A Collaborative Approach to Minimizing Restraint Use

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Purpose

Compared to NDNQI benchmarks there were opportunities for improvement in restraint use and during continual readiness preparation for regulatory compliance surveys there was lack of documentation to support use of restraints. The goal of the performance improvement was a knowledge and cultural shift; moving from beliefs that restraints enhance patient safety to beliefs that they endanger patient safety.

Significance

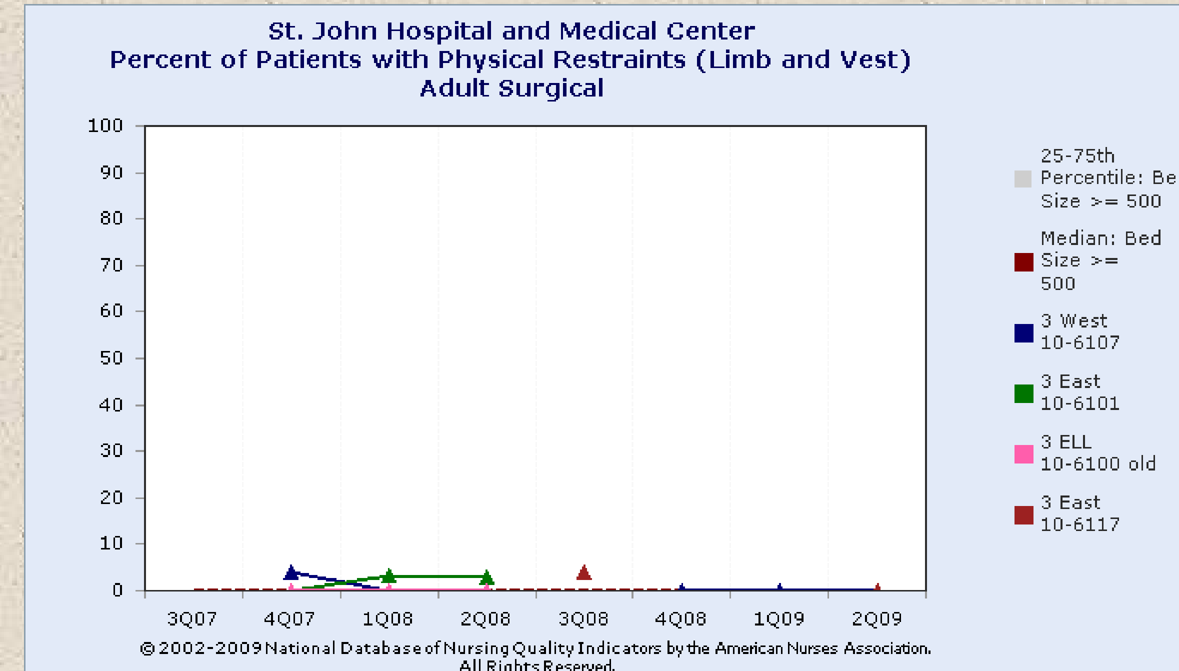
Restraint is an affront to the rights and dignity of the patient and can be distressing to the family. It is not congruent with the St John Health vision of spiritually centered, holistic care, and is associated with serious safety concerns for patients.

