

Restraints: Eliminating Restraints in Your Home

Establish Organizational Support

- Secure Absolute Support of Administration, Corporate Office or Governing Body** by sharing convincing restraint project materials (“Safety Without Restraints: Fall and Restraint Facts for Residents and Families”, “Making the Right Choice” brochure, “Legal Perspectives”, state and federal regulations). (*Administrator*)

- Designate Staff Person ("Change Agent") to Oversee Process**
 - No specific discipline or position needed.
 - Must have deep personal commitment to concept.

- Gain Support and Active Participation of Medical Director** to discuss with all attending physicians individually or in a meeting. (*Administrator & Change Agent*)

- Gain Insight into Staff Attitudes, Calm Fears** (*Change Agent*)
 - Collect “Staff Attitudinal Survey” from all departments and shifts. -Interview small groups of staff to learn their concerns about restraint elimination.
 - Distribute restraint materials supporting elimination.
 - Facilitate small group discussions.
 - Distribute letter or memo to staff about facility’s commitment to improve the life of residents by eliminating restraints.
 - Calm staff fears, assure they will not be held responsible for residents' falling during the early stages of the process as long as they are doing their job and not being neglectful. Could be written in letter.

- Inform Families of Upcoming Policy Change** (*Administrator/Change Agent*)
 - Send letter from administrator, nursing administration or Restraint Reduction Committee to residents, families and physicians. Provide reasoning behind shift toward a standard of care that emphasizes autonomy, quality of life and the resident's right to be free from restraint. Explain negative effects and risks associated with physical restraints. Include regulations regarding physical restraints. Offer to meet with family members.
 - Arrange meetings with family of every resident: Unit by unit, small groups, or individual.
 - Discuss commitment to “no-restraint policy” and benefits with all potential residents and family prior to admission and again upon admission.

- Establish and Facilitate Restraint Reduction Committee** (*Change Agent*)
 - Select members for Committee. Choose all disciplines including nursing (CNAs, RNs, and LPNs from all shifts), physical therapy, occupational therapy, social services,

Restraints: Eliminating Restraints in Your Home

activities, and admissions. Choose those supportive of approach or experienced in restraint reduction.

- Task Committee to write policy that makes restraints an unacceptable option.
- Policy includes: statement that physical restraints violates resident rights, autonomy, and dignity; the many negative physical, emotional, and social effects of their use; and all possible measures will be explored to avoid use.

Announce Across the Board “No-Restraint” Policy (*Administrator/Change Agent*)

Implementation (*Restraint Reduction Committee*)

Provide Customized Training for each Group of Staff

- CNAs, housekeeping staff, and other interdisciplinary team members on all shifts.
- Training includes: types of restraints (chemical/physical), adverse effects of restraints (physical, emotional, psychosocial).
- Education must be ongoing. Mini restraint reduction/elimination sessions (15-20 minutes) on the units are one opportunity.
- Include case studies and problem solving. Many resources are available (videotapes, audiotapes, articles and books).

Target the Quick Success

- Begin reduction work on one unit with strongest staff support. Work to remove restraints one resident at a time. Do not move to another unit until all restraints are successfully eliminated.
- Involve the CNAs from all shifts who work with resident selected. CNAs best know resident’s daily habits, routines, idiosyncrasies, and abilities.
- The CNAs and committee members choose the easiest resident(s) to work with first, over time moving to more complex resident situations.

Examine Present Use of Restraints on a Resident by Resident Basis

- Committee uses “Restraint Elimination Assessment” form and “Restraint RAP Critical Thinking Tool” to evaluate resident for restraint removal. Different team members should collect their unique information about resident. Committee should discuss and evaluate findings together to safely and successfully remove restraints.
- Use the comment section as an opportunity for discussion! Note: Why restraint ordered originally. Any medical condition that increases risk of falls (e.g., infection, irregular heart rate, orthostatic blood pressure changes). Any medications increase fall risk. Do not substitute physical restraints with chemical restraint! Resident's toileting habits-- independent/continent/ incontinent. Specific times when resident is restless, agitated, combative. Activities resident enjoys and potential diversionary activities. Need assistive

Restraints: Eliminating Restraints in Your Home

devices or special seating considerations for comfort/posture. Would PT or OT evaluations be helpful?

