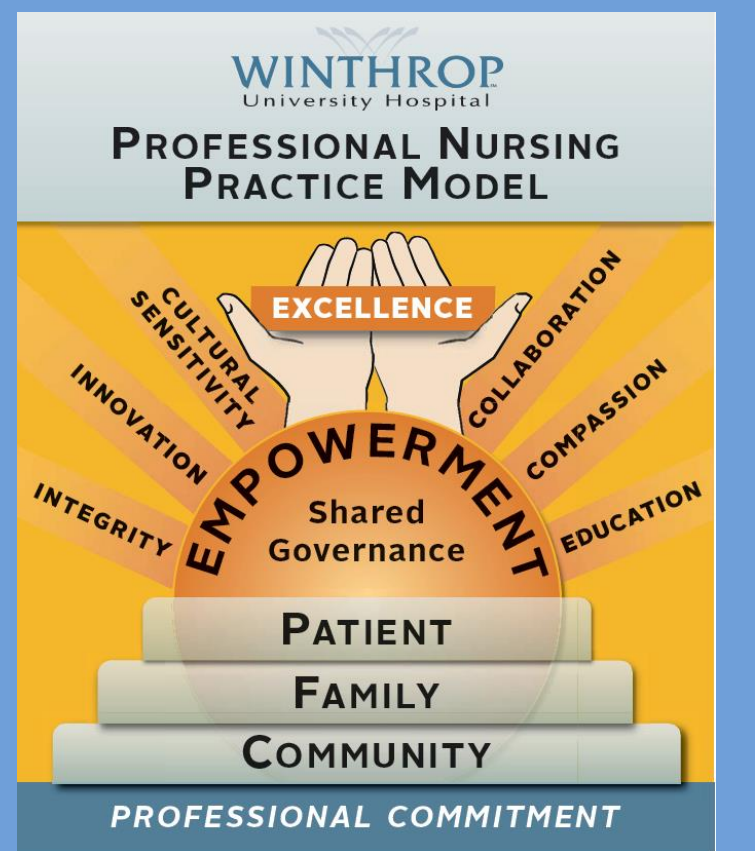


# Using Restraint When Using Restraints

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## AIM

Decrease restraint utilization a minimum 25% in the SICU by June 2015 while demonstrating that patient safety and staffing adequacy were not compromised.

Maintain the rights of the patient without any statistically significant concomitant increase in patient self-extubations or negative impact on staffing resources.

## Background

Use of physical restraints in acute care has come under scrutiny and has been the subject of ongoing state and federal review. Accounts of patient harm while in restraints prompted changes in federal regulation and accrediting bodies have developed standards to which organizations are held accountable. Our professional commitment to the patient rights and our core value of compassion were noted to be in direct opposition to the practice of utilizing anticipatory restraints in the SICU.

