

# The Massachusetts Coalition for the Prevention of Medical Errors

## Best Practice Recommendations to Improve Patient Safety Related to Restraint & Seclusion Use

### Project Background and Overview

In 1997, the Massachusetts Coalition for the Prevention of Medical Errors launched a statewide initiative to improve patient safety and reduce medical errors. The Coalition's first initiative – the prevention of medication errors – yielded a set of principles, best practice recommendations, and safety alerts now employed by institutions and organizations throughout the Commonwealth.

The Coalition chose as its second initiative – the prevention of restraint- and seclusion-related injuries. This effort resulted in the development of a set of principles and best practice recommendations for use by general hospitals, children's hospitals, psychiatric hospitals/facilities, and long-term care facilities, including rehabilitation and chronic facilities. These best practices are applicable to adults as well as children.<sup>1</sup>

The Coalition convened a consensus group that included regulatory agency representatives, physicians, nurses, and administrators. Another level of review and development occurred at "pod" or setting-specific workgroup meetings. The pods included representatives of medical/surgical floors in acute hospitals, emergency departments, children's hospitals, psychiatric facilities, and long-term care facilities. These workgroups and the consensus group represented over 30 hospitals and nursing homes from across the state. **Participants strongly recommend that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Center for Medicare and Medicaid Services (CMS), previously the Health Care Financing Administration (HCFA) agree on a consistent set of restraint and seclusion guidelines so as to reduce the confusion about the use of such practices.**

To build consensus, the project looked at existing approaches to restraint use, along with available research on the causes and prevention of restraint- and seclusion-related injuries and deaths. This document encompasses physical and chemical restraint use, as well as seclusion. Consistent throughout the literature and in regulation is the importance and protection of individuals' rights, dignity, and well-being during restraint use. Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that is difficult for the individual to remove and restricts freedom of movement or normal access to one's body. Chemical restraint occurs when a patient is given medication involuntarily, controlling behavior or restricting the patient's freedom of movement; it is not a standard treatment for the patient/resident's medical or psychiatric condition. Seclusion is the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving. (See definitions below.)

This effort resulted in the development of a set of [principles and best practice recommendations](#) for use by general hospitals, children's hospitals, psychiatric hospitals/facilities, and long-term care facilities, including rehabilitation and chronic facilities. These best practices are applicable to adults as well as children. The Coalition promoted adoption of these improvements through two successful educational programs, leadership initiatives which highlighted restraint-free organizations, an improvement workbook, and ongoing networking opportunities.

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<sup>1</sup> The issue of restraint and seclusion use in residential group homes may be reviewed in another phase of this initiative.

The foundation of the best practice recommendations in this document is made up of two basic principles:

1. the adoption of an approach that minimizes the use of restraints and seclusion; supports use of restraints and seclusion only in emergency situations and after less restrictive interventions have been determined ineffective; ensures patient/resident and staff safety; and
2. the promotion of an approach that values risk assessment, early intervention, and education.