A Collaborative Approach to Minimizing Restraint Use
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Purpose
Compared to NDNQI benchmarks there were opportunities for improvement in restraint use and during continual readiness preparation for regulatory compliance surveys there was lack of documentation to support use of restraints. The goal of the performance improvement was a knowledge and cultural shift; moving from beliefs that restraints enhance patient safety to beliefs that they endanger patient safety.

Significance
Restraint is an affront to the rights and dignity of the patient and can be distressing to the family. It is not congruent with the St John Health vision of spiritually centered, holistic care, and is associated with serious safety concerns for patients.

Discussion
> Opportunities for improvements to reduce restraint use in critical areas continue to be explored while balancing safety concerns for patients.
> Units that have not met the 10th percentile have a high census of patients with neurological impairments and/or invasive devices whose removal or required replacement would constitute an endangerment to the patient.
> Staff use critical thinking prior to application of restraint; alternatives to restraint are employed and restraint is the last option.
> When restraint is unavoidable, the length of the episode is minimized.
> Documentation surrounding restraint episodes has improved.
> On-going monitoring is in place to assure sustained improvements:
  > Managers round daily on units with attention to patients in restraint and work with staff to review documentation and develop a plan for least restrictive intervention.
  > Nurse Administrative Managers round on patients during the off shift, review documentation and report new restraints to leadership in daily reports.
  > Quarterly prevalence reports are discussed at meetings and distributed to staff.

References
- Antonelli, MT. Restraint management: Moving from outcome to process. Journal of Nursing Care Quality 2008 23 (3) 227-232