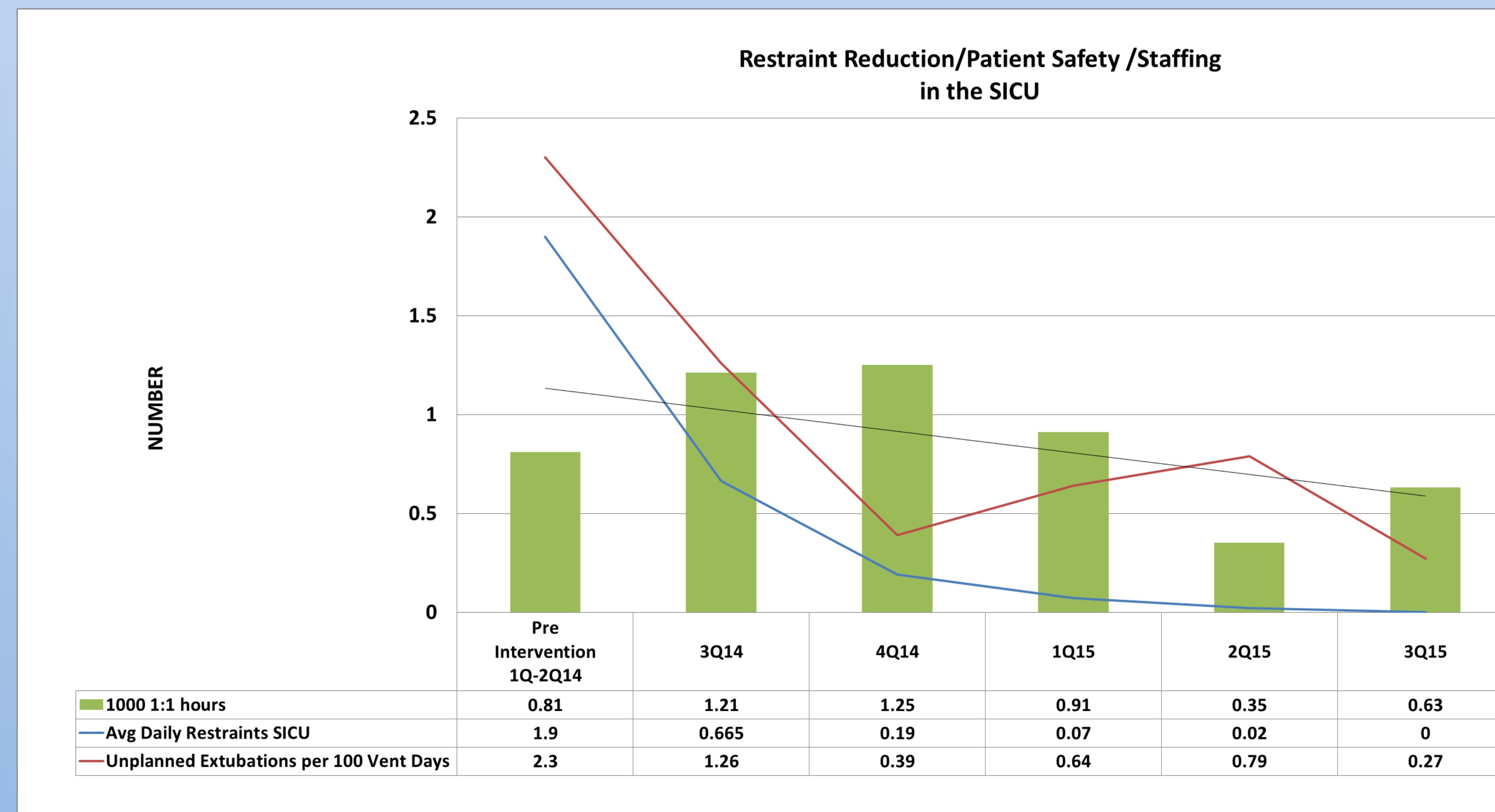
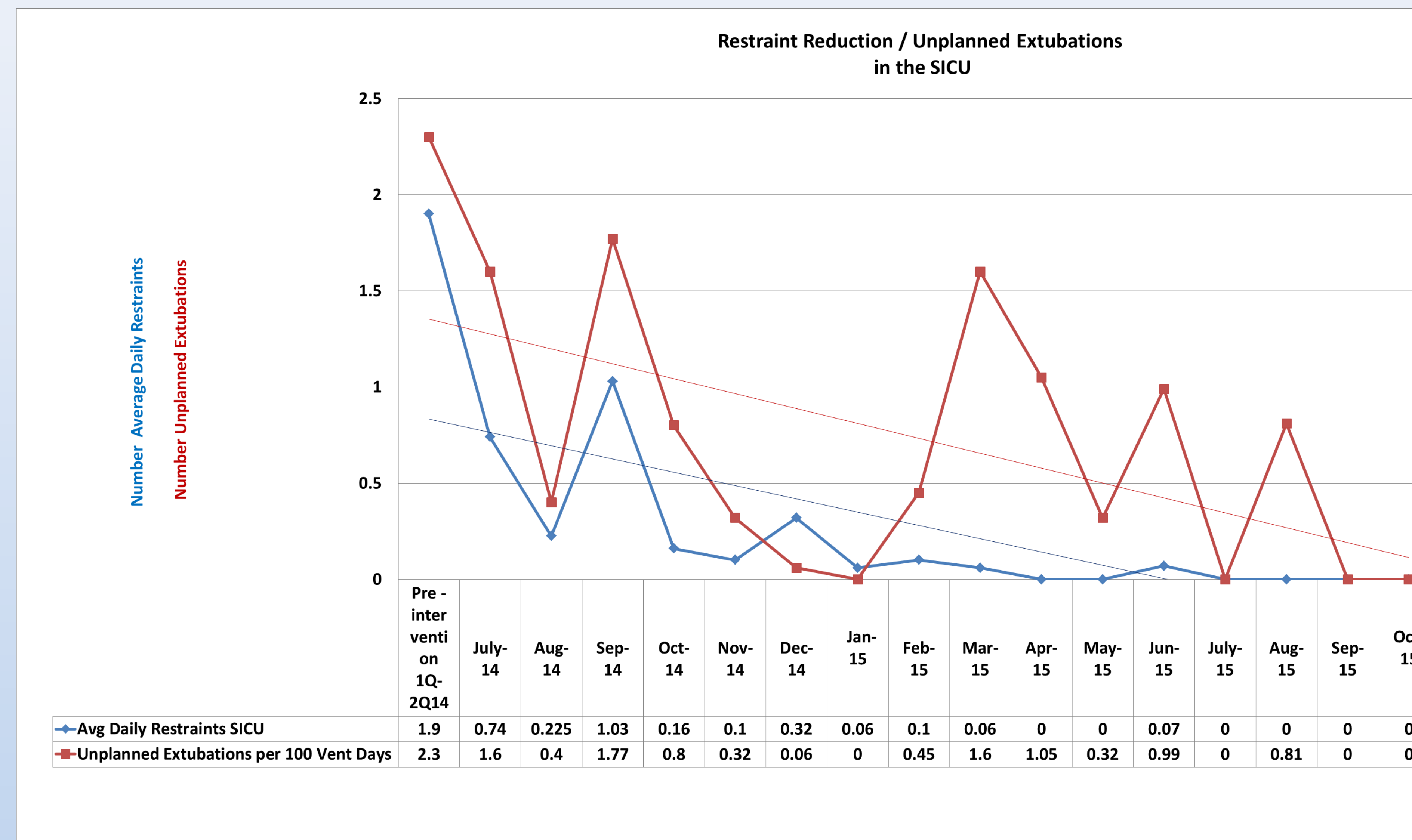
## Strategy and Implementation

