

# Restraint and Seclusion Reduction

## The Problem

The use of restraint and seclusion is both a marker for an emergency clinical situation that involves imminent danger to self or others and a high risk event that carries the potential for physical and psychological harm to patients and staff. The elimination of unnecessary restraint and seclusion is a priority for the Beth Israel Deaconess Medical Center, the Department of Psychiatry, DPH, JCAHO, Medicare, and DMH.

## Aim/Goal

The goal of this project is to prevent unnecessary restraint and seclusion by early identification of at risk individuals and situations, by expanded team membership, and by expanded interventions. Our metric is the hours of seclusion and restraint per 1000 patient days; we aim to reduce that below 20 hours.

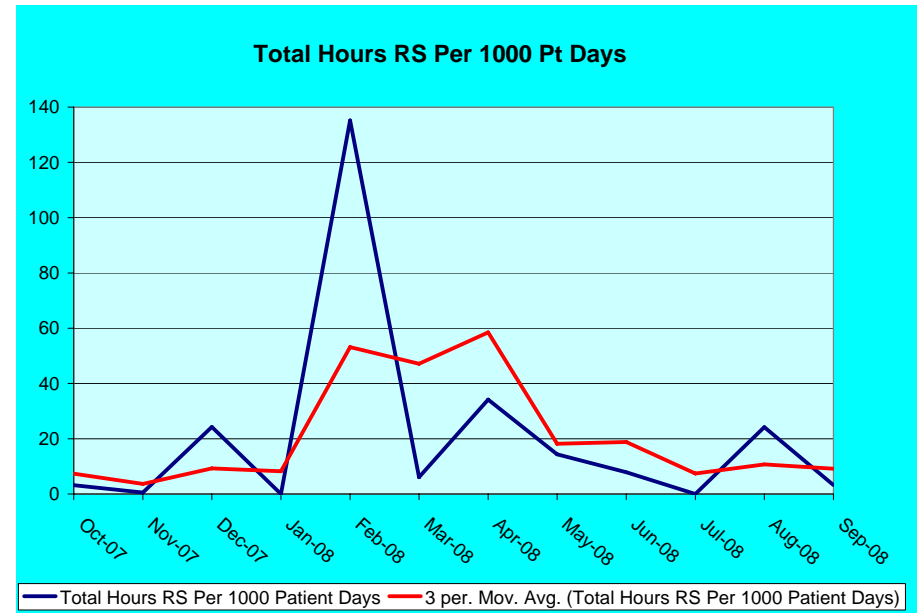
## The Team

- Dyanna Domilici, Medical Director
- Tina Gosselin, Nurse Manager
- Patricia Keck, Director, Rehabilitation Services
- Amanda Tjonahen, Nurse Educator

## The Interventions

- Development and training in tools for Risk assessment and Safety planning
- Behavioral Triggers Program
- Increased training and new online competency in R&S
- Development and use of sensory modulation room and techniques
- Presence of Public Safety on unit

## The Results/Progress to Date



## Lessons Learned

Constant attention to restraint and seclusion risk factors, identifying any episode of impending or actual restraint or seclusion as a behavioral trigger that marks a clinically significant event and merits senior input and rapid intervention, presence of security, availability of sensory modalities, and staff training have all contributed to a reduction in restraint and seclusion over the past 9 months.

## Next Steps

We will continue to monitor restraint and seclusion use, continue ongoing education of staff in assessment and intervention to prevent or minimize restraint and seclusion, and try to see if these efforts correlate with improved overall outcomes using the BPRS outcome measure.

