

Seclusion & Behavioral Restraint Data Collection Quarterly Report Tool <i>Health & Safety 1180</i>	County/District:	Name, title, and telephone number of person preparing report: Reporting Time Period: Date Report completed:
	Facility Name:	
	Unit /License Type:	
	Bed Capacity:	
	Census Days:	

Staff and/or Patient Identifier	Serious Injury-list # of injuries & date	Death(s)-date

Patient Identifier	MEDICATION	SECLUSION		RESTRAINT	
	# of Times involuntary emergency medications used to control behavior	# of incidents Seclusion	TOTAL Duration of time spent in Seclusion H=Hours M=Minutes	# of incidents Behavioral Restraints	TOTAL Duration of time spent in Restraint H=Hours M=Minutes
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
			H: M:		H: M:
TOTALS			H: M:		H: M:

Quarterly Report Tool- This form is provided to assist facilities in meeting the Health & Safety Code, Sec. 1180 reporting requirements.

Patient- The term "patient" is used to identify people who are receiving services within a facility.

Facility Name - Enter the facility name

Unit License Type: Enter one of the license types listed below:

NOTE: This form becomes Effective January 1, 2008, for DMH Licensed Facilities ONLY (MHRCs & PHFs) - Facilities in Shaded Areas are pending implementation dates

Department of Mental Health (DMH) January 2008

MHRC = Mental Health Rehabilitation Center

PHF = Psychiatric Health Facility

CSU = Crisis Stabilization Unit (23-hour bed)

Department of Social Services

CTF = Community Treatment Facility

CCF = Community Care Facility

GROUP HOME

Department of Public Health (CDPH)

PSYCH = Acute Psychiatric Hospital

SNF/STP = Special Treatment Program

GACH = General Acute Care Hospital

ICF (all) = Intermediate Care Facility

SNF = Skilled Nursing Facility

Bed Capacity - Enter the total number of facility beds under "Total Facility Bed Capacity"

Census Days - Enter totals number of "unit" patient days for the reporting quarter

Name/Title/Phone/ of Person Preparing Report - county designee

Reporting Time Period- Enter the time period this report addresses.

Date Report completed- Enter the date the report was completed by the preparing party.

Patient / Staff Identifier- A sequence of numbers and or letters that allows an individual to be identified for reporting purposes, this identifier must not allow for the individual to be identified by the public who will view this report.

of Serious Injury- Serious injury means any significant impairment of the physical condition as determined by qualified medical personnel, and includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, or injuries to internal organs.

Death- List by date all deaths that occurred during, or related to, the use of Seclusion or Restraint.

Involuntary Emergency Medications - A medication given over the individual's objection that is immediately necessary for the preservation of life or the prevention of serious bodily harm to the individual or others, and it is impracticable to first gain consent. It is not necessary for actual harm to take place or become unavoidable prior to the administration of emergency medication.

of incidents Seclusion / Restraints- An "incident" of Seclusion is the confinement or prevention of movement placed upon a patient. An "incident" of behavioral restraint includes containment, physical, and mechanical applications.

Total Duration of time spent in Seclusion / Restraint - Time to be noted in Hours (H) and Minutes (M)

One Patient Line Completed Per Patient Admission with new identifier for each admission, i.e., 1234-A, 1234-B, 1234-C