

GILA RIVER RBHA SECLUSION AND RESTRAINT SUMMARY REPORT

For Month of _____ Name/phone # of Person Completing Form: _____

| Name of Facility / Client Name (listed per line below) | Restraint | | | Seclusion | | | Pharmacological Restraint | |
|---|------------------------|-------------------|-----------------------|---------------------------|-------------------|-----------------------|---------------------------|----------------|
| | # of staff involved | Injury (y / n) | # of Minutes in | # of staff involved | Injury (y / n) | # of Minutes in | # of staff involved | Injury (y / n) |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |

(Add additional table rows as necessary)

Send completed summary for the prior month by the 5th calendar day of each month to the GRBHS QI Department:

Email to: GRBHSQI@grhc.org via Zixmail at <https://web1.zixmail.net/s/login?b=grhc>; Gila River BHS QI Dept. Phone: (520) 550-6207, 6202 or 6377; Fax to: (520) 550-6040 **only** if you are unable to submit them electronically via Zixmail (please email or call if you fax a document so we can confirm receipt).

Thank you,

**Don Arntsen,
GRBHS QI Manager**