"Restraining patient is a CHOICE, Not a Chance"
Maintaining Zero Restraint Unit

Background/Purpose

Reduction in the use of restraints in long term facilities is one of the greatest changes in the delivery of Nursing care to patients. Usually, this is done in order to improve safety and protect the patients against injuries after falls or to manage behavioral agitation example during delirium. However, what is less known are the psychological, physical and social consequences for using restraint. It has been reported that an increase number of fall, pressures sores, depression, aggression and death. In fact, efficacy of restraints for safeguarding patients from injury has not been demonstrated clinically.

Enaya Specialized Care Center Unit M1 is a unit that is committed in maintaining and ensuring that our residents are free from any form of restraints.

Goals / Objectives

AIMS

To maintain ESCC M1 as a zero restraint unit from March 2016 to present.

Methods

PDSA:

Plan:

To maintain restraint free Unit (Facility) by determining alternatives to restraints

New residents will be monitored one-on-one upon admission and prior to initiating any type of restraint or safety measure.

Engage nurses to work with other members of the healthcare team to perform proper assessment, ensure safe and reliable care.

Do:

For new admission the M1 staffs and MDTs will be assigned to a resident during the initial assessment to assess and evaluate resident's behavior, cognitive and gait.

Staffs will continue the process of observing the new residents at various times during the day to assess the use of restraint devices.

Utilize all members of the multidisciplinary team in design of care systems to ensure holistic approach to care of patients.

Making safe choices by following HMC's policies and procedures and making choices that align with organizational values with regards to restraint.

Educating and updating the staffs knowledge and skills and allowing them to participate in designing ,performing and develop plans to improve nursing practice at the bedside

Study:

From March 2016 till March 2017, a total of 17 residents were assessed for the need for restraints and/or safety devices. No restraints were initiated during this period. Thus 6 out of the 17 resident are with intermittent hand- mitten which is considered as an adaptive device.

Act:

Encouraging the staff to continuously practice and further evaluate and monitor the residents to ensure that M1 will maintain a no restraint unit and/or least restrictive device is used if a restraint is needed.

Conclusion

The challenge in maintaining a zero restraint unit cannot be accomplished by only one person, it should be a collaboration of all involve in the delivery of care within the unit and ensure that their responsibilities will be clear among Multi-Disciplinary team. Education to all will be one of obstacle that needs be looked on and time constraint in monitoring or assessment of patient because others jump into using restraints immediately without thorough assessment of the situation. Maintaining zero restraint units is not easy, but it's the right thing to do for our patients.

Team Members

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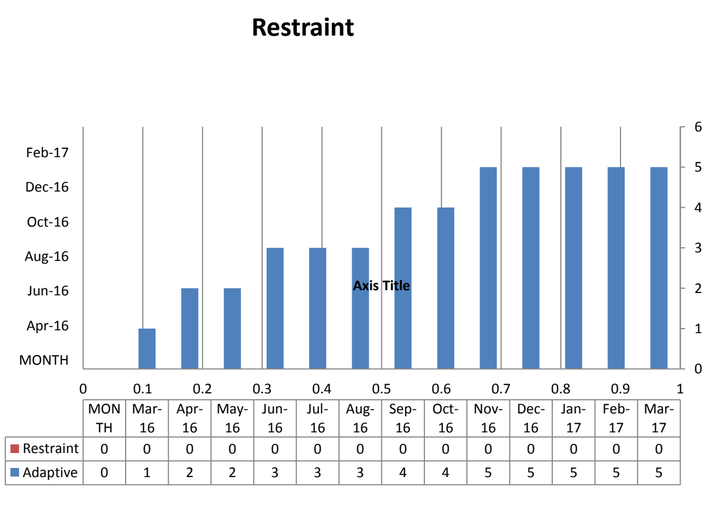
Problems

1. Misunderstanding in regards to differentiating what an actual physical restraint is from adaptive support.
2. Time management and workload of staff
3. Staff/ Workforce issues.
4. Communication between Multi disciplinary team.

Results

BEST CARE ALWAYS-RUMAILAH HOSPITAL
ESCC-M1 RESTRAINT RATE

MONTH	Adaptive	Restraint
Mar-16	1	0
Apr-16	2	0
May-16	2	0
Jun-16	3	0
Jul-16	3	0
Aug-16	3	0
Sep-16	4	0
Oct-16	4	0
Nov-16	5	0
Dec-16	5	0
Jan-17	5	0
Feb-17	5	0
Mar-17	5	0



MONTH	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Restraint	0	0	0	0	0	0	0	0	0	0	0	0	0
Adaptive	0	1	2	2	3	3	3	4	4	5	5	5	5

References

Said, A. & Kautz, D. (2013). "PATIENT SAFETY. Reducing restraint use for older adults in acute care." Nursing 43, no. 12: 59-61.

Substance Abuse and Mental Health Services Administration [SAMHS]. (2011). The business case for preventing and reducing restraint and seclusion use. Retrieved from http://store.samhsa.gov/shin/content/SMA11-4632/SMA11-4632.pdf