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FILED IN THE
 UNITED STATES DISTRICT COURT
 DISTRICT OF HAWAII

3 JAN 19 1995
 at 3 o'clock and 30 min. P.M.
 WALTER A. CHINN, CLERK

UNITED STATES DISTRICT COURT FOR THE
 DISTRICT OF HAWAII

UNITED STATES OF AMERICA,)	Civ. No. 91-00137 DAE
)	
Plaintiff,)	
)	STIPULATION AND
v.)	ORDER TO REMEDY
)	DEFENDANTS' CONTEMPT
STATE OF HAWAII, et al.,)	OF SETTLEMENT AGREEMENT;
)	ATTACHMENT 1
Defendants.)	
)	
)	

In accordance with the Court's Order of January 10, 1995,
 that Defendants, the State of Hawaii et al., are in contempt of
 the Settlement Agreement entered as an order of this Court on
 September 19, 1991, the parties agree and stipulate that the
 Defendants shall take, at a minimum, the following actions and
 achieve the following outcomes by the dates set forth below in
 order to correct their contemptuous acts:

I. Employment and deployment of additional staff:

A. Within the time frames set forth below, Defendants shall take the following actions to ensure that there are adequate staff in medical support and occupational therapy services at Hawaii State Hospital (HSH):

1. By no later than February 18, 1995, fill all current vacancies in the pharmacy department.

2. Maintain a qualified person in the position of Director of Laboratory Services until such time, but in no event later than April 14, 1995, as the position is filled on a permanent basis or through contract services.

3. Maintain a qualified person in the position of Director of Occupational Therapy Services until such time, but in no event later than April 14, 1995, as the position is filled on a permanent basis.

4. By no later than June 10, 1995, hire and deploy a sufficient number of permanent staff to fill vacancies in the occupational therapy staff to ensure compliance with Settlement Agreement ratios for rehabilitation staff.

B. Defendants shall ensure that sufficient numbers of permanent nursing staff are deployed at HSH such that the use of temporary staff and staff overtime are kept to an absolute minimum. In order to accomplish this and to meet the staffing requirements of the Settlement Agreement, Defendants shall take the following actions within the timeframes set forth below:

1. By no later than February 3, 1995, ensure that on a day-to-day, shift-to-shift basis, the staffing on each unit is

adjusted to ensure adequate staffing.

2. By no later than April 10, 1995, hire and deploy at least eight permanent staff to fill vacancies in HSH's nursing (RNs, LPNs, and PMAs) staff.

3. By no later than July 10, 1995, hire and deploy at least thirty-two additional permanent staff to fill vacancies in HSH's nursing (RNs, LPNs, and PMAs) staff.

4. By no later than November 10, 1995, hire and deploy at least thirty-two additional permanent staff to fill all remaining vacancies in HSH's nursing (RNs, LPNs, and PMAs) staff and to ensure that any additional permanent staff needed to meet Part II, ¶ C.2.e of the Settlement Agreement have been hired and are deployed.

5. As vacancies occur in the nursing staff, the Defendants shall fill such vacancies with permanent staff within one month of the vacancy.

C. In order to fill existing vacancies, by no later than March 15, 1995, Defendants shall increase the salary of state employed pharmacists, registered nurses, licensed practical nurses, occupational therapists, social workers, and paramedical assistants at HSH to make them competitive with salaries of such personnel in other comparable positions in the State of Hawaii. Thereafter, Defendants shall make annual adjustments to ensure that salaries remain competitive.

II. Restriction on admissions:

In order to immediately address the serious nursing staff

shortages at HSH, Defendants shall ensure that any further admissions to HSH shall only take place when alternative services are unavailable to meet the needs of the patient. This restriction shall continue until Defendants have hired sufficient permanent staff to meet all staffing requirements of the Settlement Agreement.

III. Appropriate reduction in census; development of alternative programs:

Defendants shall exercise the option already provided in the Settlement Agreement and make every effort to reduce the patient census to a level that enables HSH to meet the staffing requirements of Part II, ¶ C of the Settlement Agreement. Any patients discharged shall be provided adequate transition plans and follow-up services. Defendants shall ensure the appropriateness of such placements. Residential community programs shall be created and funded for all HSH patients whose only barrier to discharge is the absence of an appropriate community placement.

IV. Protection from harm

Upon entry of this Order, Defendants shall immediately provide adequate supervision of patients to protect them from harm. In addition, Defendants shall ensure appropriate clinical and administrative review and follow-up action in any instances of assaults on patients or staff.

V. Provision of adequate treatment:

A. By no later than July 17, 1995, Defendants shall develop and implement a plan for the provision of adequate psychosocial

rehabilitation services at HSH.

B. Defendants shall ensure that patients are not denied the opportunity to participate in planned treatment programs due to inadequate staff to transport patients to programs or to conduct the programs.

VI. Protection of patients from unsafe and undue seclusion and restraint:

Upon entry of this Order, Defendants shall ensure the following outcomes and by no later than February 6, 1995, Defendants shall fully implement policies, procedures, and practices to ensure that:

A. Restraint and seclusion are only used when ordered by a physician who makes a determination that restraint or seclusion is clinically necessary.

B. Patients are not subjected to seclusion or restraint as punishment, for the convenience of staff, or as a result of inadequate staffing.

C. Patients who are in seclusion or restraint are monitored adequately by appropriate medical personnel, including registered nurses. Where a registered nurse delegates this responsibility, such nurse is responsible to ensure that the personnel to whom this responsibility is delegated is adequately carrying out the responsibility.

D. Patients are treated humanely while in restraint and seclusion, with due care given to their personal needs for adequate circulation, food and liquids, adequate hygiene, and use of a bathroom.

E. Adequate quality assurance procedures to monitor and ensure ¶¶ (A) - (D), above are developed and implemented.

VII. Implementation of an effective organizational and management structure:

A. By no later than February 10, 1995, Defendants shall operate pursuant to an approved organizational structure at HSH that complies fully with all requirements of Part II, ¶ J in the Settlement Agreement. In particular, Defendants shall provide adequate supervision of direct care staff, develop and implement procedures to discipline staff for failure to perform their duties, and ensure that clinical decision-making drives patient care.

B. By no later than March 10, 1995, Defendants shall employ and deploy a qualified permanent full-time Superintendent.

VIII. Protection of patients from abuse; development and implementation of a revised abuse investigation system:

A. Immediately upon entry of this Order, Defendants shall take all necessary actions to protect HSH patients from physical or emotional abuse and neglect.

