

Sample Action Plan for Implementing the Six Core Strategies to Prevent the Use of Seclusion and Restraint

<b>Strategy 1. Leadership Towards Organizational Change</b>			
	<b>Sample Plans of Action</b>	<b>Suggested Responsible Persons</b>	<b>Sample Action/Progress</b>
1a.	Review and appropriately revise facility mission statement, philosophy and core values to insure congruence with the principles of recovery and trauma informed care approaches.	CEO, Quality Manager, Dir. Beh. Health, VP's Cabinet  Target Date: _____	Meeting with stakeholders scheduled for 6/30/11 to conduct organizational values exercise.
1b.	Review and appropriately revise facility seclusion & restraint policy to ensure inclusion of beliefs that are congruent with the facility mission and values to prevent the use of seclusion or restraint.	Quality Manager, DON, Dir. Behavioral Health, Cabinet, VP's  Target Date: _____	Review meeting scheduled for 7/2/11.
1c.	Develop a facility seclusion & restraint reduction plan identifying goals, target numbers, due dates and monitoring procedures.	Quality Manager, VP's, Dir. Behavioral Health, DON,  Target Date: _____	PI Team members identified and will schedule meeting in early July to create goals, objectives and action steps.
1d.	Analyze current R/S data to identify trends and critical information and communicate that analysis to the facility administration.	Dir. Program Evaluation  Target Date: _____	Data from the last 12 months is being aggregated and graphed. Report will be generated and forwarded for leadership review.

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1e.	Conduct town meetings with all Behavioral Health staff to communicate mission, expectations to create a collaborative and non-punitive environment and clearly delineate what is and is not considered abuse & neglect.	CEO, VP's, Dir. Behavioral Health, DON,  Target Date: _____	DON to identify dates/times for town meetings.
1f.	Schedule and hold a kick-off celebration event to communicate the administration's commitment to the initiative to prevent the use of seclusion and restraint	CEO, Vice President, Cabinet  Target Date: _____	On agenda for Cabinet meeting 6/22/11
1g.	Evaluate the impact of reducing seclusion and restraint on the facility environment i.e. property destruction, de-escalation time, need for revised assessments and scheduling of debriefings.	CEO, Dir. Behavioral Health, DON, Cabinet.  Target Date: _____	Agenda item for cabinet meeting 6/22/11
1h.	Create staff recognition program to identify and reward champions.	Dir. Behavioral Health, DON,  Target Date: _____	PI Project team members identified. Meeting scheduled for 7/5/11. (Note: PI team must have a clear understanding of what they are empowered to do regarding making recommendations)
1i.	Develop a plan for monitoring and ensuring accountability of all staff in implementing Trauma Informed Care approaches, the six core strategies and the actions identified in this plan	CEO, VP's, Cabinet, Dir. Behavioral Health, Quality Manager  Target Date: _____	Added to agenda for cabinet meeting 6/22/11

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1j.	Review the facility plan for clinical treatment activities to assure that active, daily, person-centered and effective treatment activities are offered.	VP's, Cabinet, Dir. Behavioral Health  Target Date: _____	Added to agenda for cabinet meeting 7/18/11
1k.	Develop a leadership oversight on-call roster to ensure accountability and elevate the visibility of every seclusion or restraint event.	CEO, VP's, Cabinet, DON, Quality Manager Dir. Behavioral Health.  Target Date: _____	Added to agenda for cabinet meeting 7/18/11
<b>Strategy 2: Using Data to Inform Practice</b>			
	<b>Sample Plans of Action</b>	<b>Suggested Responsible Persons</b>	<b>Sample Action/Progress</b>
2a.	Collect, aggregate and graph baseline seclusion & restraint data including number of incidents, duration times, and rate.	Dir. Program Evaluation  Target Date: _____	NIMRS system in place and data can be reported as needed.
2b.	Set and communicate realistic goals for seclusion & restraint reduction.	Quality Manager, Dir. Behavioral Health,  Target Date: _____	Data being reviewed. Goals to be set after review.
2c.	Determine what data will be collected and aggregated i.e. S/R by shift, use of STAT IM's, consumer and staff injuries, gender, race, diagnosis etc.	Quality Manager, Dir. Program Evaluation, Dir. Behavioral Health  Target Date: _____	PI group members identified. Meeting scheduled for 7/5/11. (Note: PI team must have a clear understanding of what they are empowered to do regarding making recommendations)

