

Innovative Strategies to Decrease the Use of Restraints through Education, Teamwork, and Data

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Purpose

Restraint management is shifting towards intervention alternatives to prevent the use of restraints and improve patient outcomes. Our goal was to reduce restraint use through innovative strategies.

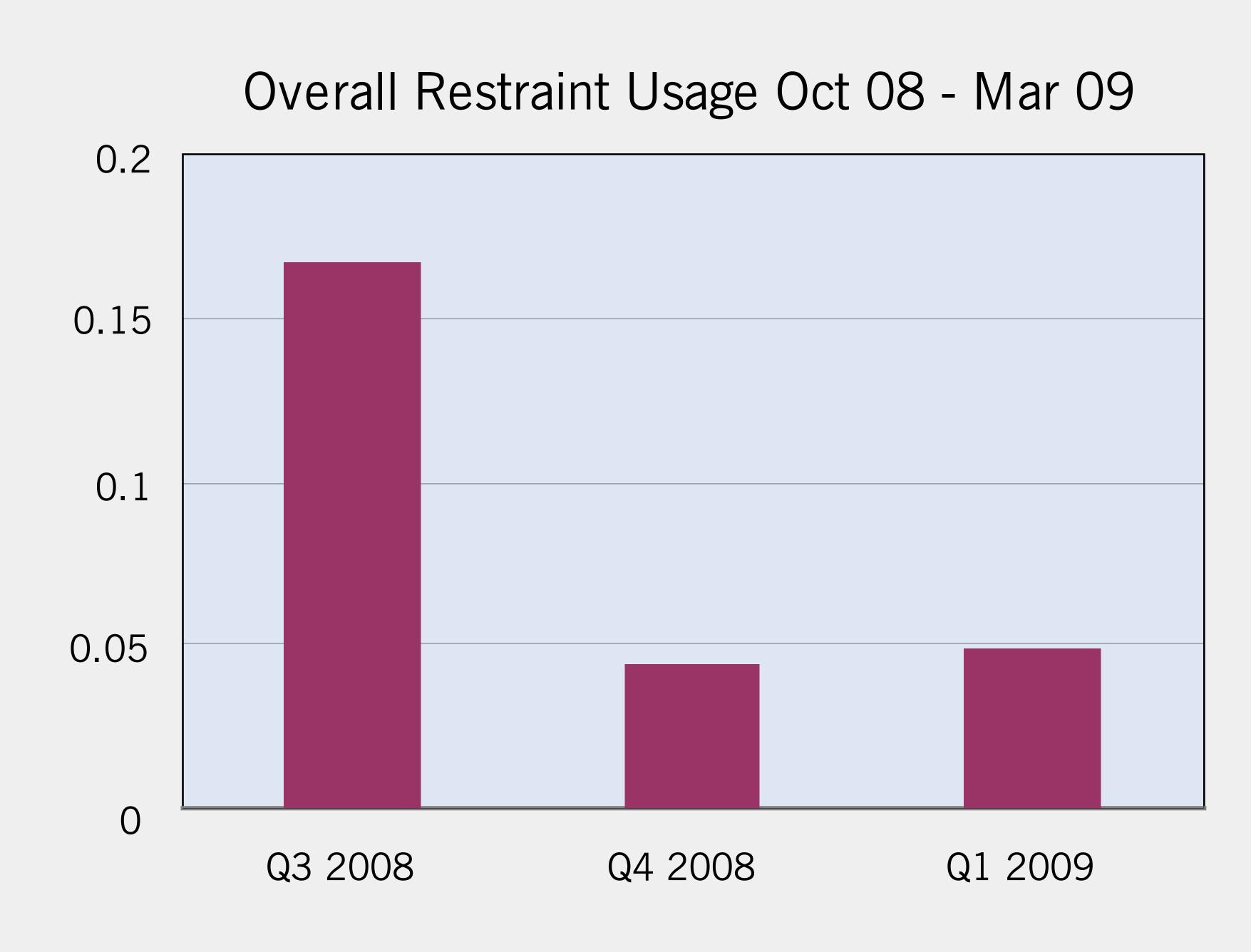
Restraint use in many units was running at or above the NDNQI benchmark compared to hospitals with 500 beds or greater. It is imperative nurses ensure patient safety and dignity as well as the basic right to be free from restraint. Eliminating any unnecessary use of restraints was a priority.

