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"It's Time..."

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...To untie our elders!

*Restraint Reduction
in the nursing home.*

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Overview

- The Omnibus Reconciliation act of 1987 increased the awareness of restraints
- The Provision states " Residents have the right to be free from ...any physical or chemical restraint imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms"

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What exactly is a restraint?

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CMS Restraint Definition

"Any manual method, physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body"

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Types of Devices that may be considered a restraint

- Vest restraints
- Wrist restraints
- Hand mitts
- Roll belts
- Lap cushions
- Tray table
- Side rails
- Or any other object that fits the CMS definition

Types of devices...

- Remember, a restraint is defined based on its' effect on the resident NOT what the device is called

Enclosed Framed Wheeled Walkers...

Regulatory Compliance

- F 221
- F 222



**“What is the effect
of the restraint
to the resident?”**

Family Request



➤ Can the family demand we apply a restraint to their loved one?

Family Request

➤ The facility has the responsibility to evaluate the appropriateness of that request, as they would a request for any type of medical treatment

“What are your beliefs regarding restraints?”

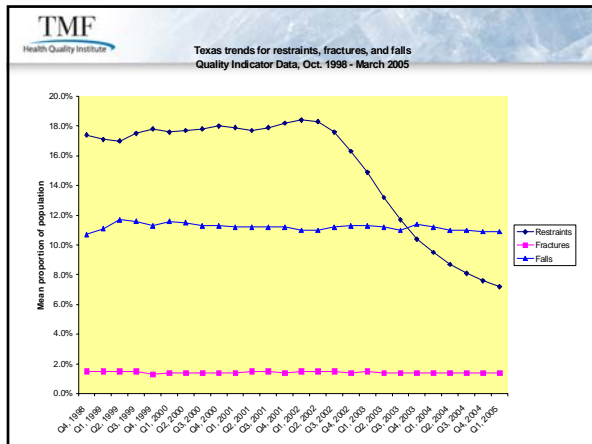
They prevent falls & keep the resident safe?

- Scientific research shows this is a false belief

How many residents are restrained?

- In June of 2002 there were 13,384 residents restrained in Texas
- 3 years later- approximately 5,127 residents are restrained in Texas
- 8,257 residents are no longer in a device that restrains them.

*Quality Measure Data



Staff Convenience?

➤ 10 res. X 10 minutes X 6/day = 600 minutes
= 10 man hours/day

(Based on 12 hours per day in a restraint)

“It’s good for the resident?”

➤ How do you feel when you can’t do something you want to do?

Perceived good?

- Depression
- Agitation
- Frustration
- Loss of dignity
- Loss of confidence
- Thoughts of suicide
- Increased boredom, loneliness, helplessness
- Feelings of being punished

What are the risks of Restraint Use?

- Death by
 - Strangulation
 - Suffocation
 - Broken Neck
- Pressure Ulcer formation
- Pneumonia
- UTI
- Dehydration

Physical Risks *(continued)*

- Loss of muscle tone
- Decreased mobility- inability to stand, walk, turn...
- Reduced bone mass from lack of pressure on long bones
- Stiffness
- Incontinence
- Constipation/Impaction

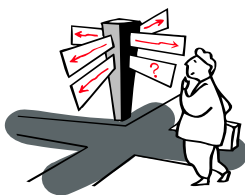
Potential medical reasons for restraint use...

- Life saving medical device used in a resident with high risk for self-disruption of that device.
- Repeated, traumatic self-removal of an indwelling bladder catheter
- Acute violent behavior toward self or others
(not simply resisting care or ADLs)
- Protection from self-injury after a hip fracture with either no repair or ORIF repair
(not a total hip replacement)

Medical Reasons....

- When the medical reason no longer exists, the restraint must be re-assessed and discontinued.

Reduction When, how, type....



- Assessment & Recognition
- Diagnosis/Cause Identification
- Treatment & Risk Management
- Ongoing monitoring
- Reduction

It takes a team....

To identify...


- The risks,
- All the potential alternatives and
- The results of all interventions that are attempted.

Step 1: Assessment/Recognition

- All symptoms have underlying causes
- Evaluate symptom & condition for which a restraint might be considered.

Diagnosis/Cause Identification

- Astute diagnosis and treatment could avoid or reduce the need for restraint use
- *"Do you have examples of changes in your residents that were medical issues?"*




“How do I cope with fall and injury risks?”



“How do I cope with fall and injury risks?.....”

- We do it one resident at a time.
- There is no *one-size fits all* solution.
- There are only resident-specific solutions.