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2d.	Post data in general treatment areas and promote healthy competition events between units. Identify possible rewards for winners i.e. pizza parties, ice cream socials etc.	Dir. Behavioral Health, DON, Quality Manager  Target Date: _____	Data is being sent on a monthly basis and will be posted in nurses stations, dayrooms, and hallways of units. PI committee to be established to make recommendations on issuing rewards, frequency and how this information will be communicated.
2e.	Collect and report confidential data on staff involved in S/R events to Dir. Behavioral Health, Quality Manager and VP for Inpatient Services.	Quality Manager, Dir. Program Evaluation  Target Date: _____	Data is being collected and entered into the NIMRS system.
2f.	Develop a mechanism to capture and record “near misses” to reinforce best practices with staff.	Director Behavioral Health, Director Program Evaluation  Target Date: _____	Meeting took place on 6/5/11 regarding possible methods.
<b>Strategy 3: Workforce Development</b>			
	<b>Sample Plans of Action</b>	<b>Suggested Responsible Persons</b>	<b>Sample Action/Progress</b>
3a.	Provide training in Trauma Informed Care (TIC) to all Behavioral Health Staff.	Director Education & Training, Director Behavioral Health  Target Date: _____	Instructors are being identified and training will be scheduled to commence in September.
3b.	Provide training in the Six Core Strategies to Prevent the Use of Seclusion and Restraint to all behavioral Health Staff.	Director Education & Training, Dir. Behavioral Health  Target Date: _____	Instructors are being identified and training will be scheduled to commence in September.

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3c.	Empower staff to bend/sidestep certain rules to prevent the use of S/R. Identify the facility/unit rules that must be upheld, those that can be bent/sidestepped only to prevent S/R and those that can be bent/sidestepped anytime to avert a crisis. (Note: Once determined, this needs to be communicated to all staff)	Quality Manager, Director Behavioral Health, DON, VP for Inpatient Services.  Target Date: _____	PI Team to be established to review rules and make this determination. (Note: PI team must have a clear understanding of what they are empowered to do regarding making recommendations)
3d.	Add appropriate staff competencies in TIC to the annual performance evaluations of all Behavioral Health staff.	Dir. Human Resources, Dir. Behavioral Health, DON  Target Date: _____	Key participants identified. Meeting scheduled to make these additions 7/23/11.
3e.	Revise the hiring process to include TIC approaches questions.	Dir. Human Resources, Dir. Behavioral Health, DON  Target Date: _____	Key participants identified. Meeting scheduled to make these additions 7/23/11.
<b>Strategy 4: Use of S/R Reduction Tools</b>			
	<b>Samples of Action Plans</b>	<b>Suggested Responsible Persons</b>	<b>Sample Action/Progress</b>
4a.	Revise assessment tools to include risk factors for inpatient incidents of aggression and violence.	Quality Manager, Dir. Behavioral Health, Chief Psychologist, Dir. Health Information Management  Target Date: _____	Key participants identified. Meeting scheduled for 7/14/11 to modify assessments.

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4b.	Develop assessment tool to identify most common risk factors for death or serious injury caused by restraint i.e. obesity, history of respiratory problems, recent ingestion of food, history of cardiac problems, history of acute stress d/o or PTSD.	Quality Manager, Dir. Behavioral Health, Chief Psychologist, Dir. Health Information Management  Target Date: _____	Key participants identified. Meeting scheduled for 7/14/11 to modify assessments.
4c.	Revise Trauma Assessment tool to include identification of persons at risk for re-traumatization and which addresses the signs and symptoms related to untreated trauma sequelae.	Quality Manager, Dir. Behavioral Health, Chief Psychologist, Dir. Health Information Management.  Target Date: _____	Key participants identified. Meeting scheduled for 7/14/11 to modify assessments
4d.	Develop and implement Individual Calming Plans for all consumers which include the identification of triggers, warning signs and practicable coping strategies.	Director of Health Information Management, Quality Manager, Dir. Behavioral Health, Chief Psychologist  Target Date: _____	Health Information Management to schedule meeting to develop plans.
4e.	Determine means of creating comfort rooms and/or comfort carts.	Quality Manager, Director Behavioral Health, DON, VP for Inpatient Services.  Target Date: _____	PI Team to be established to review rules and make this determination. (Note: PI team must have a clear understanding of what they are empowered to do regarding making recommendations)

