Seclusion event evaluation   
template

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tāngata whaiora sticker | | | | | |
| **Name** | Name Surname | **NHI** | Add | **DOB** | DD MM YYYY |
| **Address** | Add | | | | |

Enter details below

|  |  |  |  |
| --- | --- | --- | --- |
| Date of review | DD MM YYYY | Document author | Name Surname |
| **Signature** |  | | |

|  |  |
| --- | --- |
| Minimum participants required | Add |

|  |  |  |  |
| --- | --- | --- | --- |
| Health professional 1 | | | |
| **Name** | Add | **Designation** | Add |
| **Health professional 2** (Different discipline from health professional 1) | | | |
| **Name** | Add | **Designation** | Add |
| **Cultural advisor** | | | |
| **Name** | Add | | |
| **Lived-experience advisor** | | | |
| **Name** | Add Name Surname | | |
| **Additional attendees** | | | |
| **Name** | Add | **Designation** | Add |
| **Name** | Add | **Designation** | Add |
| **Name** | Add | **Designation** | Add |
| **Name** | Add | **Designation** | Add |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Documents reviewed | Comments |
|  |  | Seclusion form | Add |
|  |  | Seclusion clinical note | Add |
|  |  | Seclusion observation forms | Add |
|  |  | Related incident report | Add |
|  |  | Debrief/s | Add |
|  |  | Other | Add |

Seclusion evaluation

|  |  |
| --- | --- |
| Date of seclusion event | DD MM YYYY |

|  |  |
| --- | --- |
| What was the duration of the seclusion event? | Add |
| Was this the least amount required? | Add comment/s |

Were the observations, reviews and monitoring adequate and maintained during the period of seclusion?

|  |  |  |
| --- | --- | --- |
| Yes | No | Comment if No |
|  |  | Add |

What alternative interventions were considered; why were any not used?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Alternative | Comments |
|  |  | De-escalation | Add |
|  |  | Medication | Add |
|  |  | Sensory modulation | Add |
|  |  | Cultural support | Add |
|  |  | Other | Add |

Was the person’s care plan followed?

|  |  |  |
| --- | --- | --- |
| Yes | No | Comment if No |
|  |  | Add |

Were advance directives and preferences (where in place) followed?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Not in place | Comment if No |
|  |  |  | Add |

Was appropriate advocacy or support sought, provided or facilitated? (ie, cultural/whānau/interpreter, etc.)

|  |  |  |
| --- | --- | --- |
| Yes | No | Comment if No |
|  |  | Add |

Was notification made to, and input sought from, family/whānau?

|  |  |  |
| --- | --- | --- |
| Yes | No | Comment if No |
|  |  | Add |

What other factors impacted the seclusion event?

|  |  |
| --- | --- |
| Eg: staffing levels, skill mix, staff training, acuity | Add |

Was substance use a factor?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Uncertain | Comment |
|  |  |  | Add |

Was restraint used?

|  |  |  |
| --- | --- | --- |
| Yes | No | Comment |
|  |  | Add |

Was a restraint review completed?

|  |  |  |
| --- | --- | --- |
| Yes | No | Comment if No |
|  |  | Add |

What was the outcome of the debrief for tāngata whaiora / whānau?

|  |
| --- |
| Add |

Was there any impact, injury or trauma resulting from the seclusion episode for this tāngata whaiora?

|  |  |  |
| --- | --- | --- |
| Yes | No | Comment |
|  |  | Add |

What was the impact of the seclusion on the other people using the service?

|  |
| --- |
| Add |

What was the impact of the seclusion on the health care and support workers?

|  |
| --- |
| Add |

What were the outcomes of the staff debrief?

|  |
| --- |
| Add |

Has there been a previous event and what was the outcome?

|  |
| --- |
| Add |

Learnings and recommendations

What are the future options to prevent seclusion for this person?

|  |  |  |
| --- | --- | --- |
| Keep doing | Try next time | Stop |
| * Add | * Add | * Add |

What review or modification is required to the person’s care or support plan, in collaboration with the person?

|  |
| --- |
| Add   * Add bullets if required |

What changes or additions should be made to staff education?

|  |
| --- |
| Add   * Add bullets if required |

Other

|  |
| --- |
| Add   * Add bullets if required |