Chapter 14 - Seclusion and Restraint Event Data Set (SANDR)

Table of Contents

I. Document Revision History

Table 1. Document Revision History

Document Revision History				
Version Number	**Effective Date**	**Revision Date**	**Description**	**Author**
12.0	07/01/2017	05/10/2017	♦ Completed Version 12.0	SAMH Data Unit
12.01	07/01/2017	08/10/2018	♦ Changed wording on IMPDATE from "manual restraint" to "seclusion or restraint" on page 14-4	SAMH Data Unit
12.02	07/01/2017	10/03/2018	♦ Changed SSN to Client ID on Table 2, SANDR Record Deletion File Layout	Sarah Griffith
12.03	07/01/2017	09/02/20	♦ Updated language under II.A. 2. Providers Required to Submit Seclusion and Restraint Data. ♦ Updated language under II.D. Deleting Seclusion and Restraint Event Records. ♦ Deleted Table 2. SANDR Record Deletion File Layout under II.D. ♦ Under III. Seclusion and Restraint Event Data File Layout, Table 3. SANDR Data File Layout was relabeled Table 2.	Sarah Griffith
12.04	07/01/2017	09/03/20	♦ Updated language under II.A. 2. Providers Required to Submit Seclusion and Restraint Data. ♦ Updated URL to access Pamphlet 155-2, v. 12 under II.A.3. ♦ Modified Revision History language regarding version 12.03	Sarah Griffith

II. General Policies and Considerations

II.A. Providers Required to Submit Seclusion and Restraint Event Data

1. The Seclusion and Restraint Event (SANDR) data set is used at the state level to collect and report the frequency and types of seclusion and restraint events that involve persons served in state-contracted and non-state contracted community mental health programs, and state mental health treatment facilities.

2. All designated public and private Baker Act receiving facilities, all State Mental Health Treatment Facilities, and all licensed Addictions Receiving Facilities must report seclusion and restraint event data.

3. Pamphlet 155-2 chapters, appendices and forms can be found at: https://myflfamilies.com/service-programs/samh/samhis/pamphlet-155-2-v12.shtml

II.B. Adding Seclusion and Restraint Event Data Records

1. Contractors should submit a seclusion and restraint event record when a client's seclusion or restraint event has ended. Data can be reported to SAMHIS hourly, daily, weekly or monthly, but not later than the 18th following the reporting month.

2. In the event of a significant injury, death, or other reportable incident occurring during the course of a seclusion or restraint related event, providers are also required to enter data into the **Incident Reporting and Analysis System (IRAS)**.

3. The CONTRACTORID and PROVIDERID reported in the SANDR event data set must exist in the State Provider Database. Non-contracted providers will use their PROVIDERID for the CONTRACTORID field.

II.C. Updating Seclusion and Restraint Data Event Records

1. A seclusion and restraint event record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

II.D. Deleting Seclusion and Restraint Event Records

1. To delete a seclusion and restraint event record, a SANDR record deletion (DELETE SANDR) file must be submitted using the file layout in Table 2. SANDR Data File Layout. If the last optional 20 character ProvInfo field is not used, 20 blank spaces are required at the end of each record (Position 92 – Position 111).

III. Seclusion and Restraint Event Data File Layout (SANDR)

Table 2. SANDR Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID **(Mandatory Key)**	1	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS. • Must match CONTRACTORID in DEMO record.
		Descriptions and Instructions: Contractor Identification Number - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.	
PROVIDERID **(Mandatory Key)**	11	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS.
		Descriptions and Instructions: Provider Identification Number - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.	
CLIENTID	21	CHAR(15)	• Left justified/space filled.
		Descriptions and Instructions: Client Identification Number - Local use only as of July 1, 2015.	
IMPDATE **(Mandatory Key)**	36	CHAR(8)	• Format: YYYYMMDD • Cannot be > system date.
		Descriptions and Instructions: Implementation Date - Indicate the date on which the seclusion or restraint was implemented.	
IMPTIME **(Mandatory Key)**	44	CHAR(4)	• Format: HHMM (24 hour).
		Descriptions and Instructions: Implementation Time - Indicate the hour and minute the manual restraint was implemented.	
INCIDENT **(Mandatory)**	48	CHAR(1)	• Must be 1, 2 or 3.
		Descriptions and Instructions: Incident Type - Indicate the appropriate outcome of the seclusion or restraint. **[1]** Significant Injury **[2]** Death **[3]** No Significant Injury or Death	
INCIDATE	49	CHAR(8)	• Format: YYYYMMDD or blank • Must be >= IMPDATE • **Mandatory** if INCIDENT = 1 or 2
		Descriptions and Instructions: Incident Date - Indicate the date the seclusion or restraint event occurred.	
INCITIME	57	CHAR(4)	• Format: HHMM (24 hour) or blank • **Mandatory** if INCIDENT = 1 or 2
		Descriptions and Instructions: Incident Time - Indicate the hour and minute that the seclusion or restraint occurred.	
PROVTYPE **(Mandatory)**	61	CHAR(1)	• Must be 1, 2 or 3.
		Descriptions and Instructions: Provider Type - Indicate the type of organization submitting the data. **[1]** DCF Contracted Community Provider **[3]** Non-DCF Contracted Provider **[2]** Mental Health Treatment Facility	

