cumberland
hospital for children and adolescents

9407 CUMBERLAND ROAD · NEW KENT, VIRGINIA 23124 · (800) 368-3472

December 18, 2019

Debra Hopkins, Supervisor

Division of Acute Care Services

Commonwealth of Virginia Department of Health

Office of Licensure and Certification

9960 Mayland Drive - Suite 401

Henrico, VA 23233

RE: Cumberland Hospital, CMS Provider 49L002

State of Virginia Psychiatric Residential Facility (PRTF) Medicaid Complaint Survey

Dear Ms. Hopkins,

Please accept the attached CMS-2567 form from Cumberland Hospital for Children and Adolescents with included response and plan of correction to the federal regulation standard level deficiency which was cited in our final report from the VDH's unannounced PRTF complaint survey that was conducted at our facility on November 4-6th, 2019.

Sincerely,

Leslie D. Bowery, Director, Standards and Regulatory Compliance

Cumberland Hospital for Children and Adolescents

Leslie D. Bowery 12/18/2019

cranneck 12/26/19 DBH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49L002	A. BUILDING _____ B. WING _____	11/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND HOSPITAL	9407 CUMBERLAND ROAD NEW KENT, VA 23124

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 000	Initial Comments An unannounced Medicaid Psychiatric Residential Treatment Facility (PRTF) recertification and complaint surveys were conducted November 4 through 6, 2019 by two (2) Medical Facilities Inspectors with the Office of Licensure and Certification, Virginia Department of Health. The Conditions of 42 CRF Part 483, Subpart G Appendix N; Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals under 21 (effective date January 15, 2015) were used to determine compliance. A total ofseven (7) resident records were reviewed. Two (2) complaints were investigated during the survey, VA00047714 which was unsubstantiated and VA00047771 which was substantiated with no deficient practice. The Surveyors identified deficient practice unrelated to the complaints and follow in this report.	N 000		
N 222	EDUCATION AND TRAINING CFR(s): 483.376(f) Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis and their competencies as specified in paragraph (b) of this section on an annual basis. This Element is not met as evidenced by: Based on interview and document review, the facility staff failed to ensure they performed an evaluation of staff members' competencies in Crisis Prevention Intervention (CPI) annually and	N 222	See attached document which includes the facility's response to the finding and plan for corrective action. The plan of correction was completed on 12/4/2019.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patrice Gay Brooks | TITLE: CEO | (X6) DATE: 12/18/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) For nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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N 222	Continued From page 1 demonstration of safe use of seclusion and restraints on a six (6) month basis for eight (8) of eight (8) staff hired before 2019. The facility also failed to ensure staff members' training in cardiopulmonary resuscitation (CPR) was re-certified on an annual basis for nine (9) of eleven (11) staff members. The findings include: A review of eleven (11) staff members' (psychiatrist, physician, psychologist, social workers, registered nurses and behavioral health technicians) credential files was completed on 11/5/19 and revealed the following: 1. Eight (8) of eight (8) staff hired before 2019, including the psychiatrist and licensed clinical social worker, did not have their annual competencies in CPI. CPI evaluation should include but is not limited to the identification of events and environmental factors that may trigger emergency safety situations; and the use of non-physical skills such as de-escalation, active listening, and mediation for conflict resolution. The eight (8) staff lacked documented demonstration of the safe use of seclusion and restraints every 6 months. 2. Nine (9) of eleven (11) staff members whose credentials were reviewed, including two (2) physicians (the psychiatrist and endocrinologist), did not re-certified their CPR annually. Staff Member #5 provided the policy #303.24 titled Hospital Policy on Restrictive Procedures page #4 Section C which documents, "CPI is to be completed annually, as a refresher training in one session or a sequence of training modules."	N 222		

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N 222	Continued From page 2 The same policy on page 5 Section E #1 documented Advanced Cardiac Life Support Certification every two years from a certified outsource instructor. An interview with Staff Member #5 on 11/6/19 at approximately 11:00 A.M. revealed the policy above, titled Hospital Policy on Restrictive Procedures, was applicable to the staff of the Residential treatment Center (Psychiatric Residential Treatment Facility) as well as the hospital.	N 222		

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RE: Psychiatric Residential Treatment Facility (PRTF) Medicaid Survey
CMS Provider 49L002

12/18/19

Please accept the following response with corrective action plan from Cumberland Hospital for Children and Adolescents for findings cited by your agency during a recent re-certification survey of our Psychiatric Residential Treatment facility on November 4 through 6, 2019. By submitting this Plan of Correction, the Facility does not admit that it violated the regulations. The Facility also reserves the right to amend the Plan of Correction as necessary and to contest the deficiencies, findings, conclusions, and actions of the agency.

The deficiencies cited in the report and our plan of corrective action are as follows:

Standard Level Finding – Education and Training – CFR: 483.376(f)

- "The facility staff failed to ensure they performed an evaluation of staff members' competencies in Crisis Prevention Intervention (CPI) annually and demonstration of safe use of seclusion and restraints on a six month basis for eight staff hired before 2019. The facility also failed to ensure staff members' training in Cardiopulmonary Resuscitation (CPR) was re-certified on an annual basis for 9 staff members."