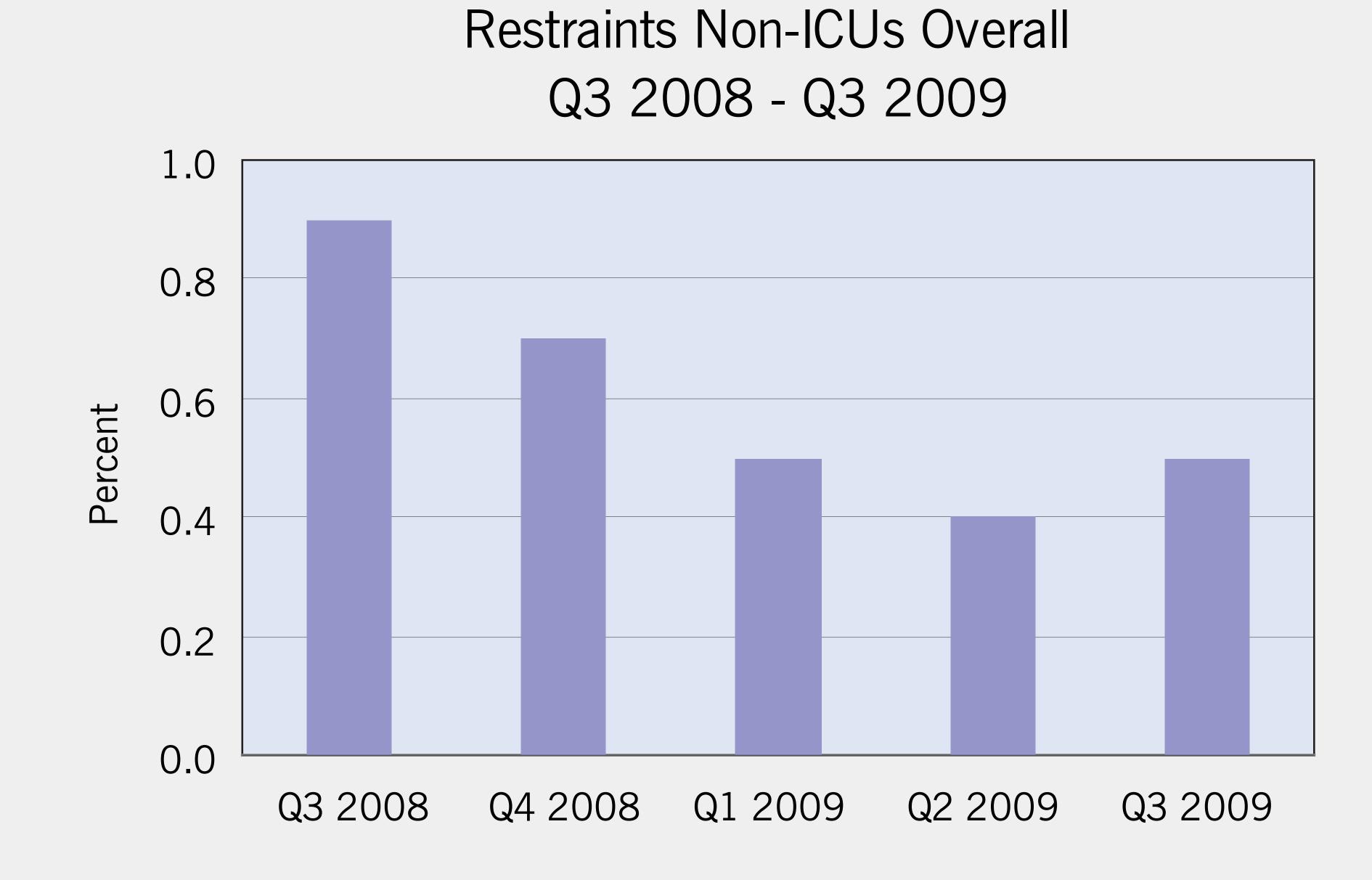
Initiatives Implemented

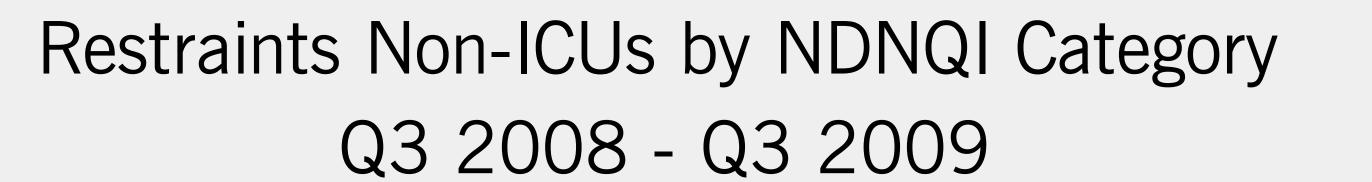
- Revision of restraint policies to comply with new regulatory standards and make them more understandable
- Restructured nursing restraint documentation in the electronic medical record
- Developed a house wide collaborative online education program called "Do the Right Thing"
- Revised annual nursing competencies with observation of proper restraint usage and education on alternatives to restraints
- Revised the order form to include alternatives and only necessary elements
- Revised restraint auditing form and process for ordering
- Conduct monthly NDNQI restraint prevalence rounds on all in-patient units
- Monthly NDNQI Restraint Prevalence Trend Reports sent to Nursing Leadership and Unit Nurse Managers. Reports include unit type benchmarking
- Continued weekly reviews and analysis of restraint order compliance and documentation