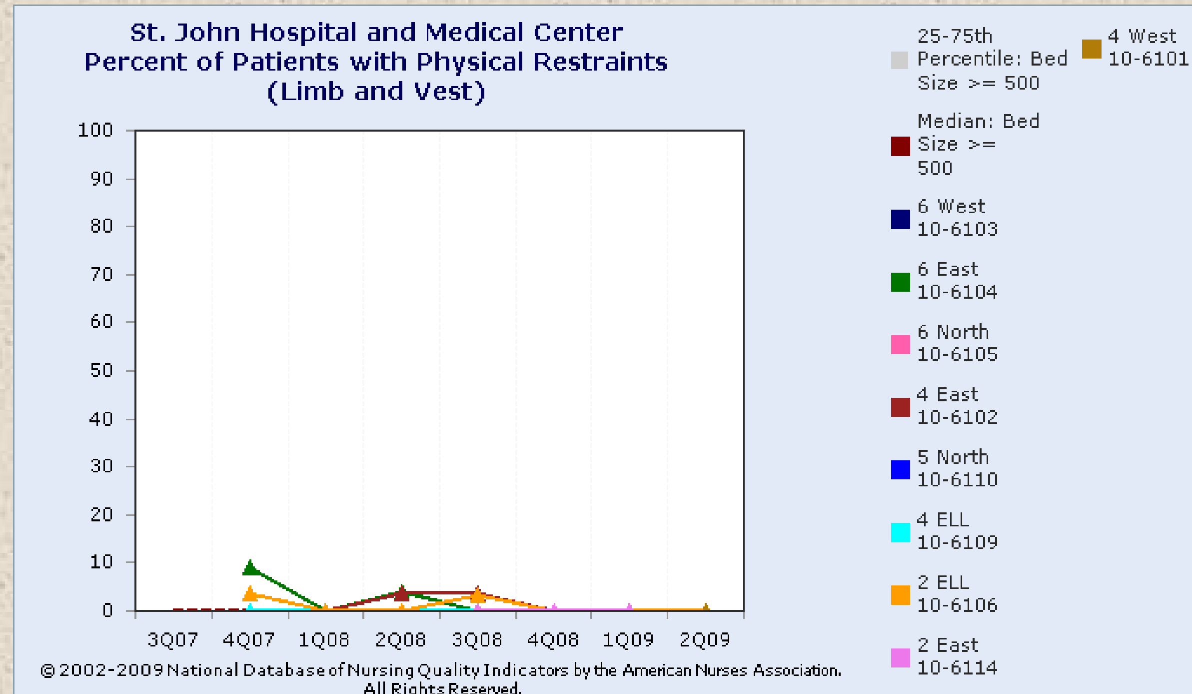
Strategy and Implementation

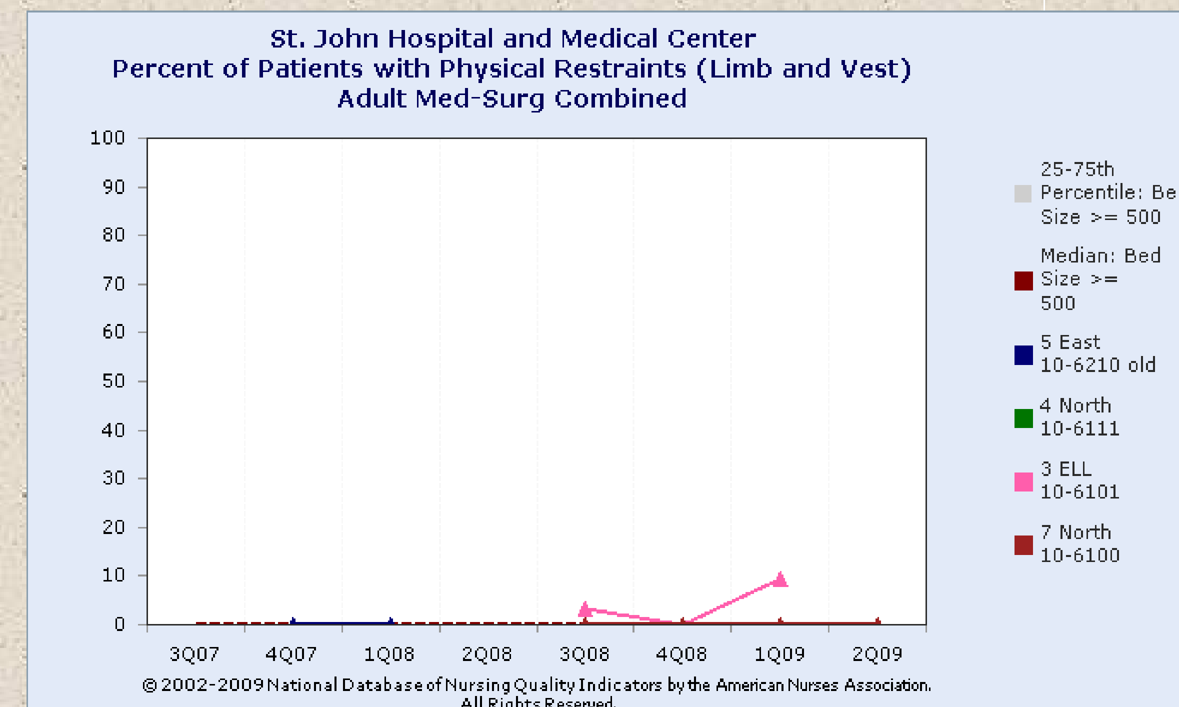
- Educational and performance objectives addressed minimizing restraint use, exhausting alternatives prior to restraint and the importance of nursing leadership in articulating that restraint is the intervention of last resort.
- Daily census of patients in restraint distributed to directors, managers and an advance practice nurse with expertise in restraint
- For three months the advance practice nurse rounded with managers and staff to provide just in time coaching at the bedside.
- Tools and job aids were developed for unit-based safety huddles, hand off, and documentation
- Lessons learned were published daily and archived in "Restraint FAQs" and the nursing newsletter.
- Meeting agendas for Management, Preceptors and Nurse Practice Council included education on regulatory compliance, alternatives to restraint, NDNQI reports on restraint utilization and documentation audits.