The facility has completed its corrective action on the above citation as of 12/4/2019. The eight staff members noted as lacking a demonstration on the safe use of seclusion and restraint in their training transcripts attended one of the CPI refreshers course offered at the facility on 11/6/19 and 12/4/19. The nine staff members requiring an update to CPR training were recertified as of December 1, 2019. To ensure sustained compliance with the regulation, all Residential Program direct care staff as well as teachers, rehabilitative therapists, physicians and licensed psychotherapists will participate in the bi-annual CPI and CPR trainings held in the months of April and October each year.

As additional corrective action, Hospital Policy #722.07 – Hospital Policy on Initial and Annual Competency Reviews of Staff was updated to include the following language: "any staff involved with treatment of Residential Program patients must have (1) CPI re-certification to include safe use of seclusion and restraints on a semi-annual basis and (2) training in cardiopulmonary resuscitation (CPR) on an annual basis. Hospital Policy #303.25 – Hospital Policy on Restrictive Procedures (page 4, Training section, #11) was updated to reflect the requirement for all staff working with Residential Program staff to complete CPI training bi-annually and CPR training annually.

The Director of Human Resources is responsible for monitoring for sustained compliance with CPR and CPI certifications at the facility. The Director of Clinical Services and the Director of Nursing are responsible for assuring that staff are recertified as required by the elements of the regulation. The Directors will remove staff from the active schedule who fail to renew CPI and CPR certifications before expiration dates of their current credentials. Staff compliance with CPR and CPI training classes will be reported by the Human Resources Director weekly during the Senior Leadership Group meeting and monthly during the Performance Improvement Committee meeting.

Response prepared by:

Leslie D. Bowery

Director, Standards & Compliance

Cumberland Hospital for Children and Adolescents

Title: Hospital Policy on Initial & Annual Competency Reviews of Staff	Manual: Hospital Policies & Procedures
Ref. Hospital Policy: N/A	Attachment(s): N/A
Originated: 10/97	Policy Number: 722.07
Last Revision Date: 10/2018	

PURPOSE

1. To describe the methods of determining initial and ongoing competencies of clinical and support staff. Cumberland uses several methods of determining competencies of its staff. These include an initial assessment of the individual's competency, an annual assessment of the individual's competency, an annual performance evaluation, and age-specific competency criteria in order to determine a staff member's competency.

2. The following disciplines/departments are included:

    a. RN/LPN
    b. Behavior Techs
    c. Speech Therapy
    d. Occupational Therapy
    e. Physical Therapy
    f. Recreational Therapy
    g. Psychology/Psychotherapy
    h. Education
    i. Pharmacy
    j. Admissions
    k. Case Management
    l. Clinical Dieticians
    m. Group Home staff
    n. Leadership/Management

    Support Services:

    a. Dietary
    b. Environmental Services
    c. Plant Operations/Engineering
    d. Medical Records
    e. Human Resources

f. Business Office
g. Sales/Marketing

Any clinical service not mentioned above that is provided either directly by Cumberland staff or through a contractual agreement with Cumberland will be subject to an assessment of the staff's clinical competency to provide the service. Any contractual agreement for clinical services should ensure the provider must comply with this policy.

POLICY STATEMENT

3. (Initial Period of Employment)

A. All staff, as described in the previous section, will receive a basic orientation to Cumberland to include:

1. Program philosophy
2. Mission, vision & values
3. Corporate compliance
4. Patient/resident rights
5. Patient abuse/neglect
6. Patient/resident rights appeal process
7. Staff rights
8. Patient safety
9. Ethics
10. Confidentiality
11. Performance Improvement
12. Fire Safety & Infection Control
13. Electrical Safety & MSDS
14. Employment Policies
15. Patient/Staff Risk Management Reports
16. Patient Education
17. R.I.G.H.T. – Suicide Prevention

B. All clinical and other staff as described previously will complete a New Hire Orientation Departmental Checklist to include an overview and familiarization with the duties, responsibilities, and other significant tasks necessary in order for the staff member to carry out their day-to-day work routine.

C. All clinical and other staff as described above will complete a Competency Skills Checklist during the orientation process at which time staff member will assess his/her own skills.

D. The supervisor/mentor will evaluate the employee's competency using any of the following methods: observation of daily work, performance improvement monitoring, self-assessment, discussion groups, testing, class attendance, and return demonstration.

E. The assessment completed by the supervisor/mentor will constitute the final score/competency rating of the employee.

F. The employee and supervisor/mentor will complete an Age Specific Criteria Checklist

G. All New Hire Orientation Departmental Checklists and Competency Skills Checklists will be completed and submitted to Human Resources on or around the 90 day of hire. The Age Specific Criteria Acknowledgement is completed upon hire. The Age Specific Criteria Checklist is completed annually with the employee's performance evaluation.

4. (For Annual Evaluation):

A. Supervisor and employee will complete the Performance Evaluation instrument.

B. Employees will complete a Competency Skills Checklist assessing their own skills.

C. The supervisor will evaluate the employee's competency and the supervisor's score will constitute the final score/competency of the employee.

D. The employee and supervisor will complete the Age Specific Criteria Checklist.

E. The Performance Evaluation, Competency Skills Checklist, and Age Specific Criteria Checklist are due to Human Resources with the employee's evaluation on or around the 90 day of hire.

