

**2025
OHA Excellence in Clinical
Quality and Safety Awards**

Specialty Hospital Category



Improvement Team

Photo: Mercedes Alvarado, LPC CCTP, Director of Behavioral Health; Jessica Cudd, RN, Nurse Supervisor; Ebony Drew, RN, Nurse Supervisor; Rena Linehan, RN; Shari McCalip, RN Quality Consultant.

INTEGRIS Mental Health Spencer

Agitation to Action: Restraint Workflow Standardization

Problem

In 1st Quarter FY2025, vital sign documentation within one hour of patient restraints average compliance was 5%. Staff interviews and observations uncovered inconsistent definitions of “chemical restraint.”

Goal

Achieve ≥90% compliance in four key safety and documentation metrics:

1. Documentation of vital signs within 30 minutes post-restraint
2. Vital sign monitoring up to four hours
3. Documentation of the agitation scale
4. SBAR communication documentation

Interventions

- Defined “chemical restraint” using Joint Commission standards.
- Embedded SBAR and agitation scale tools into EHR.
- Established vital sign monitoring intervals (30 minutes post-restraint, then hourly up to four hours).
- Created shared EHR documentation templates and dashboards.
- Audited 100% of restraint events.
- Reviewed metrics with leadership weekly.
- Displayed huddle boards with compliance data for frontline staff.
- Provided updates during monthly Performance Improvement meetings.

Results

- Vital signs within 30 minutes: FY25 average 82.3%.
- Vital signs up to 4 hours: FY25 average 82.6%.
- Agitation scale: FY25 average 93.3%.
- SBAR documentation: FY25 average 93.3%.

Lessons Learned

- Clear definitions and structured tools enhance safety and clarity.
- Staff collaboration and leadership support drive sustainable change.
- EHR integration facilitates long-term adherence.

Sustainability

- Conduct monthly reviews by the Director of Behavioral Health.
- Provide new employee onboarding .
- Continue audit of 100% of restraint events .
- Share metrics in performance improvement meetings.