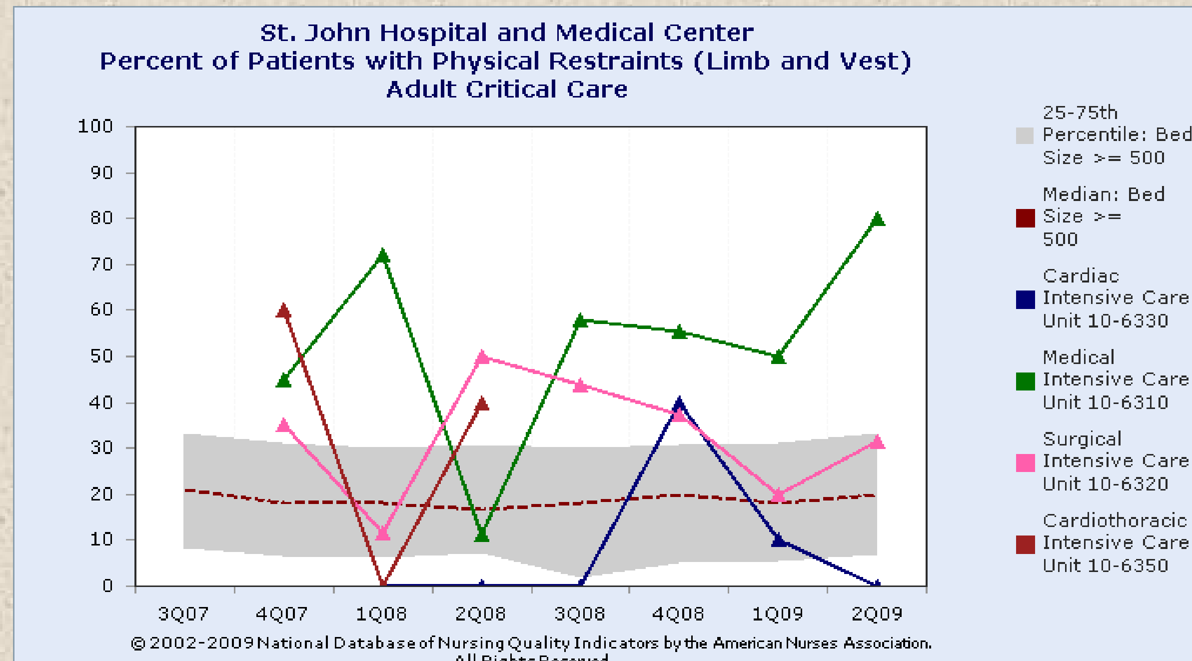
Results

- 3rd Quarter 2008, four of fifteen Medical/Surgical units did not meet the 10th percentile for restraint prevalence. By the 2nd Quarter 2009, all fifteen units met the 10th percentile.
- The Step Down unit decreased from an overall utilization of 13.33 % to 7.14 % and the Critical Care units are also trending down, but these units remain above the 10th percentile









St. John Hospital and Medical Center
Percent of Patients with Physical Restraints (Limb and Vest)
Adult Step Down

25-75th Percentile: Bed Size >= 500
Median: Bed Size >= 500
2 West 10-6112

3Q07 4Q07 1Q08 2Q08 3Q08 4Q08 1Q09 2Q09

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Discussion

- Opportunities for improvements to reduce restraint use in critical areas continue to be explored while balancing safety concerns for patients.
- Units that have not met the 10th percentile have a high census of patients with neurological impairments and/or invasive devices whose removal or required replacement would constitute an endangerment to the patient.
- Staff use critical thinking prior to application of restraint; alternatives to restraint are employed and restraint is the last option.
- When restraint is unavoidable, the length of the episode is minimized
- Documentation surrounding restraint episodes has improved
- On-going monitoring is in place to assure sustained improvements:
  - Managers round daily on units with attention to patients in restraint and work with staff to review documentation and develop a plan for least restrictive intervention.
  - Nurse Administrative Managers round on patients during the off shift, review documentation and report new restraints to leadership in daily reports.
  - Quarterly prevalence reports are discussed at meetings and distributed to staff.

References

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