Executive sponsorship was provided by the Director of Regulatory Affairs. A nursing centric task force promoted rapid cycle change using a multimodal approach; policy and process revision, clinical practice change, education of stakeholders to include patient and family and development of a monitoring plan. Process changes included development of standardized order sets and assessment forms to hardwire compliance with regulatory and policy guidelines.

The use of mittens as an alternative to physical restraint and identification of readiness for weaning when appropriate was initiated in the SICU. An interdisciplinary Restraint SWAT Team was used to prospectively monitor restraint episodes, audit process reliability, and serve as a resource to provide staff with direct feedback and coaching.

Clinical staff became engaged in the initiative and fostered a cultural change where restraint use was no longer considered a routine aspect of post-op care. Outcome measures are restraint utilization, unplanned extubation and use 1:1 hours.

## DATA



## Results

Pre-intervention, the SICU averaged 1.9 restraints per day and 2.3 unplanned extubations per 100 ventilator days. Post-intervention, total patient days have remained stable, while ventilator days have increased 28.9%. There has been a significant decline in restraint utilization. In the 16 months since implementation, the SICU averaged 0.16 restraints per day and 0.63 unplanned extubations per 100 ventilator days. As restraint utilization decreased, there was an initial negative impact on resource allocation in the form of 1:1 observation orders. 1:1 observation increased 51.9% in the 2 quarters following implementation. Year to date 2015, 1:1 hours have decreased 22.2% from pre-intervention baseline.

## Implications for Practice:

While the SICU has not completely eliminated the use of restraints, they have demonstrated restraint appropriateness. The balancing measure, an initial increase in 1:1 hours in the SICU was identified and became the focus of the next intervention cycle. Review of current metrics identifies that restraint use has been minimized without any impact on staffing resources or increase in patient harm.

Reduction in restraints has been achieved without affecting patient outcomes. Promoting a culture where patient dignity and patient rights were a shared goal allowed for spread to all ICUs.

## Contact Information:

### Restraint Reduction Team

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