REPORTING REQUIREMENTS

5. Human Resources will prepare an annual report to the Board summarizing important aspects of employees' competency.

COMPETENCY

6. In compliance with the Joint Commission standards, facility positions must be evaluated based on competencies that are outlined in the job descriptions. These competencies are evaluated at least bi-annually

after the initial assessment. Per the Department of Health and Human Services Centers regulations, any staff involved with care for RTC patients, must have (1) CPI recertification to include demonstration of safe use of seclusion and restraints on a semiannual basis and (2) training in cardiopulmonary resuscitation (CPR) on an annual basis. Certifications and/or licensures are to be renewed **prior** to the expiration date. Recertification classes for CPI, CPR and First Aid will be offered monthly to selected staff whose role requires any of these certifications at no cost to the employee. It is solely the employee's responsibility to attend recertification classes that are offered prior to the expiration date. For any certifications and/or licensures that expire, the employee could be responsible for the cost of the recertification class. Failure to keep certifications and/or licensures renewed could result in disciplinary action up to and including suspension or termination. If an employee is suspended, s/he will not be allowed to return to work until proper documentation is provided that the expired items are nrewed. Please note: CPI Recertification must be taken at Cumberland Hospital and is typically offered on the first Wednesday of every month. First Aid and BLS Healthcare Provider (must be through American Heart Association) recertification classes are taught throughout the community, and the employee will be responsible for any associated cost.

Many variables shall reflect competency and the need for further competency development. The following factors, as well as others, will direct the competency development process:

a. Performance Evaluations
b. Promotion or demotion
c. Performance improvement findings and corrective action plans
d. Medication errors
e. Patient/resident complaints
f. Ethical considerations
g. Case/Utilization Management

PHILOSOPHY OF LEADERSHIP/ MANAGEMENT

7. Cumberland Hospital is committed to visible leadership, a quality management of patient/resident care, facility operations, and employee development. The leaders and managers within the system shall be responsible for planning, directing and implementing/coordinating and improving services. Mechanisms through which the above objectives may

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Title: Hospital Policy On Restrictive Procedures	Manual: Hospital Policy & Procedures
Ref. Hospital Policy: **#122 Hospital Policy on Informed Consent for Minors** **#163 Hospital Policy on Implementing Adult Patient's/Resident's and Parents of Minors Decision-Making Rights** **#164 Hospital Policy on Informed Consent for Adult Patients** **#302 Hospital Policy on Behavioral Supports** **# 319 Hospital Policy and Procedure on Patient Emergencies Requiring Transfer/ Transport**	**Attachment(s):** **Restrictive Procedure Physician Order** **RN Restrictive Procedure Assessment** **One Hour Face-to-Face Assessment Form** **Post Restraint Staff Debriefing Form** **Restrictive Procedure Continuous Monitoring Form** **Patient Debriefing Following Seclusion or Restraint Form** **Restrictive Procedure PI Tool** **Seclusion & Restraint Philosophy & Family Notification** **Restrictive Procedure Physician Notification Form** **Nursing Supervisor Competency Checklist** **Unit Coordinator Competency Checklist** **Seclusion and Restraint Competency Assessment and Evaluation** **Nursing Supervisor Training Checklist** **Seclusion Restraint Reduction Form** **Special Restraint Consideration Form**
Originated: 05/83	**Policy Number: 303.25**
Last Revision Date: 11/2019	

PURPOSE:

1. To ensure compliance with state/federal regulations & statutes, and Joint Commission on the Accreditation of Health Care Organizations' standards on use of restrictive procedures.

PHILOSOPHY/
PATIENT RIGHTS:

2. We aim to provide for the best possible care and welfare for our patients while balancing the safety and security of both patients and staff. Through an ongoing process of education, training, monitoring, debriefing, and evaluation, our goal is to reduce and minimize the use of seclusion and restraint with all the children and adolescents served at Cumberland Hospital. The patient's rights, dignity, privacy, safety, and well-being will be supported and maintained. Restraint or seclusion will be discontinued as soon as possible. Patients in restraints/seclusion will be closely monitored and evaluated and immediately assessed if a potentially dangerous situation exists, i.e. choking,

seizure, etc. PRN orders may not be used top authorize the use of restraint or seclusion. This facility is committed to preventing, reducing, and striving to eliminate the use of restraints and seclusion, as well as preventing emergencies that have the potential to lead to the use of these interventions. Hospital leadership supports these efforts through ongoing staff training and performance improvement activities.

3. Both seclusion and restraint are considered "last-resort" emergency procedures which are not a considered a part of a patient's daily treatment package (i.e., neither seclusion nor restraint is ever used as a substitute for active treatment). Both seclusion and restraint are only considered as options when the patient is presenting an *imminent danger** to self and / or others *and* the risks inherent in implementing a restraint or seclusion are outweighed by the risks associated with not intervening at that time. Whenever possible, staff must attempt to first implement less restrictive verbal and nonverbal de-escalation, as well as CPI personal safety techniques, prior to considering the use of seclusion or restraint. Seclusion and restraint must only be used for the minimum amount of time necessary to regain safety, and, may not, under any circumstances be used as:

   - discipline
   - punishment
   - as a threat or coercion
   - for staff convenience
   - retaliation by staff
   - because there are not enough staff on duty
   - because the patient is noncompliant, or because property is being damaged (Note: *it is only when any action, including destroying or damaging property, puts the patient or others at risk, that seclusion or restraint is considered an appropriate staff response).*

*Imminent danger means that injury will occur to the patient or someone else (staff, other patients) if an immediate staff response is not taken to stop or interrupt the behavior

Restraint/seclusion use will not be based on history of past use or dangerous behavior, as a convenience for staff, or a substitute for adequate staffing.

