DMH is collecting data from its child/adolescent continuing care inpatient programs to ascertain whether there have been changes in the number of restraint-related injuries to staff and patients since implementation of the Department's Restraint and Seclusion-Reduction Initiative began in November 2000. During fiscal years 2001 and 2002, a reduction of injuries to patients and staff has been demonstrated in these programs. The rate of injury to staff appears to be significantly reduced (27%). Similarly, the rate of injury to patients also has decreased (12%) during this same timeframe. Data from fiscal year 2003 (through April) indicate further reductions of 49% and 31%, respectively, for staff and patients, compared to 2001.

While data reflect a decrease in injuries to patients and staff as the use of restraint decreases, it is not clear that the reduction in the rate of injuries is accurately measured. Anecdotal reporting from unit staff reflects lack of consensus about what constitutes an actual injury. Although standardized operational definitions of injury exist, interpretation and a consistent application of the definitions are needed.