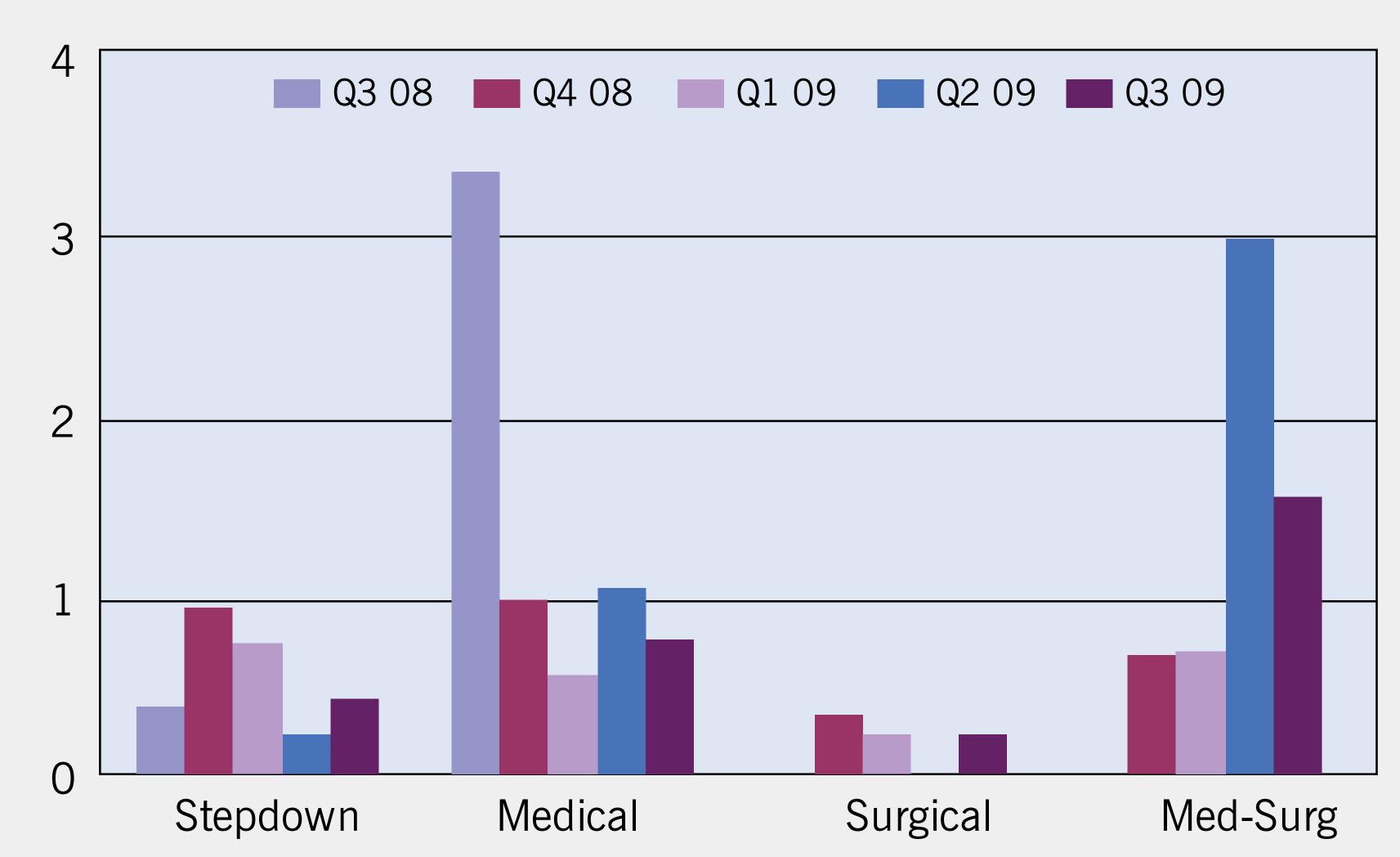
Evaluation

Reduction of restraint use has been achieved through monthly prevalence observations using the NDNQI criterion and benchmarking. Nursing decreased restraint use by 64%. Sustaining results continues through oversight by nursing leadership, education of the frontline staff and timely reporting of prevalence data.









Nursing Quality Compliance Restraint Prevalence Trend Report

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Unit	1/21/2009 % Pts in Restraints	2/18/2009 % Pts in Restraints	3/18/2009 % Pts in Restraints	4/28/2009 % Pts in Restraints	5/28/2009 % Pts in Restraints	6/25/2009 % Pts in Restraints	7/23/2009 % Pts in Restraints	8/27/2009 % Pts in Restraints	9/24/2009 % Pts in Restraints	YTD % Pts in Restraints	NDNQI 2007-08 avg Mean
Stepdown Unit 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.68
Stepdown Unit 2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.68
Stepdown Unit 3	7.14%	0.00%	0.00%	0.00%	0.00%	0.00%	5.26%	0.00%	0.00%	1.30%	3.68
Medical Unit 1	0.00%	0.00%	3.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.39%	1.73
Medical Unit 2	0.00%	0.00%	0.00%	0.00%	0.00%	3.85%	3.85%	0.00%	0.00%	0.80%	1.73