B. By no later than February 15, 1995, Defendants shall revise their policies, procedures, and practices for reporting and investigating all allegations of abuse and/or neglect and taking appropriate action when abuse and/or neglect is substantiated. At a minimum, the revised policies, procedures, and practices shall ensure the following outcomes: (1) timely reporting of all abuse and neglect incidents; (2) immediate notification of the HSH Superintendent and Clinical Director or

their designees of the alleged abuse or neglect; (3) the Superintendent shall make a determination of any immediate actions necessary to protect the patient and direct that such actions be taken; (4) immediate reporting of all allegations of abuse to the Protection and Advocacy Agency of Hawaii; (5) establishment of a group of qualified investigators independent of HSH; (6) prompt and thorough investigation of the alleged abuse by these independent investigators; (7) preparation of a thorough investigatory report setting forth complete findings of fact and the basis of the findings; (8) review of the findings by a Patient Protection Committee comprised of HSH executive staff members, the Director of Health or designee, and community representatives. Such committee shall also review any other available reports or investigatory findings of any external agency, including the Protection and Advocacy Agency of Hawaii; (9) prompt disciplinary action against staff confirmed to have committed abuse; and (10) establishment of adequate tracking systems for injuries and allegations of abuse and neglect.

C. Immediately upon entry of this Order, the Protection and Advocacy Agency of Hawaii shall have full and complete access, in accordance with its statutory authority under 42 U.S.C. §10805, to patients of HSH and copies of all relevant documents needed to conduct adequate investigations of complaints by HSH patients.

IX. Compliance Officer:

By no later than February 10, 1995, the Defendants shall appoint a Compliance Officer, who shall serve in the office of

the Governor. The Compliance Officer will be charged with the duty of facilitating and expediting all state governmental action needed to ensure compliance with the terms of the Settlement Agreement, the Court's January 10, 1995 Order Holding Defendants In Contempt, and this Stipulated Order and Remedial Plan.

X. Remedial Plan:

Defendants have developed a remedial plan, attached as Attachment 1 hereto, outlining some of the steps that they will take to accomplish the specified outcomes by the specified deadlines in this Stipulated Order. The remedial plan is enforceable in all respects as an order of the Court. Defendants agree that notwithstanding this remedial plan, they are bound by the outcomes and the deadlines in this Stipulated Order.

XI. Protective Order and Posting of notice:

The Court enjoins any current, former, or future HSH or state employee from retaliating in any way against any person who has reported or reports in the future any deficient conditions or allegations of abuse at HSH to any HSH, state, or federal official or representative of the Protection and Advocacy Agency of Hawaii. Immediately upon entry of this Order, the Defendants shall post a notice in each building of HSH alerting staff that the Court has enjoined any current, former, or future HSH or State employee from retaliating in any way against any person who has reported or reports in the future any deficient conditions or allegations of abuse at HSH to any HSH, state, or federal official or representative of the Protection and Advocacy Agency

of Hawaii.

XII. Additional monthly reports:

Beginning with the February 1995 monthly report, Defendants shall provide the United States with the following additional information as part of their monthly reports required by Part III of the Settlement Agreement:

1. All Event Reports related to inappropriate staff conduct, including, but not limited to, possible acts of staff mistreatment of patients and acts relating to insubordination or dereliction of duty.

2. Summaries of all Event Reports related to short-staffing, citing date, time and place of such events.

3. Names of all persons hired since January 10, 1995, and their respective disciplines and status (e.g., full-time, part-time, agency or state employee).

4. Reports of all allegations, from whatever source received, pertaining to patient abuse or neglect and the actions taken in response to each such allegation, including investigative reports and disciplinary actions.

5. Description of all efforts taken by any and all entities of Hawaii State Government to comply with the requirements of the Settlement Agreement as well as this Stipulated Order and Remedial Plan.

XIII. Continuing force and effect of Settlement Agreement:

All provisions of the Settlement Agreement entered as an Order of the Court in this case on September 19, 1991 that do not

otherwise conflict with the terms of this Order shall remain in full force and effect.

Dated: Honolulu, Hawaii,

Jun 19, 1995

DAVID A. EZRA

DAVID A. EZRA
United States District Judge

AGREED TO:

FOR THE STATE OF HAWAII:

FOR THE UNITED STATES:

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HONORABLE BENJAMIN J. CAYETANO
Governor
State of Hawaii

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USA v. STATE OF HAWAII, ET AL.
Civil No. 91-00137 DAE
"STIPULATION AND ORDER TO REMEDY DEFENDANTS' CONTEMPT OF
SETTLEMENT AGREEMENT"

Hawaii State Hospital
DOJ Remedial Plan
In Response to U.S. v. Hawaii

1/19/95
6:00 AM

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
1. Employment and Deployment of Additional Staff				
a. Pharmacy Services	<p>Interim: Continue fee-for-service:</p> <p>1) Implement emergency procurement contract on temporary basis.</p> <p>2) Complete training for 9 PMA's for reassignment to nursing units: 6 as transporters; 3 as unit staff.</p> <p>3) Implement bid process / Execute final contract.</p>	<p>Associate Administrator, Administrative and Support Services</p> <p>HSB, Staff Development</p> <p>Associate Administrator, Administrative and Support Services / Director of DAGS / Governor</p>	<p>02/18/95 and ongoing</p> <p>03/04/95</p> <p>05/18/95</p>	<p>Reassign pharmacist within system. Training of PMA's requires union consult.</p>

ATTACHMENT "1"

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
b. Director of Laboratory	<p>Temporarily assign existing Medical Technician to Director of Laboratory Services. Fill position as Emergency Hire for Director effective 1/17/95.</p> <p>Recruitment in progress to hire permanent Director of Laboratory Services.</p>	<p>Associate Administrator, Administrative and Support Services / Clinical Director</p> <p>Director, DHRD, for recruitment</p>	<p>01/01/95 Temporary Assignment</p> <p>04/14/95</p>	
c. Director Occupational Therapy Services	<p>Temporarily assign existing Occupational Therapist to Director Occupational Therapy Services.</p> <p>Recruit and hire Director of Occupational Therapy Services.</p>	<p>Associate Administrator, Administrative and Support Services</p> <p>Clinical Director / Director, DHRD, for recruitment</p>	<p>01/01/95 Temporary Assignment</p> <p>04/14/95</p>	
d. Fill Vacancies in Therapy Staff	<p>Submit request for emergency hires through Hawaii State Employment Services.</p>	<p>HSH Associate Administrator, Administrative and Support Services</p>	<p>01/18/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>Fill 3 Occupational Therapist vacancies with trained experienced psychiatric Occupational Therapists.</p> <p>If experienced psychiatric Occupational Therapists are not available, an in-house training program will be required consisting of:</p> <ol style="list-style-type: none"> 1) Buddy system. 2) In-services from external sources (i.e. Queen's and Castle). 3) Update in-services from National Conference on Psychiatric Occupational Therapists. 	<p>HSH / DHRD</p> <p>Director of Occupational Therapy</p>	<p>1 by 04/10/95 1 by 05/10/95 1 by 06/10/95</p> <p>At time of hire</p>	
<p>e. Fill Nursing Positions</p>	<p>Fill 72 vacant nursing positions by 12/10/95. Target recruitment: 32 by 7/10/95; 72 by 11/10/95.</p> <p>As vacancies occur, fill such vacancies with permanent staff within one month of the vacancy.</p>	<p>HSH / DHRD recruitment</p> <p>HSH / DHRD recruitment</p>	<p>8 beginning by 04/10/95</p> <p>As vacancies occur</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
<p>*f. Increase the Shortage Differential for specified job classes.</p>	<p>Increase shortage differential for specified job classes to meet community salary standards. Successful recruitment in these classes is necessary for the provision of quality patient care at Hawaii State Hospital.</p> <p><u>RPN's:</u></p> <p>Recommend approval to increase current shortage differential.</p> <p>DHRD approval</p> <p>Individuals to realize compensation</p>	<p>Department of Health Personnel Officer / Director of DOH</p> <p>Director of DHRD</p>	<p>01/20/95</p> <p>01/27/95</p> <p>02/28/95</p>	<p>Increased competitive shortage differential would allow filling of approximately 21 nurse vacancies and the retention of current employees.</p>

* Increasing the shortage differential structure of recreational therapists at this time will not address the issue of registered recreational therapists. As vacancies accrue, will apply for selective certification for Registered Recreational Therapists.