4. Under no circumstances should restraint or seclusion result in any injury to patients and/or staff.

5. Patients in restrictive procedures shall be allowed to observe regular times for eating, drinking, and toileting unless they present a danger to self or others.

REFERENCES:

6. Hospital Policy on Behavioral Supports #302.

7. Hospital Policy on Informed Consent for Minors #122.

8. Hospital Policy on Informed Consent for Adult Patients #164.

9. Hospital Policy on Implementing Adult Patient's/ Resident's and Parents of Minors Decision-Making Rights #163.

TRAINING:

10. All direct care staff must be currently certified in CPI's Nonviolent Crisis Intervention program in order to participation in emergency behavior management situations. Only staff personnel, who have been trained in the Nonviolent Physical Crisis Intervention component, including training in the risks associated with the use of restraint, may directly participate (i.e., "hands-on" interaction) in restraint or seclusion type procedures. Those staff who have not been trained in this component may participate only as auxiliary or support staff and are not considered "hands-on" participants.

11. Training related to the usage of seclusion and restraint is an ongoing process that includes but is not limited to the following mandatory components:

A. A minimum of 8 hours of CPI training to be completed during the first or second week of the orientation phase of employment. Training must be conducted by a Certified CPI Instructor, in good standing, on site, prior to engaging in active direct care duties.

B. 4-hour Addressing Challenging Behavior training, which covers all components of the Cognitive Behavior Program, to be completed in either the first or second week of the orientation phase of employment.

C. Hospital Program Staff: Annual CPI refresher training either to be completed as a one-part session covering all facets of Nonviolent Crisis Intervention (including Nonviolent Physical Crisis Intervention training) or as a sequence of training modules that focus on individual components of this training, the balance of which cover the entirety of verbal and physical intervention techniques.

RTC (Residential Treatment Center) Staff: CPI refresher will be completed every six months.

D. Hospital Program Staff are required: American Heart Association Cardiopulmonary Resuscitation Certification (CPR) every two years from a certified American Heart Association instructor. A First Aid certification will be required every two years.

RTC (Residential Treatment Center) Staff are required: American Heart Association Cardiopulmonary Resuscitation Certification (CPR) annually from a certified American Heart Association instructor. A First Aid certification will be required every two years.

E. RN's conducting the 15-minute documentation on patients while restrained or secluded will receive training and demonstrate competence in:

- Taking vital signs and interpreting their relevance to the physical safety of the individual in restrain/seclusion, including respiratory status
- Recognizing nutritional/hydration needs
- Checking circulation and range of motion in extremities (restraint only)
- Checking skin integrity (restraint only)
- Addressing hygiene and elimination
- Addressing physical and psychological status and comfort
- Assisting individuals in meeting behavioral criteria for the discontinuation of restraint/seclusion
- Identifying specific patient behavioral changes that indicate readiness for the discontinuation of restraint/seclusion
- Recognize signs of any incorrect application of restraints
- Recognizing when to contact a medically trained LIP in order to evaluate and/or treat the patient's physical status
- Recognize how age, developmental considerations, gender issues, ethnicity and history, sexual or physical abuse may affect the way in which an individual reacts to physical contact
- Choosing the least restrictive intervention based upon an individualized assessment of the patient's medical and physical status/condition
- The use of behavioral criteria for the discontinuation of restraint or seclusion and how to assist individuals in meeting these criteria

- Basic First Aid and American Heart Association Cardiopulmonary Resuscitation Certification (CPR)

F. RN Supervisors designated to complete the one-hour face-to-face patient assessment will have competency assessment (See Attachment: Competency Checklist) completed upon hire and on an annual basis thereafter. This includes and is not limited to the following:

1. American Heart Association Advanced Cardiac Life Support Certification (ACLS) every two years from a certified outsource instructor.
2. American Heart Association Cardiopulmonary Resuscitation Certification (CPR) every two years from a certified American Heart Association instructor.
3. American Heart First Aid every two years from a certified American Heart Association instructor.
4. CPI Training Certification and annual training refresher which incorporates techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion; the use of non-physical intervention skills and choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition. This is provided by onsite certified CPI instructors.
5. Addressing Challenging Behaviors Training completed upon hire.
6. Signed Acknowledgement of receipt and understanding of "The Lethal Hazard of Prone Restraint: Positional Asphyxiation" article from Protection and Advocacy, Inc. April 2002 Publication #7018.01 (See Attachment)
7. Assessment Training for Seclusion and Restraint will be completed via HealthStream annually. This training will include evaluation of the patient's immediate situation, evaluation of the patient's

reaction to the intervention, assessment of the patient's medical and behavioral condition and assessing the need to continue or terminate the restraint/seclusion.

8. Competency Checklists which includes knowledge of the safe application and use of all types of restraints and seclusion used in hospital, including training in how to recognize and respond to signs of physical and psychological distress and the clinical identification of specific behavioral changes that indicate the restraint or seclusion is no longer needed. (See Attached Competency Checklists)

***Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors. The hospital will document in staff personnel records that the training and demonstration of competency were successfully completed.

12. Staff training, as a primary means of restraint and seclusion prevention, contains multiple-elements including policy and procedural review, practice, and situational application, deemed necessary to maintain and enhance the competence of staff who work with patients who frequently exhibit challenging and aggressive behavior.

