

Physician Education Express

Restraint and Seclusion Policy Changes July 1, 2016



Audience: All staff interacting with inpatients and outpatient/ambulatory patients

Education Level- **Yellow**

Released June 27, 2016

SUMMARY

Use of Restraints and Seclusion Policy is NOW a system-wide policy and is compliant with the Joint Commission, CMS, HFAP, and the Hospital Operations Regulations in content and Cerner change for all. The policy was developed and vetted with multiple system stakeholders resulting in alignment and a policy meeting regulatory requirements. The seclusion portion of this policy only applies to the facilities that have seclusion capabilities.

This policy states the purpose, scope, exceptions and definitions. It also contains the policy statement with a detail description of procedures which include:

- Role Based Responsibilities
- Use of Physical Restraints for Non Violent Behavior
- Use if Physical Restraint, Seclusion, Chemical Restraint or Hold for Violent Behavior
- Education and Training
- Injury and Death Related to Restraints and Seclusion

IU Health Current State:

The goal is for all IUH Practice Councils and/or Policy committees to approve. Policy approved by the Nurse Executive Committee (NEC) and IUH system PPS along with education and Cerner PowerPlan changes.

IU Health Future State:

The key changes to your facilities Restraint Policy may include:

What are the new definitions?

- An episode of care begins at the time of the first application and ends when the release criteria is met and restraints are removed. After removal if restraints are required again a new order must be obtained.
- Practitioner is now referred to as a Licensed Independent Practitioner (LIP) and has the authority to order restraints or seclude patients.

Who can order a restraint or seclusion?

- An attending physician or LIP.

Highlights

Effective Dates:
June 28, 2016

Other Highlight information:

- Non-Violent Restraint is ordered per episode.
- Physician notification times are defined.
- Documentation of Safety, Comfort and Decision to Continue/Discontinue Non-Violent Restraints is every 2 hours.
- RNs & PA's who conduct Face to Face evaluations - must be trained.
- The policy has been vetted through IUH System Risk and State Regulatory Affairs teams.

Who can initiate an order a restraint or seclusion?

- An attending physician, LIP, or RN

What are the new parameters around non-violent, violent behavior, and restraints?

- When an LIP orders a restraint for non-violent behavior, the attending physician must be notified as soon as possible, but no later than the end of the next calendar day.
- A non-violent restraint order must be obtained from an LIP within 4 hours of applying the restraint.
- Non-violent restraints require a NEW order with each episode.
- A violent restraint order must be obtained from an LIP immediately prior to or within 30 minutes of initiating restraints or seclusion for violent behavior.
- Mandatory field in the order must include the discontinuation criteria.

What has changed with face-to-face evaluations?

- Physician Assistants and RNs must be trained to perform face-to-face evaluations.
- When an RN performs the face-to-face evaluation with and encounters violent behavior the attending physician must be consulted within 60 minutes.

Restraint and Seclusion Policies:

Facility	Policy Number
Academic Health Center (AHC)	SF 1.01.AP
Arnett Hospital	ADMCL5.02
Ball Hospital	QSM-PS-2-P
Bloomington Hospital	INTER-R-117
North Hospital	Search for "Restraint"
Tipton Hospital	PCS 102
West Hospital	SF 1.01 AP
White Hospital	41.17.04