

Transitioning from prevalence to incidence restraint reporting:

A dramatic reduction in restraint usage

Dianne Ditmer, Ph.D., RN, CFN, DABFN, SANE, FACFE Roxanne Ehrhart, BSN, RN, ACM, MCSM

Guiding Principles

Our philosophy is to reduce and promote the elimination of the use of restraints and seclusion.

The use of restraints and seclusion is limited to emergencies in which there is imminent risk of a patient physically harming himself or others.

We seek to promote an environment that maintains patient's rights while protecting patient safety and preserving the dignity and well being of patients and others.

Theory-driven Initiative



- Donabedian's Paradigm
 - Structure
 - Prevalence to incidence data collection
 - Process
 - Retrospective to concurrent data collection and reporting
 - Outcome
 - Reduction in restraint utilization
 - Increased documentation compliance

Donabedian, A. (1988) The quality of care: How can it be assessed? *Journal of the American Medical Association*, 260, 1743-1748.

KETTERING MEDICAL CENTER

The Journey Begins.

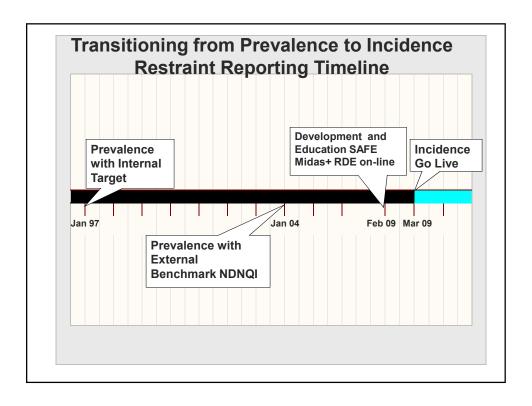


- Multidisciplinary representation
 - Clinical Informatics
 - Information Systems
 - Clinical Quality
 - Staff Nurse
 - Nursing Leadership
 - Medical Director

The Journey Begins......



- Goals of the multidisciplinary team
 - Define the process
 - Prevalence to incidence
 - Data collection
 - Transition from RN Case Managers to RN unitbased staff
 - O Daily data entry by 1000
 - O Identify a centralized and accessible database
 - ACS-Midas+ System chosen
 - Update data collection tools
 - Plan of Care
 - Develop education plan



				2009					
		Jan Week 1		ĺ	Feb 2/17-2/19	*ICU only*		YTD	
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2 SOUTH	0	122	0.00%				0	122	0.00%
2 WEST	0	112	0.00%				0	112	0.00%
2 NORTH	1	126	0.79%				1	126	0.79%
3 WEST	10	120	8.33%				10	120	8.33%
3 NORTH	0	97	0.00%				0	97	0.00%
5 WEST	2	137	1.46%				2	137	1.46%
3 SOUTH	3	158	1.90%				3	158	1.90%
5 SOUTH	4	148	2.70%				4	148	2.70%
5 NORTH	0	102	0.00%				0	102	0.00%
SICU	6	63	9.52%	0	32	0.00%	6	95	6.32%
CCU	20	78	25.64%	2	28	7.14%	22	106	20.75
MSIC	9	65	13.85%	6	27	22.22%	15	92	16.30
CTCU	9	62	14.52%	2	27	7.41%	11	89	12.36
SCN	0	51	0.00%	0	32	0.00%	0	83	0.00%
UNIT 2E	4	117	3.42%				4	117	3.42%
UNIT 2	4	137	2.92%				4	137	2.92%
UNIT 1	4	145	2.76%				4	145	2.76%
ICUE	4	57	7.02%	7	17	41.18%	11	74	14.86
KBMC - ADULT	0	171	0.00%				0	171	0.00%
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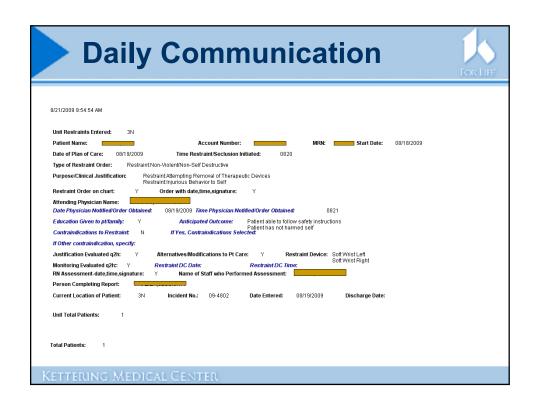
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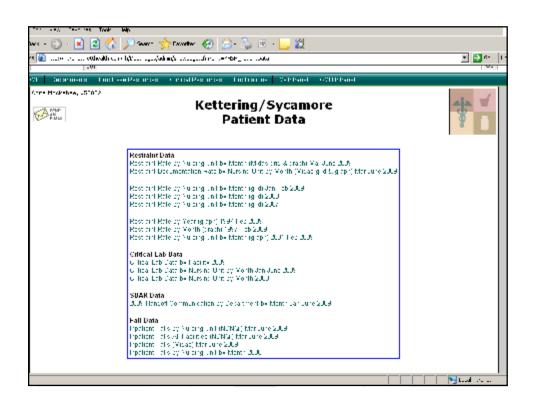
The Human Factor



