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The Restraint Team: using relational coordination to create meaning

Introduction

Form a new Restraint Team to quickly accomplish

- Significant policy and order set revisions
- Moving from paper to electronic restraint documentation
- Restraint prevalence reduction

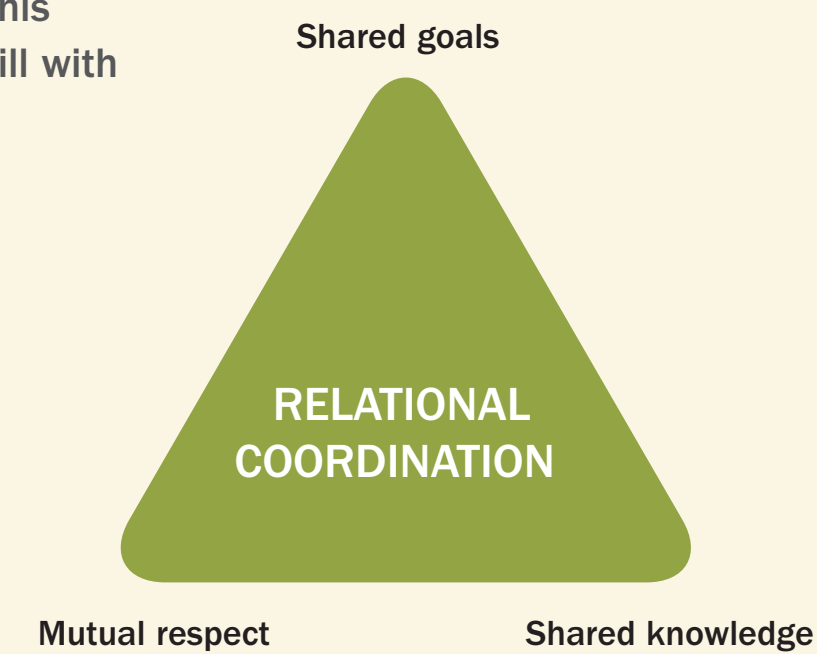
Context

- No one gets energized about restraints
- Restraints are governed by burdensome rules and regulations
- Lots of “we’ve always done it this way”
- Difficult to create meaning and significance for team participants and direct caregivers

