

Introduction

The following information suggests areas to focus on while evaluating facility processes for reducing physical restraint use.

Source: This material was developed by the QIO program for CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgment in each specific case

Organizational Commitment

- Establish a facility wide commitment to developing and maintaining a restraint free environment.
- Identify key staff members to form an interdisciplinary restraint elimination team.
- Implement a no-restraint policy.
- Analyze current clinical practices such as screening, assessing, use of restraints, documentation and interventions.
- Educate staff, family and residents on the dangers of physical restraints and how to implement less restrictive alternatives.
- Assess and treat underlying conditions precipitating the use of physical restraints.
- Consider environmental modifications to promote safety and decrease use of restraints.
- Celebrate restraint reduction/elimination success stories, reward caregivers and family member for positive attitudes and assistance in creating a restraint-free environment.
- Provide appropriate resources such as adequate staffing, continuing education, strong communication systems, standardized tools, environmental modifications and necessary equipment.
- Evaluate the outcome of restraint elimination programs and revise as needed.

Assessment

- Develop systems for interdisciplinary team members to perform basic assessments, including medical history review and physical examination, to rule out acute illness for residents currently using restraint devices, being considered for devices, or had incident or event requiring assessment for restraint or newly admitted residents.
- Involve the resident and family/caregivers if available and if resident wants family to be involved.

Assessment (cont)

- Obtain information from resident, family, or caregivers regarding the resident's previous life experiences, interests, social patterns in order to provide an individualized approach to restraint-free care.
- Analyze the context or circumstances surrounding the precipitating events to determine the meaning of the behavior.
- Assess and treat underlying medical conditions precipitating the use of physical restraints:
 - Gait: stability, clothing size, strength, range of motion, balance, hearing/vision, shoes, assistive devices, fractures/precautions, and fall risk assessment.
 - Medications: dosage, multiple medications, side effects, medications increasing potential for falls, frequent toileting for residents on diuretics, pain medications, or sedatives causing fatigue/drowsiness.
 - Cardiovascular: elastic stockings, oxygen saturation, blood pressure, heart rate, and energy conservation.
 - Infections: urinary tract infections, fever, or upper respiratory infections.
 - Dehydration: bowel sounds, impaction/constipation, change in mental status, and skin turgor.
 - Pain: location, intensity, medications, onset, duration, and ability to express.
 - Sleep: patterns, routines, caffeine intake, noise level, napping, medications, and exercise levels.
 - Cognition: depression, hallucinations, delirium, aggressive behaviors, psychoactive medications, dementia, confusion, wandering, orientation, and response to verbal cues.
 - Environment: call light location, roommate situation, adequate lighting, access to bathroom, water at bedside table, noise levels, clutter, bedrails, furniture and access to T.V. / remote control.
- If a restraint must be used, document all other possible interventions that have been attempted, resident's response and if the intervention succeeded or failed and why.
- Reassess residents with physical restraints as needed (at least monthly) until the resident is achieving the highest level of functioning in the least restrictive environment.
- Document clinical findings, including: medical necessity, tests, response to activity, safety awareness, education, family/caregiver involvement, plan of care, interventions, frequency/duration and referrals.



Care Plan

- If a restraint needs to be used as a last resort, include on the care plan the reason, type, location, in what circumstances the device is implemented, what period of time/situation device is used for the resident.
- Develop individualized interventions and goals related to providing the highest functional status and least restrictive environment.
- Include approaches for restraint elimination, prevention of complications (i.e. contractures, skin breakdown and incontinence).
- Document the person(s) responsible for implementing and achieving the goal on the care plan.
- Update and revise the plan of care as required.
- Ensure the relevant disciplines involved in facilitation of the care plan have documented the interventions that have been attempted and the results.
- Involve the resident and family in development of the care plan at the discretion of the resident.

Restraint Elimination

- Implement a system for tracking and identifying residents appropriate for assessment or reassessment by the interdisciplinary restraint team.
- Identify what type of restraint is used, during what time of the day, where the resident is restrained, for how long, under what circumstance and who implemented the restraint.
- Determine reason and precipitating factors for restraint application. Potential reasons: risk of falls, behavioral symptoms, inability to treat a medical condition.
- Assess and treat underlying conditions (see Assessment section).
- Evaluate effectiveness of interventions and resident's response.
- Reassess for elimination or least restrictive alternative devices.
- Provide continual reassessment and revisions to plan of care until the restraint is safely eliminated.

Training and Education

- Develop orientation and ongoing in-service programs for staff, families and residents that address types of physical restraints, goals of restraint elimination, adverse effects and regulations regarding use.
- Provide documentation that reflects staff training and understanding of roles and responsibilities of restraint elimination programs.
- Educate employees on referring a resident to the restraint team if restraints are being considered.
- If a restraint must be used for a limited time period, include education regarding restraint application, when it should be released, obtaining appropriate physician's orders, and documenting resident and/or legal guardian consent.
- Educate the resident and family regarding predicted course of illness, current conditions, and interventions.
- Develop philosophy of restraint-free care and provide educational programs on how to achieve a restraint-free environment