13. Additional training for all direct care staff will include:

- the underlying causes of threatening behaviors exhibited by individuals they service including patient and staff behaviors, events and environmental factors
- that sometimes an individual may exhibit an aggressive behavior that is related to a medical condition and not to his/her emotional condition, for example, threatening behavior that may result from hypoglycemia or delirium in fevers

- how staff behaviors can affect the behaviors of patients
- alternative techniques to redirect a patient, engage the patient in constructive discussion or activity, or otherwise help the patient maintain self-control and avert escalation. Techniques may include de-escalation, mediation, self-protection, and other non-physical techniques such as time outs
- recognizing and responding to the signs of physical and psychological distress in individuals who are being held, restrained or secluded
- the use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including periodic recertification

14. Use of less restrictive measures will be taught in conjunction with CPI. These techniques which modify the environment, enhance interpersonal interaction, or provide treatment so as to minimize or eliminate the problems/behaviors which place the patient at risk. Examples of less restrictive measures include, but are not limited to:

    - Verbal interventions such as talking quietly to the patient
    - Environmental intervention through reduction of stimuli causing irritation
    - Relaxation techniques
    - Physical activity
    - Pain control
    - Psychoactive medications
    - Reality orientation
    - Quiet time
    - Time out/time away

15. Whenever possible, information received from individuals who have experienced restraint/seclusion use will be used to enhance the training provided to staff. Such patients contribute to the training and education curriculum and/or participate in staff training and education.

16. During the admission process, the Psychotherapist will obtain information about the patient that could help in minimizing the use of restraint/seclusion using the Seclusion Restraint Reduction Form. Components of this assessment will include:

    - Techniques, methods or tools that would help the patient control his/her behavior. When appropriate, the patient and/or family assist in identification of such techniques
    - Pre-existing medical conditions or any physical disabilities and limitations that would place the patient at greater risk during restraint/seclusion use such as fractures, osteoporosis, musculoskeletal deficits, paralysis, brittle diabetes, obesity, pregnancy, respiratory deficits including asthma, seizure disorders and cardiac problems.
    - Any history of sexual or physical abuse that would place the patient at greater psychological risk during restraint/seclusion use.

POLICY:

17. The use of restrictive procedures shall be clinically justified and shall be employed only to prevent a patient from harming himself or others. Each patient has the right to be free from seclusion or restraint and these episodes will be limited to emergencies which there is an imminent risk of harm.

EXCEPTION:

18. The use of restraints with patients who receive treatment through formal behavior management programs. Such patient's exhibit intractable behavior which is severely self-injurious or injurious to others, have not responded to traditional interventions, and are unable to contract with staff for safety (for example, understand the concept of and act on criteria for discontinued restraint or seclusion)

19. Restrictive procedures shall not be utilized as coercion or for the convenience of staff.

20. Restrictive procedures include seclusion, physical hold, or emergency use of medications. A physician must evaluate any patient who requires a restrictive procedure to determine if a specific behavior plan is needed. The physician shall consult as needed with the Director of Psychology/ Psychotherapy for behavioral plan modifications. The plan should identify and minimize environmental factors that may promote maladaptive behaviors. It should also include plans to increase positive or desirable behaviors.

21. Safety restraints or physical holds, which are applied for patient safety reasons and only partially restrict movement are not included in this policy but are covered under the Nursing Procedure for Application of Safety Restraints – R.

22. Contraindications and special considerations for the use of restrictive procedures are reviewed on every child with physical limitation(s) by physical therapy upon admission. This must be documented on the Special Restraints Consideration form prior to first use.

DEFINITION:

23. In order of increasing restrictiveness:

A. Physical hold (physical restraint) is the temporary restriction of movement by physical force on a patient's body without the use of any medical device. This includes any type of physical escort, with the exception of the use of "light touch" to guide or support a patient. CPI techniques for personal safety, such as blocking or grab releases are not considered a restraint. The Residential Treatment Center serves children ages 13 to 22.

B. Restraint is: (1) any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or (2) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's

condition. (3) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

C. Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room , the room is considered locked, whether or not the door is actually locked or not.

D. Emergency Use of Medication is the administration of a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. The use of PRN orders for drugs or medications is only prohibited when a drug or medication is being used as a restraint.

PRN medications related to the diagnosis and presenting condition, which are ordered in response to exacerbation of normally anticipated symptoms and included in the plan of care for the patient are considered standard treatment and would not be classified as Emergency Use of Medication.

E. The medication order will be documented in the physician orders and on the MAR.

F. Emergency Medication Use is prohibited on the Residential Treatment Center.

CRITERIA FOR USE:

24. Restrictive procedures shall be used only when:

A. The patient is in the process of committing acts which could result in harm to himself or others;

And

B. Positive, less restrictive, non-physical interventions have proven inadequate and are documented on the RN Assessment Form.

AUTHORIZATION:

25. Restraint or seclusion shall be used in emergency situations only and requires an order from a physician. The physician will be available, at least by phone, for consultation through the duration of the episode.

