Breaking Free From Knots

AN EVIDENCE-BASED APPROACH TO PHYSICAL RESTRAINT REDUCTION

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Negative Outcomes:

•Death
•Pressure ulcers
• Infections
•Increased Delirium
• Incontinence
•Respiratory Complications

Misconceptions Regarding Restraints

•They prevent falls
•No alternative
•Decreases legal liability
•Prevents harm or injury
•Control disruptive behavior
•Prevent therapy interruption

16% of RNs surveyed* (n=38) stated that restraints are useful for managing patient agitation

Intervention: Restraint In-Service

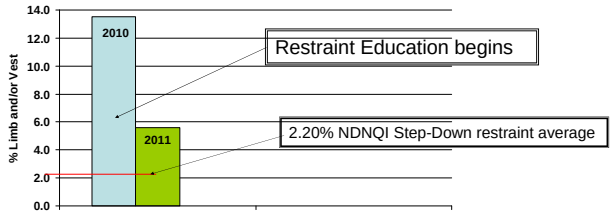
- Define a physical restraint
- Name at least two misconceptions related to restraints
- Name at least one patient specific and system specific characteristic that increase the likelihood of a patient being placed in restraints
- Discuss unintended effects of restraint usage
- Identify alternatives to restraints
- Describe the procedure for initiating, maintaining and discontinuing restraints

Our Quest

***Minimize* restraints in progressive care and keep patients safe**

Is a reduction in restraint usage achievable in a population of adult patients admitted to a public hospital progressive care (Step-Down) unit with a high prevalence of patients with traumatic brain injury and alcohol detoxification?

Stepdown Restraint Prevalence



Conclusion

As evidenced by our step-down unit's 2010/2011 restraint prevalence , there was a drop from 13.5% to 5.62%. However, this remains higher than the average of comparison teaching hospital NDNQI step-down units. The average falls rate decreased from 4.6 to 1.2 falls per 1,000 patient days from 2010 through the 3rd quarter of 2011.

Spread

Restraint In-service with hands-on skills session for unlicensed assistive personnel and RNs in other acute care areas.

Comment from a med-surg RN:

"I had the opportunity to handle a CIWA patient. He was in restraints…. I am very proud to tell you that during my shift he was only on a Posey restraint for 5 minutes for my entire AM shift. Thanks to you."

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References: *Survey based on an article by Hurlock-Chorostecki, C., Kielb, C. (2006). Knot-So-Fast: A Learning Plan to Minimize Patient Restraint in Critical Care. The Canadian Association of Critical Care Nurses, 17(3), 12-18. Quinn, C. A. (1994). The Four A's of Restraint Reduction: Attitude, Assessment, Anticipation, Avoidance. The Journal of Orthopedic Nursing, 13(2), 11-19.