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p><u>Social Workers:</u> Recommend approval to increase current class shortage differential.</p> <p>DHRD approval</p> <p>Individuals to realize compensation</p> <p><u>Occupational Therapists:</u> Recommend approval to increase current shortage differential.</p> <p>DHRD approval</p> <p>Individuals to realize compensation</p>	<p>Department of Health Personnel Officer / Director of DOH</p> <p>Director of DHRD</p> <p>Department of Health Personnel Officer / Director of DOH</p> <p>Director of DHRD</p>	<p>01/20/95</p> <p>01/27/95</p> <p>02/28/95</p> <p>01/20/95</p> <p>01/27/95</p> <p>02/28/95</p>	<p>Increased competitive shortage differential would allow filling of 3 social worker vacancies, and would allow the retention of 8 currently filled positions.</p> <p>Increased competitive shortage differential would allow the filling of 3 vacant positions and the retention of 8 occupational therapists.</p>

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p><u>PMA's:</u> Recommend approval to establish class as a shortage category.</p> <p>DHRD approval</p> <p>B&F/Governor approval</p> <p>Individuals to realize compensation</p>	<p>Department of Health Personnel Officer / Director of DOH</p> <p>Director of DHRD</p> <p>B&F / Governor</p>	<p>01/20/95</p> <p>01/27/95</p> <p>02/03/95</p> <p>03/15/95</p>	<p>Increased competitive shortage differential would allow the filling of 47 PMA positions and 4 LPN positions as well as provide a means to retain current employees in filled positions. Such action would directly address the need to attract applicants, and thereby address the issue of staff shortages and providing a safe environment.</p>

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p><u>LPN's:</u></p> <p>Recommend approval to increase the current shortage differential.</p> <p>DHRD approval</p> <p>Individuals to realize compensation</p> <p>Complete compensation review to determine competitiveness of staffing shortage, differential categories.</p>	<p>Department of Health Personnel Officer / Director of DOH</p> <p>Director of DHRD</p> <p>Department of Health Personnel Officer</p>	<p>01/20/95</p> <p>01/27/95</p> <p>02/28/95</p> <p>12/31/95 and yearly thereafter</p>	
<p>g. Develop and Implement Aggressive Recruitment Plan</p>	<p>Meet with DHRD and finalize plan.</p> <p>Implement emergency procurement contract on temporary basis for recruitment assistance.</p>	<p>HSH / DHRD recruitment / retention plan</p> <p>Associate Administrator, Administrative and Support Services</p>	<p>01/19/95</p> <p>02/09/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	Implement bid process / execute final contract.	Associate Administrator, Administrative and Support Services / Director of DAGS / Governor	05/01/95	
h. Direct Hire Program	Implement Direct Hire Program for existing classes: RPN Social Worker Occupational Therapist Psychologist Expand Direct Hire Program to include PMA, LPN, RT.	DHRD DHRD	01/27/95 03/01/95	Hire 3 Emergency clerical positions for administrative support by 2/8/95.
i. Additional RPN Positions	Legislative approval of 16 RPN positions to meet DOJ ratios. Currently, the HSH has 16 temporary positions. This approval would make the positions permanent.	Legislature	07/01/95	Approval is necessary in order to provide the remaining permanent positions required to meet the DOJ ratios. Permanent position authority will eliminate the routine need to rely on contract agency nursing staff to provide continuous care.

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	Any additional positions needed to meet Settlement Agreement requirements will be established.	DOH	Ongoing	
j. Relocation Incentive	Implement immediate action to increase relocation incentive allowance: Increase from \$1200 per relocation to \$2400 per relocation.	Director of Health	Immediately	Based on an average of, but not limited to, 10 relocations per year. This action will provide a means to recruit qualified staff from other than State of Hawaii.
k. Early Retirement	Propose bill for HSH to exempt HSH from requirements of Act 212-94. Legislative approval	Director of Health Legislature	01/17/95 07/01/95	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
<p>1. Screening Tools</p>	<p>1) Development of standardized application forms and a personnel screening battery such as:</p> <ul style="list-style-type: none"> a. The Shipley Scale b. The Strong-Campbell Interest Inventory (SCII) c. The California Personality Inventory (CPI) d. The Thematic Apperception Test (TAT) or other screening tools <p>Meeting with DOH/HSB to establish correlation to job requirements.</p>	<p>Chief of Psychology / Clinical Director / Personnel Officer, DOH</p>	<p>01/20/95</p>	
	<p>Meeting with DHRD/DOH/HSB to establish correlation to job requirements.</p>	<p>Chief of Psychology Clinical Director</p>	<p>01/30/95</p>	
	<p>Implement new screening tools.</p>	<p>Personnel Officer, DOH</p>	<p>03/15/95</p>	
	<p>2) Conduct background checks on PMA's (new hires).</p>	<p>Director of DHRD</p>	<p>Starting immediately before commitment to hire</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
m. Acuity System	Improve acuity system long-term	HSH nursing	04/15/95	<p>Acuity System currently in place: Menninger's System. The system currently in place delineates patient care needs by both hours of care needed per unit, per day, as well as the skill level of care provider needed. While the validity of the tool was assessed at the time it was developed, there has not been routine documentation of reliability testing within the institution (HSH). Reliability testing will be implemented in January and the first evaluation completed by January 31, 1995. Testing will be carried out on a quarterly basis thereafter if reliability is found to be at the 90% or better level. If reliability testing is not within the acceptable range, it will be carried out on a monthly basis until reliability of 90% or better is reached.</p> <p>It is felt that this tool may not serve the needs of HSH and a committee is working to select a more suitable tool for our needs. To date, a literature review has been completed and a number of potential systems are being assessed. At present we are researching the tool developed and currently in use at UCLA. This tool is outcome based and focuses on patient need across their hospital stay. It would dove-tail well with our Quality Improvement program and thus provide us with information regarding outcome data as well as staffing needs.</p>