A. An RN conducts the clinical assessment, authorizes the use of restrictive procedures and immediately (within 30 minutes) contacts the physician for a telephone order which she/he writes in the Physician Order Sheet for Restrictive Procedures. This order must be taken by an RN. The Physician's order will include:

- The reason for using restraint/seclusion including specific behaviors and safety issues
- The type of restraint or seclusion used
- Time limits not to exceed 4 hours for adults, 2 hours for children and adolescents ages 9-17 and 1 hour for children under the age of 9
- Behavioral criteria for discontinuation/release of restraint/seclusion
- The RN and MD names with dates and times of the telephone order

At the time of receipt of the physician's order, the nurse will consult with the physician regarding the patient's physiological and psychological condition and receive direction from the physician in regard to

the need to continue the restraint or seclusion and ways to help the patient regain control in order for the restraint or seclusion to be discontinued. If the attending physician did not order the restraint/seclusion, he/she must be consulted as soon as possible, within 4 hours but not longer than 12 hours after the initiation of the restraint. If the attending physician is unavailable, responsibility must be delegated to another (On-Call) physician who is then considered the attending physician.

B. The nurse must contact the Nursing Supervisor immediately to conduct a physical assessment of the patient.

C. If a patient in Time Out becomes a danger to others, they may be placed in seclusion by the present staff with immediate notification of the RN.

D. If a patient in physical hold progresses to seclusion or is released from a physical hold, then physically restrained again and the lapse between interventions is 1 minute or less, documentation of both interventions must reflect when the physical hold was discontinued and the new intervention began in the 15-minute observation section of the form. If the interventions are greater than 1 minute apart, a new order and assessment must be completed.

E. The physician shall authenticate telephone orders for restrictive procedures as soon as possible, up to or, within twenty-four hours of the implementation.

F. RN Supervisor shall perform the One Hour Face-to-Face Assessment within one hour of the initiation of the restrictive procedure. The attending physician, who is responsible for the care of the patient, must be consulted as soon as possible (within 30 minutes) after completion of the evaluation. This consultation should include a discussion of the findings of the one hour evaluation, the need for other interventions or

treatments, and the continued need or discontinue the use of restraint/seclusion. The consultation must always be conducted prior to a renewal of the order. The RN supervisor evaluation will include:

A. The date and time of the evaluation
B. The patient's immediate situation
C. The patient's reaction to the intervention.
D. The patient's medical and behavioral condition to include
E. The need to continue or terminate the restraint or seclusion.
F. If the restraint/seclusion use needs to continue beyond the expiration of the time-limited order, a new order will be obtained from the physician according to the age specific time frames. By the time the order for restraint/seclusion expires, the patient shall be reevaluated by the RN Supervisor or physician. At that time, the efficacy of the patient's treatment plan is reevaluated and the patient is assisted to identify ways to help him/her regain control.
G. The in-person reevaluation period performed by the RN Supervisor takes place EVERY:

    - 4 hours for adults
    - 2 hours for children and adolescents 9-17 years old
    - 1 hour for children under age 9

H. The attending physician is responsible for ensuring that the patient receives a timely and adequate face-to-face assessment based on the clinical need presented by the individual patient's case. The patient's attending physician responsible for the care of the patient is sufficiently qualified

to determine whether the patient's symptoms, condition, and history indicate the need for an immediate onsite visit.

I. The physician must review and sign the One Hour Face-to-Face Assessment form within 24-hours of the initiation of the restrictive procedure.

J. The attending physician for the Residential Treatment Center (a psychiatrist) will complete a review of documentation and sign the RN Assessment form within 7 days of the restrictive procedure. (Residential Treatment Center only).

K. In emergency situations away from the hospital (day trips, outings, etc.) when a nurse or physician is not present, a Behavioral Counselor who has successfully completed the training provided by the facility in CPI's Nonviolent Crisis Intervention, may initiate a restrictive procedure if the patient is in the process of committing acts which could result in harm to himself or others. The outing group will immediately return to the hospital. The outing staff will contact the hospital to inform them of the event. The charge nurse will contact the attending physician for a verbal order. The charge nurse will then contact the RN Supervisor who will assess the patient upon the patient's return to the facility.

PATIENT/FAMILY CONSENT/ REPORTING:

26. Patient and parent/guardian are informed of the types of restrictive procedures utilized at Cumberland upon admission. A signed consent for restrictive procedures is obtained prior to first use from the person served and/or parent or legal guardian by the admissions staff and

documented at time of admission on consent for treatment form which is placed in the medical record. A copy of the Seclusion and Restraint Philosophy and Process will be given to the patient and/or parent/guardian upon admission. The patient or guardian will sign an acknowledgement of receipt of this process. The legal guardian will be notified of any restrictive procedures and this must be documented on the RN Assessment at the conclusion of each restraint/seclusion episode. Case Management will be notified of each event and if they need to contact the family/ guardian to notify them of the event. Behavior Specialists will be notified by the RN by leaving a message on extension 1646.

A copy of the Patient Rights is provided to the patient/guardian upon admission. The admission staff will determine if the patient has an advance directive with respect to behavioral health care. If the patient has a behavioral advance directive, the direct care staff will be notified of the directive.

LIMITATIONS:

27. Although the termination of a restrictive procedure shall be behavior contingent, the restrictive procedure shall require a physician's order and may have a maximum duration of one hour for children under the age of 9; 2 hours for adolescents ages 9 to 17; 4 hours for adults 18 older.

A. Extension of a restrictive procedure beyond the time frames above requires a renewal of the original order by the physician.

B. Extension orders require a re-assessment by an RN Supervisor within 1 hour of the extension order up to 24 hours.

C. After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician who is responsible for the care of the patient and authorized to order restraint or seclusion must see and assess the patient.

