

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**