Implementation of Recovery Rounds in the Prevention of Restraint and Seclusion

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Objectives

At the conclusion of this presentation, the learner will:

1. be knowledgeable about our Recovery Model of Care,
2. appreciate our commitment to Trauma-informed practice as well as Restraint and Seclusion prevention,
3. have a better understanding of Recovery Rounds and its evaluation,
4. be able to apply our Lessons Learned in your own areas of practice.
Therapeutic Relationship Model

- Human Contextual Factors
- Core Strategies and Therapeutic Milieu
- Therapeutic Alliance
- Collaborative Recovery Model
TRAUMA-INFORMED CARE
TRAUMA
RECOVERY ROUNDS
RECOVERY ROUNDS EVALUATION
RR Evaluation Findings

• Conducted a time-series regression analysis

• The average duration of incidents of seclusion and mechanical restraints have decreased post RR implementation

• At RR implementation the average duration of seclusions dropped 22 hours immediately and continues to show a decreasing trend of half hour less on average each month

• Seclusion incidents continue to decrease by 0.9 incidents each month post RR implementation
Findings

Total Seclusion Hours each Month

Total Incidents of Seclusion each Month
Findings

Average Hours per Seclusion each Month

Total Hours of Mechanical Restraints each Month
Findings

Incidents of Mechanical Restraints each Month

Average Hours per Mechanical Restraints each Month

Recovery Rounds Implementation
Incidents of Seclusion & Mechanical Restraints

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LESSONS LEARNED
\[ f(x) = 3x^2 - 12x + 2 \]
\[ g(x) = x^3 - 6x^2 + 2x + 3 \]

Show that \( g(x) = f(x) \)
CONCLUSIONS
And Now…

• At the conclusion of this presentation, you:
  ✓ are knowledgeable about our Recovery Model of Care,
  ✓ can appreciate our commitment to Trauma-informed practice as well as Restraint and Seclusion prevention,
  ✓ have a better understanding of our Recovery Rounds,
  ✓ are able to apply our Lessons Learned in your own areas of practice.
Thank you!