PRN ORDERS:

28. PRN orders shall never be used to authorize the use of restrictive procedures.

STAFF COMPETENCY:

29. Only staff who have written documentation of completion of training for managing potentially dangerous patient behavior provided by the hospital shall carry out the procedure.

OBSERVATION OF PATIENT:

30. Patients requiring restrictive procedures shall be in constant staff attendance, observed (face to face) continuously and the observation recorded on the RN Assessment Form and assessed by the RN every 15 minutes. The continuous monitoring staff (1:1) will be observing the procedure and not participating in the hands-on intervention; documentation will be made on the Continuous Monitoring Form at least once every 5 mins. This monitoring is for patient safety.

A. Assessing (to be done every 15 minutes) by the RN includes:

1. Vital Signs (at least every 2 hours)
2. Nutrition
3. Hydration (offered every 2 hours)
4. Circulation
5. ROM (at least every hour)
6. Elimination (offered every 2 hours)
7. Injuries/ adverse events
8. Psychological Status/ Behavior

B. Continuous Monitoring (to be done every 5 minutes by any CPI certified staff) includes:

1. Hydration
2. Elimination
3. Nutrition
4. Injuries/ adverse events
5. Psychological Status/ Behavior

31. For Emergency Medications the patient will be monitored for 1-hour or per the physician order. Assessment including vital signs will be taken immediately following administration of the Emergency Medication and then every 15 minutes for one

hour. The physician will be notified of any significant findings.

32. In case of fires or other disasters, the patient shall be escorted from the building by staff according to the posted fire exit maps.

DETERMINING SECLUSION VERSUS RESTRAINT:

33. Consideration will be given to the individual patient when determining which restrictive procedures would be most therapeutic (example: seclusion would not be recommended for a self-injurious patient). The physician will order any special considerations that may be necessary. If a physical disability exists requiring special consideration, the physician will ask Physical Therapy to co-sign the Special Restraint Consideration Form, which will be maintained in the patient's Medical Record.

SUPPORT OF OTHER PATIENTS:

34. Care and support shall be provided to patients in the milieu as restrictive procedures are being implemented.

DOCUMENTATION:

35. Authorization of restrictive procedures and implementation of restrictive procedures shall be documented in the patient's medical record.

36. Restrictive procedures shall be documented by the Physician Order, Extension Order if applicable, RN Assessment, Staff Debriefing Form, One Hour Face-to-Face Assessment, S/R Continuous Monitoring Form, Patient Debriefing Form and Physician Notification Form and will include the completion of all components of the restrictive procedure packet. This is verified by the Charge Nurse on duty.

37. The Restrictive Procedure "packet" will be immediately placed in the patient/resident's chart upon completion.

38. The RN Unit Coordinator/Supervisor who completes the One Hour Face to Face Assessment will review all documentation for completion and accuracy, completing the Restrictive Procedure PI Tool.

39. A copy of the chart documentation will be made and the original Restrictive Procedure PI Tool, Restrictive Procedure Attending Physician Notification Form and Staff Debriefing Form removed and attached to the copy for notification purposes.

40. After communication in the daily Hand-Off and SMG Flash Meetings, the copied packet original Restrictive Procedure PI Tool and Staff Debriefing Form will be forwarded to Risk Management for data collection purposes.

41. The Restrictive Procedure Physician Notification for will be forwarded to the Attending Physician for notification of the type of event and the time it occurred.

ASSESSMENT FOR INJURY:

42. A nurse shall perform a physical assessment of patient upon termination of a restrictive procedure and document any adverse reactions or injuries on the RN Assessment form. Refer to Hospital Policy on Patient Emergencies Requiring Transfer/ Transport # 319.

43. If injuries occur to the patient or staff, staff involved in the intervention shall meet with the supervisor to evaluate the cause of injury and develop a plan to prevent future injury.

DISCONTINUATION:

44. Although the restraint/seclusion order is written for a maximum time period, the goal is to discontinue restraint or seclusion as soon as the patient meets the behavioral criteria for release. As soon as possible in the restraint/seclusion process, the patient is made aware of the rationale for the restraint or seclusion and the behavior necessary for its discontinuation. An RN may authorize the release or discontinuance of a restrictive procedure, as soon as possible, based on stabilization of the patient's behavior in accordance with the patient's behavior. Trial releases of restraint/seclusion are not allowed. Criteria for release includes any of the following:

A. Verbalizes willingness to maintain safety
B. Demonstrates ability to maintain safety e.g. remains calm following removal of all restraints, willingness to stay in open room following

verbal direction from staff

C. Positive response to medications, resulting in reduction of adverse behavior
D. Absence of self-injurious behavior
E. Absence of aggressive/violent/threatening behavior
F. For Emergency Med: One hour after administration and patient is physically stable
G. For Emergency Med: Per physician Assessment

45. The opportunity for the patient to discuss alternative strategies for successful coping in the future shall be provided with a focus on teaching successful prospective strategies.

REVIEW:

46. The use of restrictive procedures, as documented on the Physician Order, Extension Order if applicable, RN Assessment, Staff Debriefing Form, One Hour Face-to-Face Assessment, S/R Continuous Monitoring Form, Patient Debriefing Form, and Physician Notification Form is reviewed by the Nursing Supervisor, who conducts investigations of unusual or unwarranted uses of these interventions by staff.