“How do I cope?....”

- Reducing restraints means trying multiple interventions.
- No two residents are exactly alike regardless of the diagnosis or problem *label*.
- Keep asking *Why, Why, Why?*

Yes, but: "We already do that."

- In (91%) cases reviewed by DADS, there was not documentation to indicate why the restraint had been applied.
- 28% of these residents had not even had a trial of less restrictive intervention before applying restraints.

Medications....

- Medication side effects can result in falls, problematic behaviors, and/or other symptoms.

Alternatives to Restraints

Physical needs to address...

- Medication Evaluations
- Massage
- Therapeutic Touch
- Food and Drink
- Aqua Shoes
- Toileting Schedules
- Warm Baths
- Sensory/Communication Aides
- Proper fitting clothing
- Exercise Programs

Psychosocial needs to address...

- Play to the Resident's Strengths
- Provide for Sense of Security
- Wandering Paths
- Offer Choices
- Plants
- Staff Dress – Encourage Independence
- Know Resident's Agenda
- Be Calm/ Self-assured
- Pets & Children
- Classes for Frequent Fallers
- Volunteers
- Same Caregiver

Activities to try....

- Buddy System
- Restorative Care
- TV, Video, Music, Picture Books
- Punching Bags
- Art & crafts
- Distraction based on their "Work"
- Repeated Activities
- Singing

Environmental options...

- Non-Wheeled Chairs
- Wing Back Chairs
- Gliders
- Use of Tables
- Couch for Sleeping
- Hand Bells
- Music
- Floor Patterns
- Visual Barriers, Mural
- Non-Skid Surface in Bathrooms
- Pad Dangerous Furniture Corners
- Dining Room Chairs
- Easy Chairs
- Proper Fit Chairs
- Bed Placement

Environmental options...

- Recliner for Sleeping
- Tap Bells
- Lighting
- Motion Detectors
- Grab Bars
- Rest Areas in Halls
- Room Identifiers

The Road to Restraint Reduction in our facility

1. Support from Administration & Medical Director
2. Multidisciplinary Restraint Review Committee
3. Family Support for Restraint Reduction
4. Identify barriers to restraint reduction
5. Educate – replace myths with facts



The Road to Restraint Reduction in our facility

1. Support from Administration & Medical Director



The Road to Restraint Reduction in our facility

2. Multidisciplinary Restraint Review Committee



The Road to Restraint Reduction in our facility

3. Family Support for Restraint Reduction

We must help the resident and the family appreciate that we can not eliminate injury risk. We will do all that is possible to reduce the risk...

The Road to Restraint Reduction in our facility

- Identify barriers to restraint reduction
- What are your personal beliefs?
- How will you overcome them to accept a restraint-free environment?

The Road to Restraint Reduction in our facility

- Educate – replace myths with facts

Prepare to Succeed

- Long-term commitment is required
(6-12 months minimum)
- Identify educational needs of family & staff
- Design an educational program for all staff on all shifts
- Shift the care planning emphasis from problem-centered to resident-centered problem-solving.

Implementing....

- Use validated assessment to determine appropriateness of restraints
- Implement in one hall or wing at a time
- Start with the simplest residents first
- Start with the staff who are most interested

Implementing...

- Use increasing restraint-free intervals in more difficult cases (ex: during family visits)
- Trial of least restrictive interventions first, and try a variety of complimentary approaches
- Allocate staff time for restraint reduction

Key Components of Successful Restraint Reduction Programs

- Allocation of staff time for restraint reduction
- Restraint reduction in the easiest residents first
- Work on one wing or floor at a time
- Use multiple interventions to address the resident's needs rather than a care problem

Implementing Restraint Reduction

- Identify residents in restraints (use MDS QM/QI 802 reports & direct observation)
- Have the Restraint Review Committee evaluate each case for valid clinical justifications of restraint use

Implementation....

- Identify each care issue that led to restraint use
- Trial alternatives to restraints
- Use Restraint Review Committee as consultants
- Review orders, care plans, and actual care to ensure that all parts are congruent

What to do next?

- Assess your current restraint program & policy.
- Identify current process for improvement/reduction
- Organize a "Restraint Team" to oversee the program.
- Implement a QI/QA approach for restraint reduction & monitoring.

Thank You

➤ What questions do you have?

This publication was produced by TMF Health Quality Institute under a contract with the Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services (DHHS). The content of this publication does not necessarily reflect the views or policies of CMS or DHHS. ISOW-TX-NHQI-05-12