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4f.	Evaluate and make appropriate changes to treatment environments to ensure they are coercion-free, are welcoming, contain person centered positive worded signage and staff attitudes are one of engaging in a partnership of hope and recovery.	Quality Manager, Director Behavioral Health, DON, VP for Inpatient Services.  Target Date: _____	Added to environmental rounds agenda.
4g.	Search, review and select an aggression control behavior scale to assist staff to discriminate between agitated, disruptive, dangerous and lethal behaviors.	Quality Manager, Dir. Behavioral Health, Chief Psychiatrist, Chief Psychologist, DON  Target Date: _____	Chief Psychologist to procure various scales for review. Once obtained, a meeting will be held to choose the most appropriate scale for use.
4h.	Once a specific aggression control behavior scale has been chosen, provide training to all behavioral staff in it's use.	Director Education & Training, Dir. Behavioral Health  Target Date: _____	Pending review.
4i.	Develop a process for disseminating the information contained in the individual calming plans (ICP) to all behavioral health staff.	Quality Manager, Director Behavioral Health, DON, VP for Inpatient Services.  Target Date: _____	Pending development of the ICP.
<b>Strategy 5: Consumer Roles in Inpatient Setting</b>			
	<b>Sample Plans of Action</b>	<b>Suggested</b>	<b>Sample Action/Progress</b>

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		<b>Responsible Persons</b>	
5a.	Evaluate and develop a plan to include consumer choices at every opportunity.	Director Behavioral Health, DON, VP for Inpatient Services, Consumer Advocates.  Target Date: _____	PI team to be initiated.
5b.	Evaluate the possibility of using vacant FTE's to fill full or part time roles for consumers i.e. Consumer Advocates, Peer Specialists, Drop in Center Directors	Director Behavioral Health, DON, VP for Inpatient Services, Consumer Advocates.  Target Date: _____	Group to meet and come up with plan to present to cabinet.
5c.	Include consumer representation in key committees and workgroups.	Director Behavioral Health, DON, VP for Inpatient Services, Consumer Advocates.  Target Date: _____	Group to meet and come up with plan to present to cabinet.
5d.	Implement consumer satisfaction surveys and use results to improve services.	Director Behavioral Health, DON, VP for Inpatient Services, Consumer Advocates.  Target Date: _____	PI project to be established to develop this survey instrument, determine how and when it will be used and how the information obtained will be used to improve services. (Note: PI team must have a clear understanding of what they are empowered to do regarding making recommendations)
<b>Strategy 6: Debriefing Techniques</b>			
	<b>Sample Plans of Action</b>	<b>Suggested</b>	<b>Sample Action/Progress</b>



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		<b>Responsible Persons</b>	
6a.	Revise policies and procedures to address debriefing activities including consumer debriefing, post acute event analysis, and formal debriefing.	Quality Manager, Director Behavioral Health, DON, VP for Inpatient Services.  Target Date: _____	
6b.	Implement witnessing (see action plan 1k.)	CEO, VP's, Cabinet, DON, Quality Manager Dir. Behavioral Health.  Target Date: _____	Added to agenda for cabinet meeting 7/18/11
6c.	Provide training to those staff who will be responsible for conducting debriefings.	Director Education & Training, Director Behavioral Health, DON  Target Date: _____	
6d.	Develop a mechanism to ensure that information obtained from debriefings is used to revise treatment plans.	Quality Manager, Director Behavioral Health, DON, VP for Inpatient Services.  Target Date: _____	