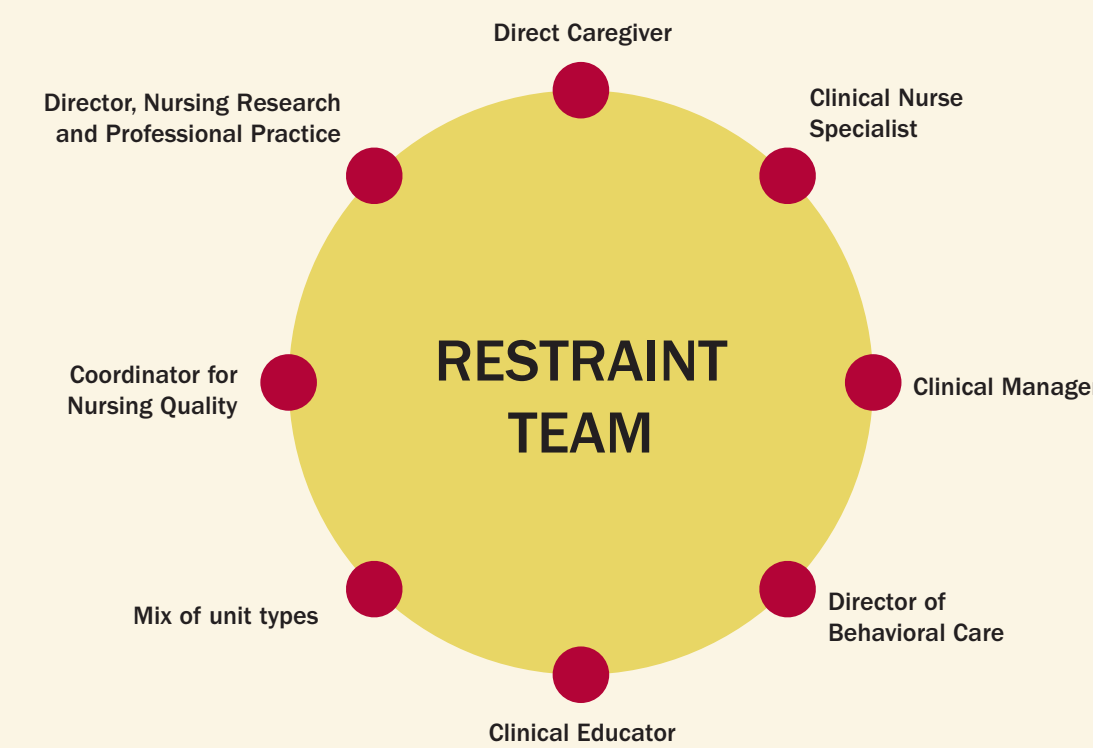
Methods

Apply relational coordination components to team formation

- **Selecting for teamwork**
 - Set the tone from the outset of the team’s work
 - Intentionally chose team members with this skill or who could quickly improve this skill with role-modeling and opportunity
- **Boundary spanners**
 - Integrate work across boundaries
 - Can be roles that span boundaries or people with this skill or aptitude



Who is around the table?



Results

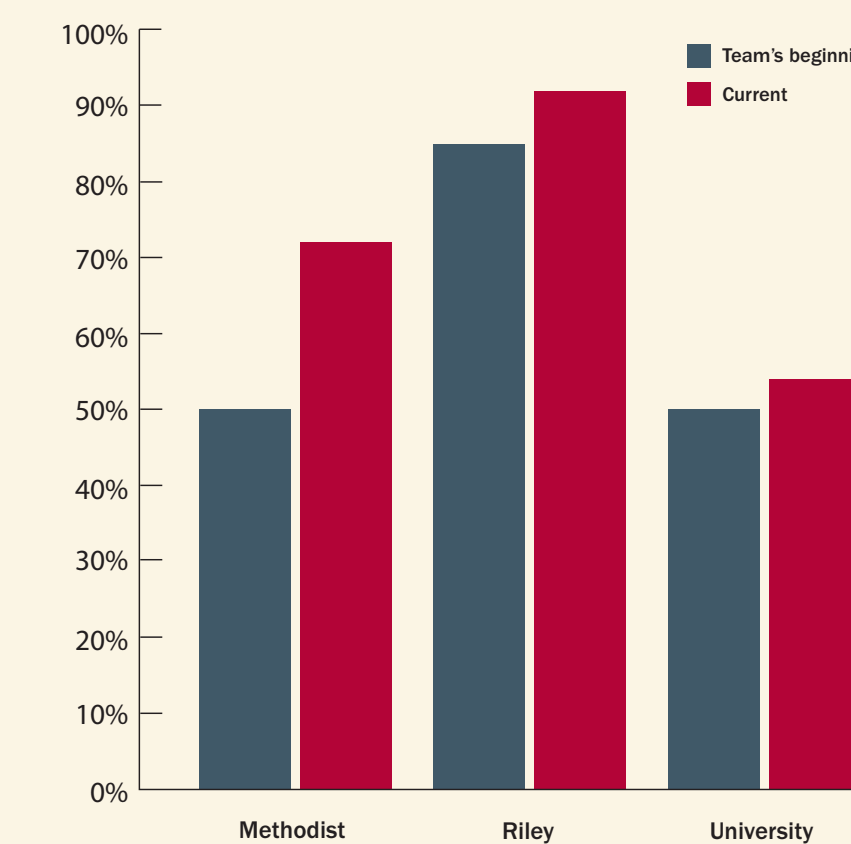
Process work completed in first year:

- Policy: Moved from three policies to one
- Documentation: Moved from paper to electronic
- Order sets: Moved from eight order sets to two

Thought shifting:

- Education theme: Patient protection
 - Patient’s right to be free from restraints
 - Patient’s right to be safe from injury
- Active engagement
 - CNS rounding
 - Peer influence by members of the Restraint Team

Percent of units outperforming the NDNQI mean



Next steps

- Leverage the **design jobs for focus** component of relational coordination
- Form teams of experts for small group work
 - Device Team: right devices, right information for direct caregivers
 - Critical Care Team: identify best practices to continue safely reducing prevalence without adversely affecting self-extubation rates

References

Gittell, J.H. (2009). High Performance Healthcare. New York: McGraw-Hill.

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