Program Structure and Organization 1= Poor 3 = Meets Standard 5= Excellent Reviewer:	
INPATIENT Agency Name:	
1. Has the management articulated (verbally and in writing) its vision of the safe and appropriate use of seclusion and restraint and its intention to reduce and/or eliminate the use of seclusion and restraint entirely? *1 2 3 4 5*	*Comments:*
2. Has the infrastructure and resources (such as committees, data sources, crisis intervention teams, etc.) needed to reduce seclusion and restraints been put in place? *1 2 3 4 5*	*Comments:*
3. Are staffing patterns assessed to assure that adequate numbers of employees are available at critical times, such as during transitions at change of shift, in the evening, and at times of high acuity? *1 2 3 4 5*	*Comments:*
4. Does the facility have restraint and seclusion policies which provide for the residents safety and protect residents from their misuse? *42CFR Ch. IV 483.356 (a) (b) Yes/ No*	*Comments:*
5. Does the training sensitize the staff as to how clients experience the restrictive interventions? *1 2 3 4 5*	*Comments:*
6. Is the Seclusion and Restrain Training competency-based and does it require that employees demonstrate the expected level of competency prior to be allowed to implement seclusion and restraints? *1 2 3 4 5*	*Comments:*
7. Does the training provide a repertoire of approaches that can be used to de-escalate clients? *1 2 3 4 5*	*Comments:*

8. Does the inpatient facility have a policy for discharge/aftercare planning that promotes the involvement of the consumer, family, and community providers and requires a complete and thorough discharge plan? *COMAR10.21.03* *Yes/ No*	*Comments:*

*These audit items and the scale for scoring are from a checklist for assessing an organization's readiness for reducing seclusion and restraint developed by David Colton, PhD.

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