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	Day-to-day monitor	HSH Nursing	02/03/95	<p>Day-to-day, shift-to-shift acuity will be done prospectively, utilizing the current 24-hour report form.</p> <p>Classification categories will be defined as follows:</p> <p><u>Category II</u> Admissions, discharges, transfers, q 15^m checks (2 additional care hours)</p> <p><u>Category III</u> Patients requiring total care: bed-ridden, extensive medical care or monitoring, requires 2 or more people to feed and bathe (3 additional care hours)</p> <p><u>Category IV</u> 2:1 monitoring (4 additional care hours)</p> <p><u>Category V</u> 1:1 coverage (8 additional care hours)</p> <p>Shift reports will be completed and submitted 3 hours prior to the beginning of the subsequent shift to nursing office.</p> <p>Nursing office then adjusts staffing based on acuity. Nursing office notifies requesting unit by the beginning of the shift of the increased staffing based on acuity. These additional staff shall be drawn from the established nursing pool and not from reliance on use of overtime, or temporary nursing staff or staff reassigned from other hospital units. Similar adjustments during shifts shall be made if the need arises.</p>

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
2. Restriction on Admissions	Continue screening of admissions by Admissions Coordinator with final approval by Clinical Director.	Admissions	Immediately	
3. Appropriate Reduction of Census	<p>1) Effective immediately all patients at HSH will be evaluated for possible discharge from the hospital.</p> <p>Patients who are clinically stable and are ready to be either discharged to the community or transferred to other institutions (e.g. correctional facility) will be identified by the Utilization Management Committee.</p> <p>The Utilization Management Coordinators will submit this list to the Clinical Director on a weekly basis.</p>	Clinical Director HSH	02/01/95	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>2) When the barrier to discharge is identified as lack of placement or "court disposition" (e.g. awaiting trial), the Attorney General will be notified to assist the hospital in petitioning the appropriate agency or individual. The following are examples of instances when the hospital can use assistance in filing motions for timely hearing or petitions FOR:</p> <ul style="list-style-type: none"> a) FITNESS TO PROCEED/STAND TRIAL b) APPLICATION FOR CONDITIONAL RELEASE - Post Acquittal Dangerousness Hearing c) Hearing on revocation of conditional release d) Hearing on 72° order or Bench warrant e) Application for permanent guardianship through the Office of the Public Guardian 	Director of Clinical Services	02/01/95 and monthly	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
<p>4. Development of Alternative Programs</p>	<p>a) Conduct needs assessment to determine number of patients requiring alternative placement.</p>	<p>Clinical Director / Utilization Review</p>	<p>Immediately begin; Monthly</p>	
	<p>b) Evaluate range of possible housing options and needed resources such as intensive case management and financial incentives to accept hard-to-place patients.</p>	<p>Adult Mental Health Division</p>	<p>03/01/95</p>	
	<p>c) Identify or develop alternative long term or short term housing/placements, including other community supports as needed, for HSH patients whose only barrier to discharge is an appropriate community setting, and transfer patients to such placements.</p>	<p>Case Management Coordinator, Adult Mental Health Division</p>	<p>03/15/95 and ongoing</p>	
	<p>d) Follow-up on appropriateness of discharge placements. Make changes when necessary to ensure appropriateness of placements.</p>	<p>Community Mental Health Center Case Manager / Hawaii State Hospital Social Worker</p>	<p>03/15/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
<p>5. A. Protection of Patients</p>	<p>1) Refer to Policy and procedure on clear lines of authority.</p>	<p>Clinical Director</p>	<p>02/10/95</p>	<p>See item #7.</p>
	<p>2) Ensure adequate staffing to carry out special precautions, regular monitoring as ordered.</p>	<p>Clinical Director</p>	<p>02/03/95</p>	<p>See item #1.m.</p>
	<p>3) Utilize nursing acuity system which adjusts staffing according to patient care needs.</p>	<p>Clinical Director</p>	<p>02/03/95</p>	<p>See item #1.m.</p>
	<p>4) Immediately upon entry of the Stipulated Order, HSH shall take the following actions whenever a patient or staff person is assaulted by another patient.</p> <p>a. The assaultive patient's interdisciplinary team shall clinically review the patient's treatment plan to determine if any changes are necessary in the patient's treatment plan. Any such changes shall be implemented immediately.</p>			

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>b. Risk Management and Quality Management shall conduct an in-house review of the circumstances surrounding the assault to determine whether any changes in staffing patterns or deployment are necessary and implement such changes immediately.</p> <p>In addition, the procedures for the day-to-day, shift-to-shift acuity assessment and increases in nursing staff based upon the results of the acuity assessment and needs that arise during the shift will be implemented no later than February 3, 1995.</p>		02/03/95	
5. B. Provision of Adequate Treatment	<p>1) Review current psychosocial rehabilitation modules and treatment program. (For example: Kulia, Imua.)</p> <p>2) Revise and implement psychosocial rehabilitation modules to meet patient needs and mix of patients.</p>	<p>Director, Clinical Services</p> <p>Discipline Chiefs (Clinical Director will form committee comprised of above)</p>	<p>02/18/95</p> <p>07/17/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>3) Develop and implement plan for provision of adequate psychosocial rehabilitation services at HSH.</p> <p>4) Allocate 8 positions for transportation. Utilize 4 newly established transporter positions for transportation so as to maintain permanent staff on units.</p> <p>Redirect 4 positions from pharmacy in addition to above.</p>	<p>Superintendent, HSH</p> <p>HSH</p> <p>HSH</p>	<p>07/17/95</p> <p>04/10/95</p> <p>02/18/95</p>	<p>Currently there are two transporters. Any extra transportation is carried out by unit staff. The addition of 6 more positions (a total of 8) will allow unit staff to perform patient care instead of transporting.</p>

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
<p>6. Seclusion and Restraint</p> <p>a. Ensure that restraint and seclusion are only used when ordered by a physician who makes a determination that restraint or seclusion is clinically necessary.</p>	<p>1) Peer Review of Events reported by Q.M. staff.</p> <p>Referrals will be sent to Dept. of Nursing/Dept. of Psychiatry representative so that appropriate corrective action is taken.</p> <p>Increase University of Hawaii involvement in oversight of use of seclusion and restraint at Hawaii State Hospital.</p>	<p>Quality Management Department HSH</p> <p>Clinical Director, HSH</p>	<p>01/06/95 Implementation</p> <p>01/18/95</p>	<p>Current policy and procedure 04.250.002 requires:</p> <p>a) Physician order;</p> <p>b) Clinical indication such as prevention of imminent harm to patient and others and</p> <p>c) Monitoring and documentation of patient status.</p> <p>1) SEE ATTACHED HSH Policy, Use of Seclusion, Bodily Restraint and Time-Out).</p>