Field Name	Pos	Type / Size	Edits and Validations
SITEID **(Mandatory)**	62	CHAR(2)	• Format XX • Must be registered in SAMHIS for the PROVIDERID.
			Descriptions and Instructions: **Provider Site Identification Number -** The physical location of the provider where services will be provided. (Changed name from PROVSITE to SITEID effective July 1, 2015.)
PROGRAM **(Mandatory)**	64	CHAR(2)	• Must be 03 or 04, right justified/zero filled.
			Descriptions and Instructions: Program Code - Indicate the appropriate program code. **[03]** Mental Health **[04]** Substance Abuse Effective July 1, 2015 SAMHIS will no longer accept codes 01 or 02.
SSN **(Mandatory Key)**	66	CHAR(9)	• Format: XXXXXXXXX • Cannot start with 000 or 9. • Must match SSN in DEMO record.
			Descriptions and Instructions: Social Security Number - If the SSN is not known or is refused to be given, a pseudo-SSN must be entered. • Position 1: First Initial • Position 2: Middle Initial (X if no middle name) • Position 3: Last Initial • Positions 4-5: Month of Birth [01-12] • Positions 6-7: Day of Birth [01-31 or if the pseudo SSN is already in use, alter the two digits of the Birth Day to a number greater than 31.] Positions 8-9: Year of Birth [00-99]
CATEGORY **(Mandatory)**	75	CHAR(1)	• Must be 1 through 6.
			Descriptions and Instructions: Category - Indicate the event being reported as one of the following; physical restraints, seclusion or medication. **[1]** Seclusion **[4]** Restraint, Mechanical – Chair/Bed – Two Point **[2]** Restraint, Manual **[5]** Restraint, Mechanical – Chair/Bed – Four Point **[3]** Restraint, Mechanical - Walking **[6]** Restraint, Medical
REASON **(Mandatory)**	76	CHAR(1)	• Must be 1, 2 or 3.
			Descriptions and Instructions: Reason - Indicate the reason for the seclusion or restraint. **[1]** Imminent Danger to Self **[3]** Imminent Danger to Self and Others **[2]** Imminent Danger to Others
TERMDATE **(Mandatory)**	77	CHAR(8)	• Format YYYYMMDD • Must not be > System Date or < IMPDATE.
			Descriptions and Instructions: Termination Date - Indicate the date the seclusion or restraint event was terminated.
TERMTIME **(Mandatory)**	85	CHAR(4)	• Format: HHMM (24 hour)
			Descriptions and Instructions: Termination Time - Indicate the hour and minute the seclusion or restraint event was terminated.
ORDER **(Mandatory)**	89	CHAR(1)	• Must be 1 or 2.
			Descriptions and Instructions: Order - Indicate whether or not an order has been written for the seclusion or restraint event. **[1]** Yes **[2]** No

Field Name	Pos	Type / Size	Edits and Validations
ORDERDIS	90	CHAR(1)	• Must be 1 through 3 if ORDER = 1. **(Mandatory)** • Must be blank if ORDER = 2.
			Descriptions and Instructions: Order Discipline - Indicate the appropriate discipline of the authority ordering the seclusion or restraint event.
			[1] Physician **[2]** Advanced Registered Nurse Practitioner **[3]** Physician Assistant
IMPLDIS **(Mandatory)**	91	CHAR(1)	• Must be 1 through 8.
			Descriptions and Instructions: Implementation Discipline - Indicate the discipline of the authority implementing the seclusion or restraint event.
			[1] Direct Care Supervisory Staff **[5]** Physician **[2]** Licensed Practical Nurse **[6]** Behavioral Specialist/Behavioral Analyst **[3]** Registered Nurse **[7]** Security Staff **[4]** Advanced Registered Nurse Practitioner **[8]** Direct Care Staff
PROVINFO	92	CHAR(20)	Left justified/space filled.
			Descriptions and Instructions: Provider Information - Contractor use only.