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?

Our Quest
Minimize restraints in progressive care and keep patients safe

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.”

Acknowledgements: I would like to thank Grad Green MSN, APRN, BC; Nela C. Porterette, RN, MSN, CNL; Brandi Hormachea, RN and the Restraint Task Force; my Nurse Manager Leslie Miller, RN, MSN; and my 4B family for their support, guidance and encouragement.