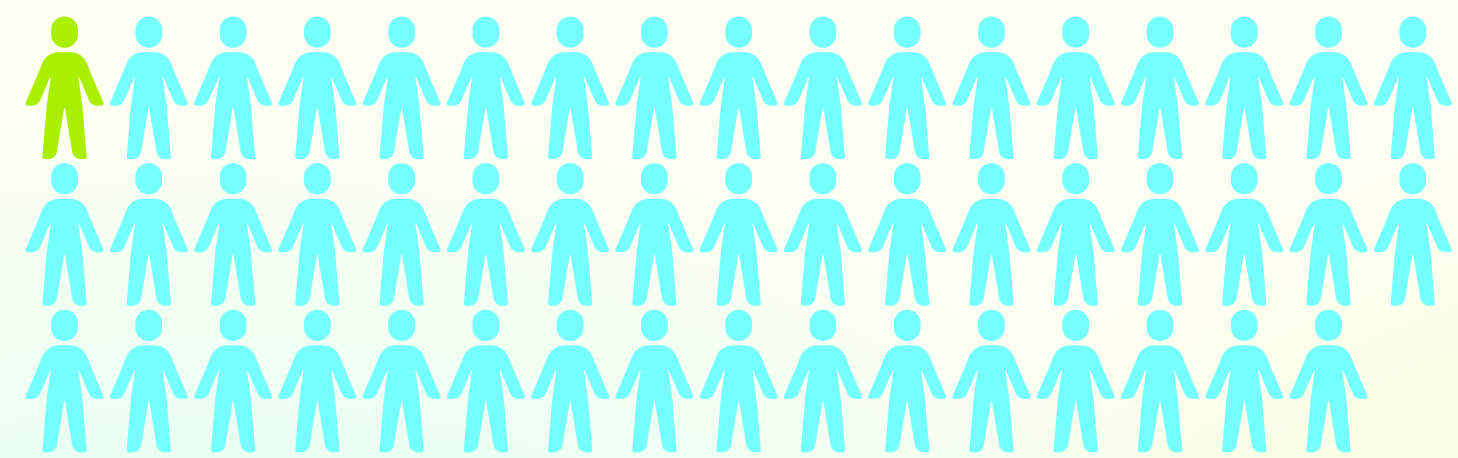


Can Admission Assessment Help Identify Restraint Risk?



1 in 50
adult inpatient
stays include at
least one restraint

IMPACT: SIMILAR Discharge Severity and Improvement
LONGER Length of Stay (+4 Days)
14 point LOWER Net Promoter Score

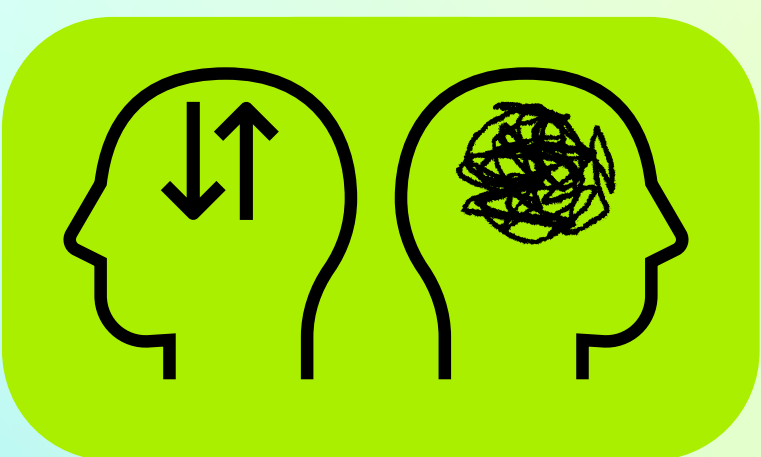
Restrained v. Non-Restrained Patients

Adult inpatients that experience a restraint have a different BASIS-32™ profile at admission:



Less likely to have been assessed AT ADMISSION;

Perhaps due to severity and/or symptomology



Associated with HIGHER Severity on:

Manic Behavior & Hallucination Items
Impulsivity and Psychosis Subscales






Associated with LOWER Severity on:




Depression & Anxiety Subscale

Restraint Prevention Strategies*

Leadership

-  Uphold patient dignity & reduce reliance on restrictive interventions
-  Collect & report data for accountability; track efficacy of policy changes
-  Regular training on prevention & de-escalation techniques

Patient Care

-  Assess patient risks & develop safety plans with patient input
-  Include family & patient advocates throughout treatment
-  Debrief after events with patient, address what led to incident (& how to prevent in future)