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
<p>b. Ensure that patients are not subjected to seclusion or restraint as punishment, for the convenience of the staff, or as a result of inadequate staffing.</p> <p>c. Ensure that patients who are in seclusion or restraint are monitored adequately by appropriate medical personnel, including registered nurses. When a registered nurse delegates this responsibility, such nurse is responsible to ensure that the personnel to whom this responsibility is delegated is adequately carrying out the responsibility.</p> <p>d. Ensure that patients are treated humanely while in restraint and seclusion, with due care given to their personal needs for adequate circulation, food, liquids, adequate hygiene, and use of bathroom.</p> <p>e. Develop quality assurance procedures to monitor and ensure (a) to (d) above.</p>	<p>2) Revise monitoring system to ensure immediate correction of noncompliance with revised policy and procedure on use of seclusion, bodily restraint and time-out.</p> <p>3) Revise current policy and procedure (4.25.002) to include changes required by monitoring system.</p>	<p>Clinical Director / Director of Nursing</p>	<p>02/06/95 (to include orientation, training of staff on revised policy and procedure)</p>	<p>2) SEE ATTACHED REVISIONS to current policy and procedure.</p>
<p>7. Implementation of an Effective Organizational and Management Structure</p>	<p>Obtain Governor's approval and proposed reorganization plan and begin implementation.</p>	<p>Director of Health</p>	<p>02/10/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
<p data-bbox="302 367 516 415">Appoint Superintendent</p> <p data-bbox="302 505 485 630">Policy and Procedure on HSH Clinical Lines of Authority</p>	<p data-bbox="579 204 999 329">Revise as necessary, the HSH organization plan in order to comply with the terms of the DOJ Settlement Agreement.</p> <p data-bbox="579 505 982 578">Direct care staffing training on clinical policy and procedure.</p>	<p data-bbox="1035 204 1203 253">Director of Health</p> <p data-bbox="1035 367 1188 464">Special Assistant, Behavioral Health</p> <p data-bbox="1035 505 1157 553">Clinical Director</p>	<p data-bbox="1295 204 1478 228">As necessary</p> <p data-bbox="1295 367 1415 391">03/10/95</p> <p data-bbox="1295 505 1415 529">02/10/95</p>	<p data-bbox="1575 505 1835 1081">Policy and procedure will delineate clear lines of clinical authority. This action will address the issue regarding the ability to establish clear lines of authority and responsibility. Improved communication from a larger member group of top management will create effective clinical and administrative leadership.</p>

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
Expand Hospital Executive Committee	Approve and implement immediate expansion of Hospital executive committee to include 6 additional key personnel to improve communication and flatten the structure: Risk Manager Personnel Officer Chief of Psychiatry Chief of Psychology/Social Work Quality Management Director Special Projects Assistant	HSH Clinical Services	12/12/95 Accomplished	
	Develop position description for Patient Care Unit Chief	Clinical Director	02/18/95	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
<p>8. Protection of Patients from Abuse; Development and Implementation of a Revised Abuse Investigation System</p>	<p>1) Implement revised procedure to investigate all allegations of patient abuse and neglect:</p> <p>a) Immediate notification of Superintendent and Clinical Director or their designees of all allegations of abuse and neglect. The Superintendent shall make a determination of any immediate actions necessary to protect the patient (e.g., relieve staff from duty, assign to non-patient contact responsibilities, or increase staffing) and direct that such action be taken.</p> <p>b) All allegations of abuse and neglect shall also be immediately reported to the Protection & Advocacy Agency of Hawaii.</p> <p>c) Immediate assessment of patient's condition by Nursing Supervisor and treating physician or on-call physician.</p>	<p>Nursing Supervisor</p> <p>Nursing Supervisor / Treating or on-call physician</p> <p>Nursing Supervisor / Treating or on-call physician</p>	<p>Immediately Effective</p> <p>Immediately Effective</p> <p>Immediately Effective</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>d) Immediate treatment of patient where patient is physically injured; immediate counseling where patient has been physically and/or psychologically or emotionally affected.</p> <p>e) The nurse and physician who examine the patient shall report in the patient's record a complete description of the injury or other harm, and treatment provided.</p> <p>f) Immediately take pictures of patient where physical injury is present.</p> <p>g) Begin investigation by independent, trained investigator(s) in DOH within 24 hours.</p> <p>h) The investigator(s) shall investigate fully all allegations of abuse and neglect and prepare a detailed, written report of the fact-finding within 7 days but not exceeding 14 days of the report of alleged abuse.</p>	<p>Treating or on-call physician</p> <p>Nursing Supervisor / Treating or on-call physician</p> <p>Nursing Supervisor</p> <p>Risk Manager responsible for implementation</p>	<p>Immediately Effective</p> <p>Immediately Effective</p> <p>Immediately Effective</p> <p>04/01/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>i) Enforce state statutory provision that "any person who willfully hinders the lawful actions of the DOH pursuant to an investigation, or willfully refuses to comply with its lawful demands, may be fined up to \$1,000 pursuant to HRS Section 334E-5."</p> <p>j) Within 10 days of completion of the fact-finding investigatory report, the Patient Protection Committee shall review the report, as well as any other relevant documents, including investigatory reports by the Protection and Advocacy Agency of Hawaii, if available, to determine if abuse or neglect is substantiated.</p> <p>k) Substantiated abuse or neglect shall result in prompt and appropriate disciplinary action, as determined by the Superintendent in conjunction with the personnel office of DOH.</p>	<p>Risk Manager responsible for implementation</p> <p>Risk Manager responsible for implementation</p> <p>Risk Manager</p>	<p>Immediately Effective</p> <p>03/01/95</p> <p>Immediately Effective</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>4) Qualifications of independent investigators:</p> <ul style="list-style-type: none"> a) Professional training and experience in conducting investigations. b) Demonstrated skill in investigation techniques and in interviewing. c) Training in conducting investigations in institutions serving mentally ill persons. 	Risk Manager	04/01/95	
	<p>5) Responsibilities of independent investigators:</p> <ul style="list-style-type: none"> a) Publish prominently their names, phone numbers, and current photograph in all residential, program, and office areas at HSH. 	Risk Manager	04/01/95	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>b) Upon receipt of any allegation of abuse and/or neglect from any source, begin an investigation within 24 hours. Fully investigate all aspects of the allegation through interview with the patient and all relevant staff and other patients and review of documents. Prepare a detailed, written report of the fact-finding within 7 days but not later than 14 days of the report of alleged abuse.</p> <p>c) Immediately upon completion, provide the report to the Patient Protection Committee and the Protection and Advocacy Attorney.</p> <p>d) Investigate all suspicious injuries to determine if possible abuse or neglect has occurred and if so, treat the injury as an allegation of abuse or neglect.</p>	<p>Risk Manager</p> <p>Risk Manager</p> <p>Risk Manager</p>	<p>04/01/95</p> <p>04/01/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>e) Make recommendations to the Superintendent and Risk Manager for any measures designed to reduce abuse and neglect.</p> <p>f) Train all HSH staff on the new abuse reporting and investigation procedures, their responsibility to report abuse and neglect immediately when it occurs, how to report abuse and neglect, and how to preserve evidence.</p>	<p>Executive Committee</p> <p>Risk Manager</p>	<p>04/01/95</p> <p>03/01/95</p>	
	<p>6) Other actions to be taken by HSH</p> <p>a) Ensure that the identity of persons reporting alleged abuse or neglect shall be kept confidential if the reporter so desires.</p>		<p>01/19/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>b) Post a notice in all residential, program, and office areas summarizing the new abuse and neglect reporting and investigation procedures and staff responsibility to report abuse and neglect.</p> <p>c) Develop and implement a tracking system for all allegations of abuse or neglect and all actions taken, including disposition, and dates on which such actions are taken.</p> <p>d) Develop and implement a monitoring system for all patient injuries to track the following information: time, place, and date of injuries; staff present. Where a pattern emerges of repeated injuries in a particular building or with particular patients, a referral shall be made immediately to the investigator who shall follow the procedures set forth above in 1 (h) - (k).</p>	<p>Risk Manager</p> <p>Risk Manager</p> <p>Risk Manager</p>	<p>03/31/95</p> <p>04/15/95</p> <p>04/15/95.</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	c) HSH shall include in each employee's paycheck a notification of the revised system for investigating abuse and neglect, including timely notification, anonymous reporting, and prompt disciplinary action upon a finding of abuse or neglect.		02/01/95	
9. Value System Training	Provide training relative to teaching of values, ethics, patient care, and responsibility.	HSH	03/01/95 Begin for all current employees, and continue on an ongoing basis for all new employees as part of new-employee orientation.	Training to be provided hospital-wide for all employees.
10. Nurse Management Training	a. Monthly retreats with Chief, Department of Nursing and Nurse Managers.	Chief, DON	01/13/95 Began and will continue throughout 1995	Time will be utilized for problem resolution and education relative to management and leadership.