47. For each intervention:

A. A debriefing session will be held immediately following the restrictive procedure with the staff involved in the intervention to discuss precipitating factors, alternative techniques and procedures for preventing reoccurrence. Discussion of the patient trigger that lead to the restrictive procedure and the ways the procedure could have been prevented is the essential purpose of the Staff Debriefing. This information will be documented on the Staff Debriefing Form.
B. The patient debriefing form will be completed by unit staff and the patient when discussing alternative strategies for successful coping in the future. This debriefing is completed when the patient has met criteria to return to the milieu, prior to returning, to insure successful closure of the event.

C. A review and modification of the treatment plan may be indicated when a patient has presented behavior that is dangerous to themselves or others so that restraint/seclusion were indicated. Based on the consultation with the attending physician, information gathered during the debriefing and the one hour RN Supervisor Assessment, the RN will review and update the treatment plan within 8 hours. The entire treatment team will review the plan at the next scheduled review. This update should include the identification of an assessed problem associated with the use of restraint/seclusion, goals related to prevention of the further use of restraint/seclusion, interventions which define alternative approaches to address the identified problem, responsibility for each intervention is assigned and a review of the plan with the patient.

48. On a daily basis (Monday – Friday,) the Medical Director will review all incidents involving time-outs, restraints and seclusions and investigates unusual or unwarranted patterns of use.

PERFORMANCE IMPROVEMENT PROGRAM:

49. The governing body and hospital leadership of the facility strive to create a culture that supports a patient's right to be free from restraint or seclusion and believe that every effort should be taken to reduce the use of restraint or seclusion. At their direction, performance improvement data is collected on the use of restrain/seclusion in order to monitor and improve its performance of a process that involves risks and may result in sentinel events.

The hospital will collect restraint/seclusion data to:

A. Assess and monitor the use of restraints/seclusion in the facility
B. Implement actions to ensure that restraint or seclusion is used only to ensure the physical safety of the patient, staff and others
C. Identify opportunities for incrementally improving the rate and safety of restraint/seclusion use

D. Identify any need to redesign care processes
E. Ensure the facility is in compliance with the requirements set forth in federal and state regulations, accreditation standards and this policy.

50. Data will be collected on all restraint/seclusion episodes, aggregated, analyzed, and reported to the Hospital's Performance Improvement Committee, Safety Committee, Medical Executive Committee and Governing Body at least quarterly. This data will include:

- shift
- staff who initiated the process
- length of each episode
- date and time each episode was initiated
- day of the week each episode was initiated
- the type of restraint or seclusion used
- whether injuries were sustained by the patient or staff
- age of the patient
- gender of the patient
- results of the debriefing

51. Analysis of the data will include:

- multiple instances of restrain/seclusion use experienced by a patient within a 12 hour time frame
- the number of episodes per patient
- instances of restrain/seclusion that extended beyond 12 consecutive hours
- use of psychoactive medications as an alternative for, or to enable discontinuation of restraints/seclusion

PHYSICIAN:

52. An attending physician shall review all incidents of restrictive procedures and follow up on any problem areas.

A. Review will be evidenced by the physician's signature on the RN Assessment, the One our Face-to-Face Assessment Form, the Attending Physician Notification Form and the Physician Order Form.
B. Trends and patterns will be evaluated in the Medical

Staff Committee meetings.

TREATMENT PLAN

53. During the treatment plan meeting, any physician orders and procedures that restrict patient rights (including seclusion, or restraint) shall be reviewed along with behavioral programs designed to affect positive change. The review should include numerical and or graphical data regarding use of the above restrictions, the related maladaptive/ inappropriate behavior, environmental precipitants, trends over time, and progress in the behavioral program.

RISK MANAGEMENT:

54. An incident report or RDE (Remote Data Entry) event will be completed and notification of RN Supervisor, by the Charge Nurse for any patient injury, staff injury, destruction of property, and deviation from policy in carrying out restrictive procedures and forwarded to Risk Management and the Chief Nursing Officer.

55. Facility leadership (Chief Executive Officer/Administrator on Call or Medical Director) shall be notified of any patient who requires two or more episodes of restraint or seclusion within a 12-hour period, or any episode lasting longer than 12-hours or any serious injury to the patient during a restraint/seclusion episode.

56. Any serious occurrence, as defined in the Hospital Policy on Incident Reporting, including death shall be reported to the state advocacy organization and state Medicaid agency within one business day and to the parent/guardian within 24 hours of the incident to licensure and CMS. Notification to above parties shall be documented in the patient's medical record.

57. This contact information is provided to the patient and/or legal guardian should the patient and/or legal guardian wish to contact such agencies:

Cumberland Hospital
9407 Cumberland Road
New Kent, VA 23124
(804) 966-2242

Office of Certification and Licensure
Commonwealth of Virginia
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1485
(804) 367-2106

RTC:

Department of Behavioral Health and Developmental Services
P.O. Box 1797
Richmond, Virginia 23218
(804)-786-1747

Office of Human Rights
Department of Behavioral Health and Developmental Services
P O Box 4030
Petersburg, VA 23805
(804) 524-7247

58. The Residential Treatment Center shall provide a Seclusion/Restraint report quarterly or at a frequency determined by the Local Human Rights Committee. The report will include but will not be limited to; the type of seclusion or restraints that was implemented, the rational for use and the duration of seclusion or restraint. The facility will submit an annual report to the Virginia Department of Human Rights for each instance of seclusion or restraint by the 15th of January each year or as requested by the department.

Restrictive Procedure Flowchart