



## Automation of Special Treatment Procedures in TIER® Workflow®

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### Discussion

CMS (formerly HCFA) and accreditation organizations such as JCAHO, COA, and CARF have implemented significant revisions in their standards related to use of special treatment procedures especially those that involve use of restraints or seclusion. The revisions were precipitated by several sentinel events in health care and behavioral health care organizations during the past few years. National advocacy groups have also exhibited a growing concern over need for such procedures much less safe and human implementation and careful monitoring of their use. A number of new requirements have been incorporated into the revised standards.

The standards require that organization leadership communicate its philosophy on use of restraint and seclusion to all staff that have responsibilities for implementing these procedures. A major focus of the organization's philosophy is to prevent, reduce, and try to eliminate use of restraint and seclusion. To underscore the emphasis on prevention, the new standards require that alternative interventions be explored with the patient at time of admission that can be used to prevent restraint or seclusion. In addition, the patient's trauma history including sexual or physical abuse should be assessed. The following is a copy of the special procedures order form from TIER®:

The screenshot shows a software window titled "Special Procedures Order". At the top, there are "Options" icons and "Save" and "Cancel" buttons. Below this is a navigation bar with tabs: "Order", "Order Continued", "Monitoring Log", "Order Action", and "Debriefing". The main form contains several input fields: "Date of Order" and "Time" (with a dropdown for "Time Permitted"), "Date of Order Closed" and "Time Closed", "Day of Week", "Ordered By" (dropdown), "Taken by" (dropdown), and "Program" (dropdown). There are also radio buttons for "Verbal Order?" and "Family to be notified?". A section titled "Reason for Procedure" includes checkboxes for "Verbal threats to staff or others", "Physical violence to self or others", "Severe disorientation and confusion", "Destruction of property", "Attempted elopement", and "Other" (with a text field). The "Behavioral Advanced Directives" section lists various activities with checkboxes, such as "Voluntary time-out in patient room", "Writing in a Diary/Journal", "Calling a friend", "Voluntary time-out in quiet room", "Deep breathing exercises", "Calling your therapist", "Sitting by the nurses", "Going for a walk with staff", "Pounding some clay", "Talking with another patient", "Taking a hot shower", "Exercise", "Talking with staff", "Listening to music", "Using ice on your body", "Having hand held", "Reading a newspaper/book", "Putting hands under cold water", "Having a hug", "Watching TV", "Lying down with cold facecloth", "Punching a pillow", "Pacing the halls", "Other" (with a text field), and "None Preferred".

The TIER<sup>®</sup> Workflow System is a powerful resource to clinicians and clinical leadership because the Service Delivery Module provides a complete management system for use of restraint and seclusion. The system provides a process of data collection throughout the service continuum that captures key data at the appropriate time. This feature of the TIER<sup>®</sup> system yields aggregate reports that provide information that is both helpful and mandatory for compliance. The following information describes key requirements of the standards along with an explanation as to how TIER<sup>®</sup> addresses implementation of the standards.

TIER<sup>®</sup>'s Service Delivery Module includes a "Behavioral Advance Directive" and a "Trauma Screening" to facilitate documentation of these requirements. The advance directive is used to describe alternative interventions that are agreed upon with the patient at time of admission. Subsequently, if a procedure is required, the advance directive is automatically initialized into the order for the procedure as a way for staff to be sure that the advance directive was implemented and that nonphysical interventions were utilized.

TIER<sup>®</sup>'s Human Resource Module is designed to automate staff education curriculums, staff participation in training activities, learning effectiveness and competency evaluations. The new standards require that staff must be well trained and competent in ways to minimize use of restraint and seclusion and in safe use of these procedures. Specific requirements are defined related to curriculum development, staff competencies and outcome effectiveness of training. Sequest has provided in our Human Resource Module the ability to ensure training objectives are defined, staff can be assessed and aggregate reports can be compiled

The standards require that a licensed independent practitioner must give orders for special procedures. Specific time frames and other requirements for orders are defined. Similarly, approximately fifteen specific requirements are noted related to documentation of each episode of restraint or seclusion. The special procedures ordering component of the Service Delivery Module documents all required information pertaining to orders including time limits, family notification, continuance/discontinuance instructions, reinstatement of original orders, monitoring and debriefing after each procedure is discontinued. The procedure order is the foundation of the documentation process and is designed to view key information at a glance. Also, TIER<sup>®</sup> supports all requirements for documentation of each episode of restraint or seclusion.

Monitoring of the individual while placed in a procedure is particularly important requirement of the standards. Specific monitoring requirements are included in the standards. For example, individuals must be assessed every 15 minutes while in a procedure. The monitoring episode must be documented in a log or progress note. TIER<sup>®</sup> provides the following form to document monitoring activities:

Furthermore, the standards require that clinical leadership be notified when a patient remains in seclusion for more than 12 hours or experiences 2 or more separate episodes of any duration within 12 hours. In addition, a variety of utilization reports are required and overall documentation of special procedures use should support systematic collection

and analysis data for performance measurement and improvement. The Service Delivery reports included with TIER<sup>®</sup> Workflow summarize specific utilization data on use of special procedures so that leadership are not only informed in a timely manner but also are able to detect patterns and trends related to use of the procedures.

Additional more specific performance improvement data must be collected and classified for all settings/locations by:

- Shift
- Staff who initiated the episode
- Date and time of each episode
- Day of week each episode was initiated
- Length of each episode
- Type procedure used
- Whether staff or patient was injured
- Age of patient
- Gender of patient

Also, particular attention should be given to data that reflects:

- Multiple episodes of restraint or seclusion by a patient within a 12 hour time frame
- Number of episodes per patient
- Instances of procedures that extend beyond 12 consecutive hours; and
- Use of medication as an alternative for or to enable discontinuation of the procedure.

The above data as well as more detailed data and related patterns and trends can be monitored through use of TIER<sup>®</sup>'s report writer and drill down report function. One such example, trends can be compiled based on pertinent clinical and demographic characteristics of patient populations or for use in outcome studies.

## **Conclusion**

TIER<sup>®</sup>'s special procedures management system is a significant support tool for clinicians and managers. The management system can be modified to meet exact requirements of each organization so that all required information collection and reporting is achieved. A fully automated special procedures management system is also a proactive risk prevention tool for the organization because opportunities for improvement can be more easily identified and implemented by organization leadership.