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>b. Educational sessions for charge nurses relative to managerial role (follow-up to previous leadership training).</p> <p>c. Nursing staff training in group process and facilitation.</p>	<p>HSH, Staff Development</p> <p>Staff Development</p>	<p>Beginning 03/10/95 Meet once weekly until 03/31/95</p> <p>Beginning 04/95 Conduct quarterly, on an ongoing basis, to expand RPN skills.</p>	<p>Being done to address staff relationships and management of same. (In final planning stages.)</p> <p>Meant to address patient education presented in a group format and programmatic issues (currently being developed).</p>
<p>11. Expand Internal Risk Management Department</p>	<p>Add 1 RPN and 1 clerical position to perform risk management duties, such as:</p> <p>a. Implementation of an internal system to evaluate and follow-up on all event reports.</p>	<p>HSH Risk Management Department</p> <p>HSH Risk Management Department</p>	<p>03/15/95 Complete Recruitment</p> <p>04/15/95</p>	<p>This action will result in an immediate and intensive focus toward addressing patient abuse and harassment in the workplace. All events will be actively addressed and resolved to eliminate patient abuse at HSH.</p>

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
	<p>b. Implementation of an internal tracking system for all events.</p> <p>c. Dissemination of data to individual units for action to improve quality of care.</p>	<p>HSH Risk Management Department</p> <p>HSH Risk Management Department</p>	<p>04/15/95</p> <p>04/15/95</p>	
<p>12. Compliance Officer</p>	<p>Governor's office has agreed to appoint a compliance officer who will keep the Governor informed on status of the State's Compliance with this remedial plan and Settlement Agreement.</p>	<p>Governor</p>	<p>02/10/95</p>	<p>Obtains and reviews monthly and quarterly reports and any other data necessary to assess and evaluate the State's level of compliance. Monitors and facilitates interface between departments. Expedites resolution of problems. Represents compliance needs to Legislators and/or others as appropriate.</p>
<p>13. Posting of Notice</p>	<p>Implement</p>	<p>HSH</p>	<p>01/19/95</p>	

SUBJECT	ACTION FOR REMEDY	WHO RESPONSIBLE	ACTION DATE	COMMENTS
14. Additional Monthly Reports	Implement	HSH / Associate Administrator / Quality Manager	Monthly, beginning 02/95	

**HAWAII STATE HOSPITAL
POLICY AND PROCEDURE MANUAL**

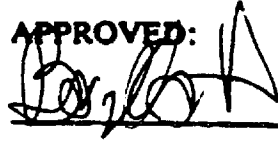
ADMINISTRATION

SUBJECT: USE OF SECLUSION, BODILY RESTRAINT,
AND TIME-OUT

REFERENCE: DOJ; Chapter 11-175; JCAHO
Perspectives November/December 1992

Number: 04.250.002
Effective Date: 11/30/93
History: Revised
Page: 1 of 7

APPROVED:



Title: Clinical Director

PURPOSE:

To ensure that all patients who are placed in physical or mechanical restraint, seclusion or time-out are monitored adequately by appropriate medical personnel and that no patient is restrained or secluded for a period greater than that necessary for the patient to no longer exhibit behaviors demonstrating an imminent threat of serious harm to self or others

POLICY:

Bodily restraint (hard physical, mechanical devices or soft protective devices), seclusion and time-out are administered by a qualified professional and are never used for the convenience of the staff, for punishment, or in lieu of professionally developed treatment and/or training programs.

DEFINITIONS:

Bodily Restraints —

- (1) Physical or mechanical devices used to restrict the free movement of a patient or the movement or normal function of any portion of the patient's body.;
- (2) Soft Protective Devices, include: cloth chest/vest/or Poseys cloth wrist/ankle devices, cloth mittens, and/or sheets if they are used for behavioral management;
- (3) "Devices used to protect the patient, such as bedrails, tabletop chairs, protective nets, helmets, or the temporary use of halter-type or soft chest restraints, and mechanisms, such as orthopedic appliances, braces, wheelchairs, or other appliances or devices used to posturally support the patient or assist him/her in obtaining and maintaining normative bodily functioning and not for behavior management are NOT considered restraint interventions" reference JCAHO Respectives, September/October 1992;
- (4) Chemical substances used for the sole purpose of controlling the behavior of a patient, and not for treatment purposes.

Seclusion — A form of bodily restraint whereby a patient is placed alone in a locked room, or a room from which the patient is physically prevented from egress.

Time Out — A behavior management technique which requires physical force to remove a patient from a situation for a period of time for the purpose of modifying a specific inappropriate behavior and to eliminate positive reinforcement following the inappropriate behavior.

Qualified Professional — An M.D., R.N., Ph.D. or Psy.D. employed by HSH.

Training Program — A program of steps and activities, including behavior management and the teaching of basic self-care skills, determined by qualified professionals consistent with professional judgment to be appropriate to protect a patient from unreasonable risk to personal safety and necessary to enable a patient to function free from undue bodily restraint or seclusion.

Treatment — Therapeutic steps and activities, including psychological and psychiatric services and medication, determined by qualified professionals consistent with professional judgment to be appropriate to protect a patient from unreasonable risk to personal safety and necessary to enable a patient to function free from undue bodily restraint or seclusion.