- Once resident is accepted by team for restraint reduction, designate staff, such as the social worker or a CNA, to talk with resident and family. Provide “Safety Without Restraints: Fall and Restraint Facts for Residents and Families” or “Making the Right Choice” brochure showing that serious falls do not increase with restraint removal and are actually more likely to occur with restraints. Assure that alternative strategies and interventions will be used for the resident's safety during the process.
- Determine who will be responsible for notifying the resident's physician of the decision to remove restraints. May use “Nursing Home Communication with Physicians- Restraints”. Avoid application of restraints once they have been eliminated!

Develop Individualized Care Plan as a TEAM

- Committee in cooperation with unit staff, develops an individualized care plan for each resident. Resident quality of life should be primary operating concern. Care plan reflects all information gathered about resident past/present roles, interests, habits, routines, behaviors, physical capabilities, and potential risks. (See Alternatives to Restraints)
- Focus on needs of resident, not the staff. Example: if the resident has always bathed before bed, then the staff should honor resident's preference for evening bath.
- Innovative staffing and flexibility are ways that individual needs can be respected as staff alter their own routines to accommodate needs of each resident. Primary care nursing, assigning each CNA to the same group of residents on a "permanent" basis, is most effective way to know resident.
- Adapt environment to resident, not resident to environment. If resident slips from one type of chair, the intervention is to find a more comfortable and appropriate chair. (See Alternatives to Restraints)
- If staff is hesitant/fearful, start by removing restraints for very specific period of time. Example: have Mr. J sit without restraint near staff desk in comfortable chair (not a geriatric chair) when staff are charting or during an activity that Mr. J particularly enjoys. Gradually increase his time out of the restraint. Incorporate the movement toward restraint elimination in his care plan.
- Document what does and doesn't work. What doesn't work for one resident might work well for another.
- Residents who have restraints removed should be reviewed at least monthly during Restraint Reduction meetings until members feel comfortable resident is functioning safely without restraints. Should a problem arise, the committee should reassess needs and find alternatives or adaptations.

Restraints: Eliminating Restraints in Your Home

Evaluation

- ❑ **Encourage Communication About Resident Among All Staff** (*Administrator/Change Agent*)
 - Track incidents of falls, injuries, see Fall Log. By accurately assessing the environment/specifics of falls, you can make adaptations to the environment specific to each resident's needs. Restraint removal does not mean that safety will be compromised.
 - Keep a notebook/journal at the staff desk for all staff to write concerns or insights into the resident's daily routines and needs. Encourage staff to participate in this valuable communication tool between staff in all departments. Examples: housekeeping notes resident goes to bathroom in stocking feet after nap (a safety consideration); or, activity staff share what the resident enjoys from the activity cart (providing information helpful to staff when the resident is awake at 3:00 am).
 - Notebook also used to note what interventions or strategies are working best with the resident. Input from all shifts and all disciplines is helpful in developing individualized care plans.

- ❑ **Re-examine Staff Perceptions** (*Administrator/Change Agent*)
 - Re-interview or resurvey staff to elicit thoughts regarding restraint elimination.

- ❑ **Re-examine Resident, Family and Physician Perceptions** (*Administrator*)
 - Continue to elicit comments and ideas about the elimination of physical restraints through various means such as letters, during meetings or in casual conversation.
 - Use this as an opportunity to continue education when encountering negative beliefs.

This material was adapted from UTE/Steps2002 Untie the Elderly®, The Kendal Corporation P. O. Box 100, Kennett Square, PA 19348 January 1997; rev. 1/02



Louisiana Health Care Review

The Medicare Quality Improvement Organization
www.lhcr.org

Page 4 of 4