Promoting safety by applying advanced practice to reduce use of RESTRAIN in Long Term Care (Residential Services)

Background/Purpose

Around 6.25% of the residents at Residential Service had been restrained in the 1st Quarter 2016 out of 176 patients surveyed. Mainly two types of restraints limbs and vest were used for the residents. The National database nursing quality indicator guidelines are adopted for the survey. All residents surveyed had restraints for safety in order to prevent the removal/pulling of tubing's and are being monitored while on restraints. However restraint use has the potential to produce serious consequences like development of pressure ulcers, Nerve and joint injury, death from strangulation, Pain, psychological problems and decreased patient and family satisfaction.

Goals / Objectives

To reduce restraints use from 6.25 % to 4.87% by December 2016 as it's the mean of 2015 which was set as the target for 2016 and aiming at Zero through continuous process improvement utilizing PDSA. By measuring the use of physical restraints at points in time, monitoring can be done on its performance with a goal of reducing restraint use in the facility.

Methods

Restraint prevalence survey is conducted quarterly at Residential Service to identify the residents who are on restraints. The NDNQI guidelines are adopted for the prevalence survey.

Interventions

Specific Intervention

- Restraints risk assessment is done upon admission for all the residents to identify the need for the restraints.
- Residents with restraints are reassessed every 4th hourly on sensation, color and the movement at the site of restraint application and vital signs is checked three times daily.
- Restraint prevalence survey is conducted quarterly for all patients on the units in Residential Service since the 4thQuarter 2014 to identify the residents who are on restraints.
- Residents with restraints are reviewed individually on the type of restraints ordered and the clinical justification for the restraint in order to identify the alternative measures for the residents instead of restraints application.
- Safety briefing is conducted for the residents on restraint use in the units and the measures that are taken to minimize the restraint use
- Staff competency on restraint use is validated yearly to make sure the safety of the residents.

Equipment Interventions

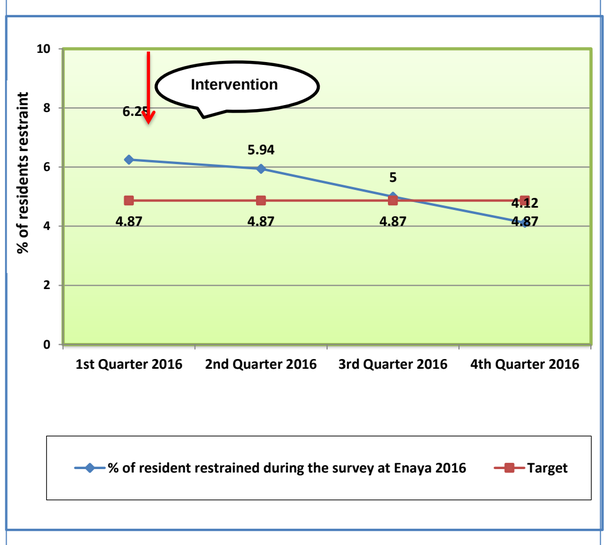
- Wheelchairs fitted with safety straps, mittens, side rails are used to support the patient as an alternatives to restraint use. Environmental and
- Adequate lighting, especially at night. Bed on lowest position, with alarms.
- Assessing the patient for the risk of falling.
- Relaxation techniques (tapes, videos, music etc.).

Therapeutic interventions

- Evaluate physical needs such as toileting, comfort, pain.
- Provide companionship and active listening.
- Family members or attendant at bedside are engaged to provide comfort and support.

Outcome Measure

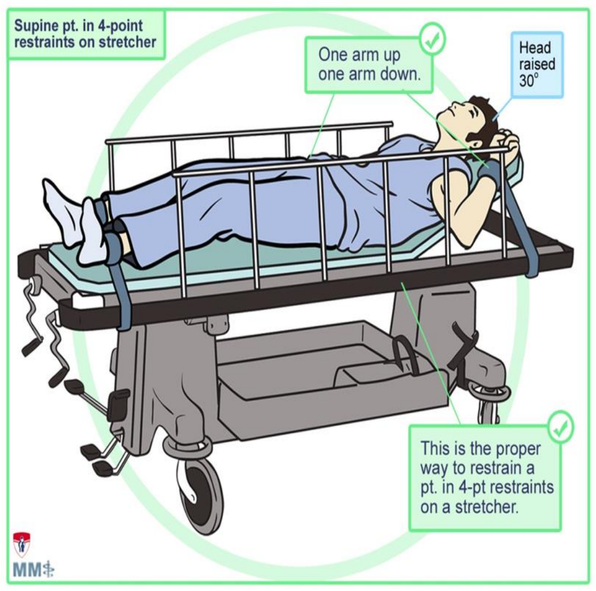
Percentage of Restraints Reduced 2016



Quarter	1st Quarter 2016	2nd Quarter 2016	3rd Quarter 2016	4th Quarter 2016
Total no of residents restrained	11	11	7	8
Total no of residents surveyed	176	185	140	194
Types of restraints used	10Limbs 1 Vest	10 Limbs 1 Vest	6 Limbs 1 Vest	7Limbs 1 Vest

Conclusion:

Percentage of restraints use in long term care residents steadily decreased from 6.25% in the 1st Quarter 2016 to 4.12% in the 4th Quarter 2016 as per the set goal and aiming at Zero through continuous process improvement utilizing PDSA.



Recommendations

NEXT STEPS:

1. All patients have the right to be free from physical or mental abuse and to be free from restraint of any form, imposed as a means of discipline, convenience, or retaliation by staff. Restraint should always be a last resort.
2. Restraint may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and should be discontinued at the earliest possible time.
3. Continue to conduct periodic observations monthly to ensure consistent implementation among staff.
4. Conduct PDSA cycles in order to refine the process and sustain change.
5. Reinforce the desired change by rewarding staff at unit level. Organize refresher education programs for new staff and needs of each particular unit.

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References

1. Residential Services policy on Restraint of patients CL6025.
2. National Database of Nursing Quality Indicators guidelines- NDNQI (American Nurses Association).