Professional Judgment — A decision by a qualified professional shall be deemed to be a reasonable exercise of professional judgment unless it can be shown that the decision is such a substantial departure from accepted professional judgment, practice or standards as to demonstrate that the person responsible actually did not base the decision on such a judgment.

SPECIAL INSTRUCTIONS:

- A. Seclusion, bodily restraint or time-out directed by an individualized treatment plan, behavioral management plan, contract, nursing care plan, etc.
1. Any treatment plan, behavioral management plan, contract, nursing care plan, etc., utilizing seclusion, bodily restraint or time-out must:
 - a. Be reviewed monthly by the seclusion/restraint/time-out committee of HSH comprised of facility professionals, quarterly by an external psychologist and psychiatrist, and weekly by psychology and nursing.
 - b. Be reviewed and reordered by the physician every 30 days.
 - c. Specify:
 - (1) The behavior to be eliminated and the specific behavior, clearly and objectively defined, which triggers use of the method;
 - (2) The method and rationale to be used:
 - a. Including a clear monitoring tool for the day to day collection of data.
 - b. Including measurable criteria for termination of the plan.
 - (3) The duration for use of the method, when employed;
 - (4) The expected therapeutic efficacy of the procedure;
 - (5) The criteria for termination of seclusion/restraint and time-out.
 - d. Include the person responsible for the Plan;

-
- e. Include justification and documentation that other less restrictive behavior modification techniques have been systematically tried and have been demonstrated to be ineffective.
 - f. Include the patient's consent is obtained or refusal documented.
2. Any treatment plan, etc., as defined in A., utilizing seclusion, bodily restraint, or time-out must be reviewed on at least a monthly basis by the Seclusion/Restraint committee, weekly by psychology and nursing and by an external psychologist and psychiatrist every three months, and continuing such use only if reliable data supports the necessity of the continued use of seclusion, bodily restraint, or time-out.
 3. If the S/R/TO Committee is unable to convene to approve a BMP using S/R/TO in a timely fashion, the Chiefs of Psychiatry, Psychology and Nursing, or their designees, may review and approve the plan at the next regularly scheduled meeting.
- B. Seclusion, bodily restraint, or time-out used in an emergency.**
1. An M.D. or R.N. is authorized to initiate the use of seclusion, bodily restraint, or time-out, if it is deemed necessary to prevent imminent harm to the patient, others, or to property when other means are not appropriate or effective.
 2. Emergency use of seclusion, restraint or time-out always requires an M.D. authorization, either by written or telephone. Physician must personally examine the patient also. All of this section must occur within one hour.
 3. Seclusion, bodily restraint, and time-out must be terminated immediately when justification no longer exists.
 4. The emergency use of bodily restraint, seclusion, or time-out, three times in a 30 day period for the same patient shall trigger a review by the patient's interdisciplinary treatment team of the patient's psychiatric condition to determine the need for a new, different, or otherwise modified treatment and/or training program. The treatment team review must be done by the next working day following the three events.
- C. Soft Protective Devices.**
1. A qualified professional is authorized to determine the use of a soft protective device. (Refer to JCAHO reference)
 2. The initiation of soft protective devices must address:
 - a. The reason for the protective device;
 - b. The type of soft protective device used; and
 - c. The intervals at which the patient will be attended respective to toileting, nutrition, hydration, ambulation and any other needs.

3. A physician's order (written or per telephone) must be obtained within one hour of application of device.
4. The need for continued use of soft protective devices shall be reassessed and documented every 24 hours.
5. The need for a soft protective device used for postural support or obtaining and maintaining normative bodily functioning may be anticipated by the physician and a prn order issued.

PROCEDURE:

1. When an emergency situation arises, appropriate measures should be taken at once to prevent injury to the individual, other patients and staff.

Usually these measures include:

- a. Identifying the clinical person (R.N. or M.D.) who will take charge of the emergency and direct the interventions needed.
 - b. Clearing the area of patients and uninvolved staff to prevent injury to others.
 - c. A determination by the identified R.N. or M.D. in charge whether seclusion, restraint or time-out are needed or whether less restrictive measures such as decreased stimulation, "talking down" or medication would be effective.
2. If, after this initial phase of emergency response, no physician is immediately available to assess the need for restraint, seclusion or time-out, then the charge R.N. is authorized by position (a qualified professional) to:
 - a. Clinically determine the necessity for the use of seclusion, restraints, or time-outs;
 - b. Supervise the application of seclusion, restraints, or time-out;
 - c. Supervise the care of the patient while confined;
 - d. be responsible for the accuracy of documentation on the Seclusion/Restraint/Time-Out Monitoring Record.
 3. The use of seclusion, restraint, or time-out requires a physician's order, which is time limited, but does not exceed 8 hours. This order must be received within one hour and the physician must personally examine the patient. Documentation of this exam will be recorded in the progress notes. **NOTE:** PRN orders shall not be written to authorize the use of seclusion, restraints or time-outs.

The use of time-out requires a physician's order, which is time limited, but does not exceed 30 minutes. This order must be received within 30 minutes and the physician must personally examine the patient. Documentation of this exam will be recorded in the progress notes.

4. With the exception of physician's orders, all physician documentation during the use of seclusion, restraints or time-out will be made in the Progress Note Section.
 - a. Documentation in the physician's orders (S/R/TO stamp) will include, but not be limited to, justification for the use of seclusion, restraints or time-out, while less restrictive measures did not suffice, the measurable criteria set for release from seclusion and/or bodily restraints, and clothing to be removed, if any;
 - b. Treatment interventions done to help patients reach the criteria;
 - c. If the continuation of seclusion/restraints is judged to be necessary beyond 8 hours, the patient must be examined and evaluated by a physician. The clinical examination, justification for continuation of seclusion, restraints or time-out, review of a patient's behavior during the previous 8 hour period, and measurable criteria for release must be recorded in the Progress Notes as well as on the Physician's order sheet.

Time-out may not be continued beyond 30 minutes, then seclusion may be considered.

5. When a patient is in seclusion, restraints, or time-out, the nursing staff designated by the charge R.N. will monitor and document the patient's status on the Seclusion/Restraint/Time-Out Monitoring Record every 15 minutes. (See Guidelines for Seclusion/Restraint/Time-Out Monitoring Record.)
 - a. When a patient is in Restraints, nursing shall check the patient every 15 minutes for body alignment, circulation, adequacy of airway and any potential compromise to it (e.g. vomiting and level of consciousness). Checks may be made visually if there is no question of compromise in any of these areas and if the patient is laying with eyes closed and regular respirations.
 - b. When a patient is in Seclusion or Time-Out, the 15 minute checks will include behavior and the physical well-being of the patient.
 - c. The nursing staff will document the treatment interventions done to help patients reach the release criteria.
 - d. The first hour nursing assessment by a registered nurse will include evaluation of behavior through observation and conversation with patient to determine if criteria for release is met.
 - e. Patients will be offered the use of the toilet at least every hour while awake.

