	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mean	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	SD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

Table 8. Length in Minutes of Child and Adolescent Physical Restraints and Transitional Holds by Size Group, 2016 (Means Across Hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
0-25 Beds	N	7	7	6	4	5	3	4	4	4	4	6	4	2	2
	Mean	8.8	11.9	8.1	12.3	7.6	7.1	5.6	4.2	9.1	7.9	5.4	6.9	6.7	7.7
	SD	4.3	8.1	4.8	2.5	3.8	4.7	3.1	2.3	8.1	3.4	1.1	0.8	1.0	3.8
26-60 Beds	N	6	6	6	6	6	6	6	6	5	5	6	6	6	6
	Mean	6.3	4.4	6.1	6.3	6.6	5.7	7.3	6.4	7.3	7.9	6.3	5.6	5.9	6.4
	SD	4.2	2.2	2.9	3.6	4.9	3.5	5.3	5.0	3.0	5.0	4.6	3.5	3.5	4.2
70-110 Beds	N	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	Mean	11.6	10.2	13.0	10.8	11.6	11.3	9.9	10.6	10.5	11.3	11.3	14.5	10.8	11.4
	SD	6.5	6.6	8.0	8.2	6.8	5.2	4.7	5.5	5.3	5.1	4.9	10.4	6.2	5.9

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

Table 9. Frequency of Adult Physical Restraints and Transitional Holds per 1000 Patient Days (Means across hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
Provider Allows S/R (n = 6)	Mean	0.2	0.0	0.5	0.0	0.4	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.1
	SD	0.3	0.0	1.3	0.0	1.1	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.2
	Min	0.0	N/A	0.0	N/A	0.0	N/A	N/A	N/A	N/A	0.0	N/A	N/A	N/A	0.0
	Max	0.5	0.0	3.2	0.0	2.7	0.0	0.0	0.0	0.0	3.3	0.0	0.0	0.0	0.5

Table 10. Length in Minutes of Adult Physical Restraints and Transitional Holds (Means across hospitals)

		Jan-Jun Avg	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jul-Dec Avg
Provider Allows S/R (n = 6)	n	2	0	1	0	1	0	0	0	0	1	0	0	0	1
	Mean	10.0	0.0	15.0	0.0	5.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0
	SD	7.1	N/A	0.0	N/A	0.0	N/A	N/A	N/A	N/A	0.0	N/A	N/A	N/A	0.0
	Min	5.0	N/A	15.0	N/A	5.0	N/A	N/A	N/A	N/A	1.0	N/A	N/A	N/A	1.0
	Max	15.0	N/A	15.0	N/A	5.0	N/A	N/A	N/A	N/A	1.0	N/A	N/A	N/A	1.0

Table 11. Average Number of Seclusion and Restraint-related Staff Injuries, By Treatment Population and Result

	First Aid		Unplanned Medical		Required	
	Jan-June	July-Dec	Jan-June	July-Dec	Jan-June	July-Dec
Child / Adol.	5.5	5.4	1.8	1.3	0	0
Adult	0	0	0	0	0	0