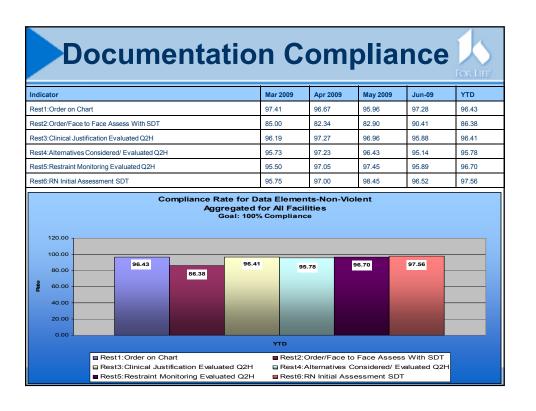
- Daily Rounding and Coaching
 - O Phase 1 Supporting the new process
 - O Phase 2 Compliance
- Communication of Daily Findings
 - Direct
 - Electronic
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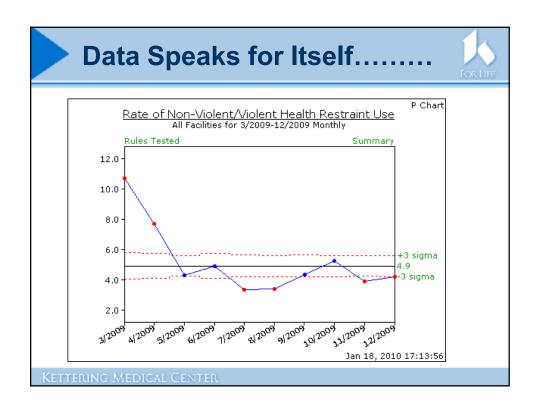






Facility: All Facility Comparison					
Indicator	Mar 2009	Apr 2009	May 2009	Jun 2009	YTD
Restraint Internal Target Rate	3	3	3	3	
2N Rate of Non-Violent/Violent Health Restraint Use	2.87	2.27	0.00	0.00	1.32
2N Total Non-Violent/Violent Health Restraint Days	17	13	0	0	30
2N Patient Days	592	572	583	519	2266
2W Rate of Non-Violent/Violent Health Restraint Use	1.29	2.08	1.91	3.00	2.04
2W Total Non-Violent/Violent Health Restraint Days	7	11	10	14	42
2W Patient Days	542	528	523	467	2060
2S Rate of Non-Violent/Violent Health Restraint Use	1.13	1.00	0.19	0.81	0.78
2S Total Non-Violent/Violent Health Restraint Days	6	5	1	4	16
2S Patient Days	531	502	525	495	2053
3N Rate of Non-Violent/Violent Health Restraint Use	3.22	3.40	2.26	0.64	2.56
3N Total Non-Violent/Violent Health Restraint Days	16	16	9	2	43
3N Patient Days	497	471	399	314	1681
3W Rate of Non-Violent/Violent Health Restraint Use	1.27	1.56	1.34	0.25	1.13
3W Total Non-Violent/Violent Health Restraint Days	6	7	6	1	20
3W Patient Days	472	449	447	396	1764
3S Rate of Non-Violent/Violent Health Restraint Use	3.20	2.34	1.82	1.78	2.33
3S Total Non-Violent/Violent Health Restraint Days	23	15	12	10	60
3S Patient Days	719	640	660	561	2580
5N Rate of Non-Violent/Violent Health Restraint Use	0.25	1.24	0.00	0.79	0.57
5N Total Non-Violent/Violent Health Restraint Days	1	5	0	3	9
5N Patient Days	401	403	403	379	1586
5W Rate of Non-Violent/Violent Health Restraint Use	1.82	3.35	3.31	2.82	2.81
5W Total Non-Violent/Violent Health Restraint Days	11	19	20	16	66
5W Patient Days	606	568	604	568	2346
5S Rate of Non-Violent/Violent Health Restraint Use	8.50	4.06	2.68	6.17	5.39





Motivation for Sustained Practice Changes



- Staff ownership
- Improved clinical outcomes
- Pride in making a difference
- Living the mission



Collaboration – Common Goals



- Dianne Ditmer, Ph.D., RN, CFN, DABFN, SANE, FACFE dianne.ditmer@khnetwork.org
- Roxanne Ehrhart, BSN, RN, ACM, MCSM roxanne.ehrhart@khnetwork.org