- f. Fluids will be offered at least every 2 hours and regular meals will be offered at the times when the remainder of the unit is served.
- g. Bathing of the patient will occur as often as necessary, but at least once every 24 hours.
- h. The Charge R.N. will assess the patient for release, if the 15 minute checks indicate a change in behavior.
- i. If a patient is in a seclusion room which is equipped with a camera, that patient must be monitored continuously via the monitor located at the nurses' station (the door is locked) or the patient can be monitored on a 1:1 basis with the door locked or unlocked. If the patient is on one of the Forensic Units (no monitor), the patient is monitored on a 1:1 basis with the door unlocked.
- j. The patient will be assessed by the Charge R.N. no less than every two hours from the one hour assessment, for the purpose of:
 - (1) Evaluation of the patient in terms of initial criteria set.
 - (2) Assessing the physical well-being of the patient.
 - (3) If the patient is in restraints, (checking the circulation and application of restraints; release and rotation of joints.) He/she will be given the opportunity to sit or lie down and to move freely for not less than 15 minutes during each 2-hour period during waking hours unless medically contraindicated with justification documented in the clinical records (the code MC will be used for this purpose.)
 - (4) If the patient is in restraints, and release is not possible, point massage is performed; change of the patient position, if possible should be considered.
 - (5) If the patient appears to be asleep:
 - a. In seclusion; the door will be unlocked and the patient is allowed to continue to sleep in the seclusion room or the patient is awakened and returned to his/her room. Should the patient remain, the staff still has the responsibility to monitor the patient.
 - b. In restraint; the criteria for release is revised and the patient is allowed to continue sleeping. If the patient is still sleeping when the next 2-hour assessment is due, the patient will then be awakened and assessed for the release criteria.

as soon as patient in room 7304

Justified

Must occur except.

T.O. written order within

6. Only an M.D. or an R.N. can authorize the patient's reduction or removal from seclusion, restraints, or time-out.

initial checklist - as soon as patient is placed in s/r

**HAWAII STATE HOSPITAL
POLICY AND PROCEDURE MANUAL**

Number: 04.250.002

Page: 7 of 7

- a. A maximum one hour trial period may be instituted in which the patient is released from seclusion, restraints, or time-out and placed on 1:1 nursing observation to assess further need of seclusion, bodily restraints, or time-out. Documentation continues on an every 15 minute basis during this trial period on the Seclusion/Restraint/Time-Out Monitoring Record.
 - b. If a patient during the trial period needs further seclusion, bodily restraint, or time-out, the reinstatement of measures are treated as a continuation of the previously written order. The same Seclusion/Restraint/Time-Out Monitoring Record is continued, placing the appropriate code for the reapplication or reinstatement (RR for reapply restraints, etc.) in the box corresponding to the time of reapplication or reinstatement.
 - c. If a trial release and reapplication or reinstatement are used, the total seclusion, restraint or time-out will not exceed the maximum time specified in the physician's order.
 - d. If seclusion, restraints or time-out are reapplied or reinstated more than one hour after a trial release, this is considered to be a new episode requiring a new order.
 - e. If the patient completes the hour on 1:1 and is released, the Charge R.N. will so indicate using the appropriate code thereby closing out the Seclusion/Restraint/Time-Out Monitoring Record.
7. All use of seclusion, restraints, and time-out is reported to the Associate Administrator of Quality Management for data aggregation and review by way of Nursing's "Restraint/Seclusion 24-Hour Report Form". Any unusual or unwarranted patterns of utilization shall be examined and evaluated by Administration.
8. If a patient:
- a. Remains in emergency seclusion, bodily restraints, or time-out for longer than 72 consecutive hours, the case shall be reviewed by the clinical director or designee. *SR will be carefully monitored by C.D. on a daily basis*
 - b. Requires the emergency use of seclusion, bodily restraint, or time-out three times in a 30 day period, the case shall be reviewed by the multidisciplinary team to determine the need for a new different, or otherwise modified treatment and/or training program.

C.D. (8) →

REVISIONS TO POLICY AND PROCEDURE: ON SECLUSION/RESTRAINT

Page 2 of 7

1.

ADD AND REVISE:

- a. Be reviewed monthly by the seclusion/restraint/time-out committee of HSH comprised of facility professionals, quarterly by an external psychologist and psychiatrist and weekly by psychology and nursing.

There will be increased involvement by the University of Hawaii, John A. Burns School of Medicine, Department of Psychiatry. Psychiatrists from the Department of Psychiatry will provide external clinical reviews of Behavioral Management Plans using seclusion and restraints.

Page 3 of 7

B.

1. An M.D. or R.N., is authorized to initiate the use of seclusion, bodily restraint, or time-out, if it is deemed necessary to prevent imminent harm to the patient, others, or to property when other means are not appropriate or effective.

ADD:

If a physician feels that his/her ability to exercise clinical judgement is impeded by the nursing staff, that physician can call either the Day OD or Second Call physician for consultation.

ADD AND REVISE:

4. The emergency use of bodily restraint, seclusion, or time-out, in the following instances shall trigger a review by a team of psychiatrists from the hospital who are not assigned to the same unit:
 - a. three times in a thirty day period;
 - b. three times in a seven day period (if the third event occurs after the third day, action should not be delayed until the seventh day).

The review must take place within the next working day following the third event.

If any patient is maintained in seclusion and/or restraints for more than eight hours in any twenty-four hour period, this must be verbally authorized by the Clinical Director or his/her designee. It is the responsibility of the physician ordering the restraint to seek authorization from the Clinical Director. In the event that the physician is unable to reach the Clinical Director or designee then the physician should notify the Superintendent, whose responsibility it is to notify the Clinical Director at the earliest possible time for clinical review, for the planned use of seclusion and restraint.

Page 6 of 7

ADD AND REVISE:

- j. It will be the responsibility of the Nursing Supervisor to collect the checklist at the end of every shift as well as to ensure that the checklist is completed properly. If the checklist is not properly completed, the Nursing Supervisor will provide explanatory comments as to why the charge nurse was unable to complete the checklist.

9.

ADD AND REVISE:

No later than twenty-four hours after being placed in seclusion and/or restraints, all patients will be given an opportunity to provide comments about procedure and events that led to seclusion/restraints, etc.. A copy of the patient's COMMENTS form will be placed in the patient's chart and a copy will be sent to the Clinical Director.

Page 7 of 7

8.

A. Change to

for longer than eight hours consecutively, case reviewed by the Clinical Director or designee with the assigned psychiatrist within 24 hours. This review will be noted in a log of clinical services.

The Clinical Director or designee will be made aware of any seclusion and restraint exceeding eight hours / 24 hours on any one patient or any patient placed in seclusion and restraint on three successive days by the

Quality Management Department who will monitor such restraints.

The use of seclusion and/or restraints on an emergency basis will be carefully monitored by the Clinical Director on daily basis.