Surgical Unit 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.09
Surgical Unit 2	0.00%	11.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.25%	1.09
Med-Surg Unit 1	0.00%	0.00%	2.70%	6.67%	2.22%	0.00%	2.44%	2.22%	0.00%	1.82%	1.73
Sub Total Non ICU	0.89%	1.39%	0.74%	0.83%	0.28%	0.48%	1.44%	0.28%	0.00%	0.69%	

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SICU	0.00%	20.00%	45.45%	8.33%	50.00%	36.36%	20.00%	39.13%	21.74%	26.72%	21.36
MICU	3.70%	43.98%	37.36%	38.36%	31.71%	28.24%	22.22%	50.69%	4.76%	30.50%	21.36
ICU 1	18.18%	36.36%	8.33%	18.18%	0.00%	0.00%	20.00%	8.33%	8.33%	12.37%	21.36
ICU 2	38.46%	14.29%	16.67%	40.00%	20.00%	15.38%	21.43%	25.00%	8.33%	20.75%	21.36
Sub Total ICU	15.09%	28.66%	26.95%	26.22%	25.43%	20.00%	20.91%	30.79%	10.79%	22.59%	
Overall	4.34%	6.72%	5.10%	6.59%	4.22%	6.28%	5.26%	5.30%	3.35%	4.38%	5.92

Note: Red indicates rates above NDNQI mean

Conclusion

Education related to strategies to reduce restraint use influences nurse's interventions when assessing patients' need for restraints. Using data to drive improvements in quality of care by minimizing the use of restraints through monthly prevalence and weekly compliance reporting is necessary.