



# Developing A Plan To Reduce Restraint Usage

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# Objectives

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- Understanding Regulation
- Organizational Commitment to Physical Restraint Reduction
- Introducing a Systematic Plan Toward Reduction
- Evaluation



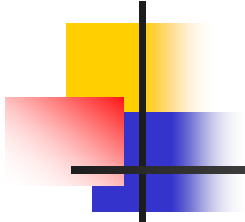
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## **483.13 Resident Behavior and Facility Practices**

### **F-Tag 221 Restraints**

“Physical Restraints” are defined as any manual method or 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 own body.

**The RULE has not changed!**



Aggressive studies over the past 10 years—  
researchers have come to the conclusion:

“there is no found evidence to support restraint  
use for fall prevention. Restraint usage has major,  
serious drawbacks and can contribute to serious,  
life-threatening injuries.”

American Geriatrics Society

British Geriatrics Society

American Academy of Orthopedic Surgeons

-J.A.G.S May 2001-Vol49, No.5



# Plan and Prepare

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## **FACILITY/STAFF AWARENESS**

- Make the commitment: “Restraint-Free Environment”
- Identify the team and their roles
- Purchase equipment: motion detectors, position pillows, hip protectors, low beds, floor pads, etc.
- Educate: staff, residents, families
- Get everyone involved



# Plan and Prepare (continued)

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## **FACILITY/STAFF AWARENESS**

- Complete a full house “sweep” and identify all physical restraint devices used
- Develop documentation tools that will be utilized
- Set a timeline for completion of program
- Each step of the way CELEBRATE!
- Have a “Kickoff” Celebration



# Assessment Process

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- Policy

- Assure Regulations: Federal, State, and County are conveyed in policy statements

- Procedures

- Utilize interpretation guidelines and resident assessment protocols in the development of a systematic documentation process



# The Assessment

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## Key Elements

- Type of restraint/physical device
- Reason for use
- When/time of use
- Circumstances
- Who suggested use
- Behaviors associated with the use
- Risk for falls
- ADL self-performance
- Confounding problems, underlying medical
- Medications
- Vision
- Sleep habits
- Foot wear
- Toileting Ability
- Cognition/Communication
- Vital Signs: Pain, TPR, BP



# Care Planning

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**Problem Statement:** Physical Restraint Use, as evidenced by . . . Related to . . . Strengths . . . Risks . . .

**Goal:** Resident-specific and measurable . . . will remain safe . . . will have decreased usage

**Interventions:** All discipline involvement

**Review:** Document evaluation of plan



# Consent

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Do not relieve facility of liability risks of restraint usage but serves as a document to justify that the resident, family, or significant other is aware of regulation, facility policy, and procedures and that education was provided.



# Evaluation of Use

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Review effect of restraint/physical device usage of each resident

- Suggested timeframes: Initially, 7, 14, 21, 30, 60, 90-day
- At which time, alternative devices and interventions are being introduced, documenting effectiveness.
- Monitoring tools are used assuring safety, position, proper usage, and resident response. Complete daily, Q1H, Q2H, and as necessary.



# Audit

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- Education Completion
- Assessment of Resident
- Consent
- Care Planning
- Reviews and Monitoring of Usage
- Introduction to Alternatives



# Analysis

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- Identify Compliance to Policy and Procedure
- Identify Areas in Need of Improvement
- Develop Goals to Improve

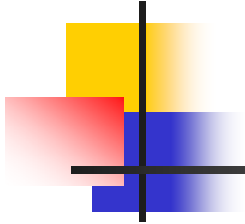


# Continued Quality Improvement (CQI)

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Sharing Quality Assurance Goals With  
Staff Through a CQI Program  
Leads To SUCCESS!!!!

**CELEBRATE ACCOMPLISHMENTS!**



A WELL-PLANNED Restraint Reduction Program leads to improvement in fall prevention, toileting programs, pain management, medication reduction, improved staff morale, and Customer Satisfaction.



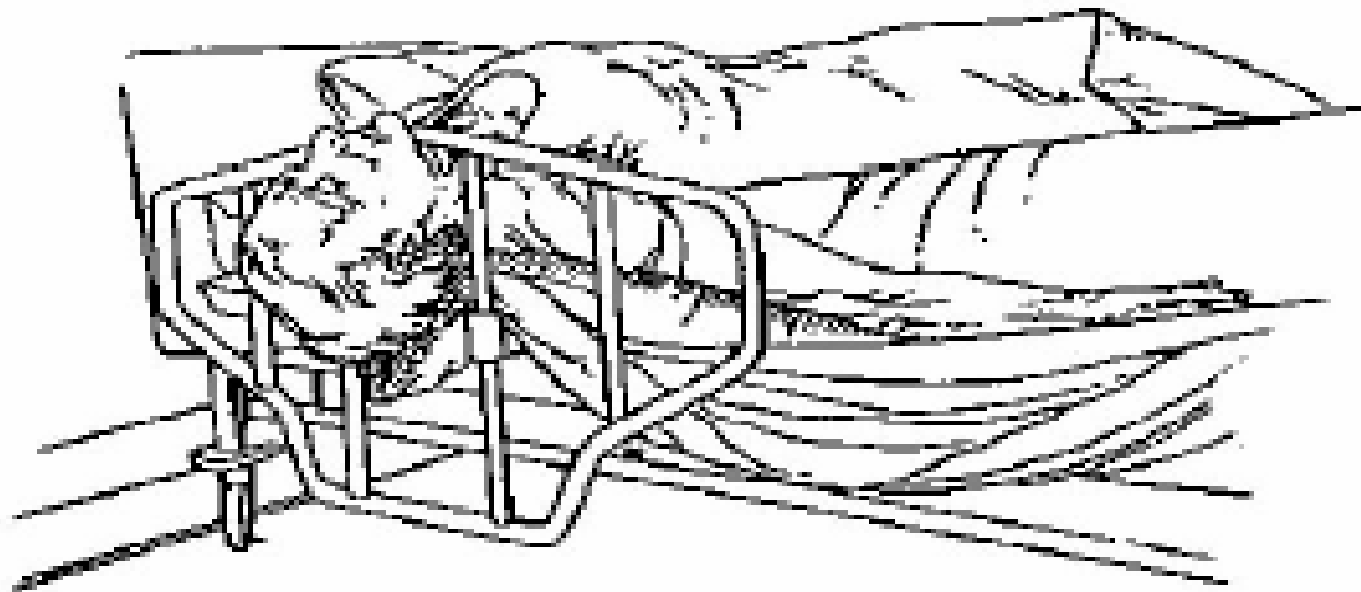
# Side Rail Entrapment Zones

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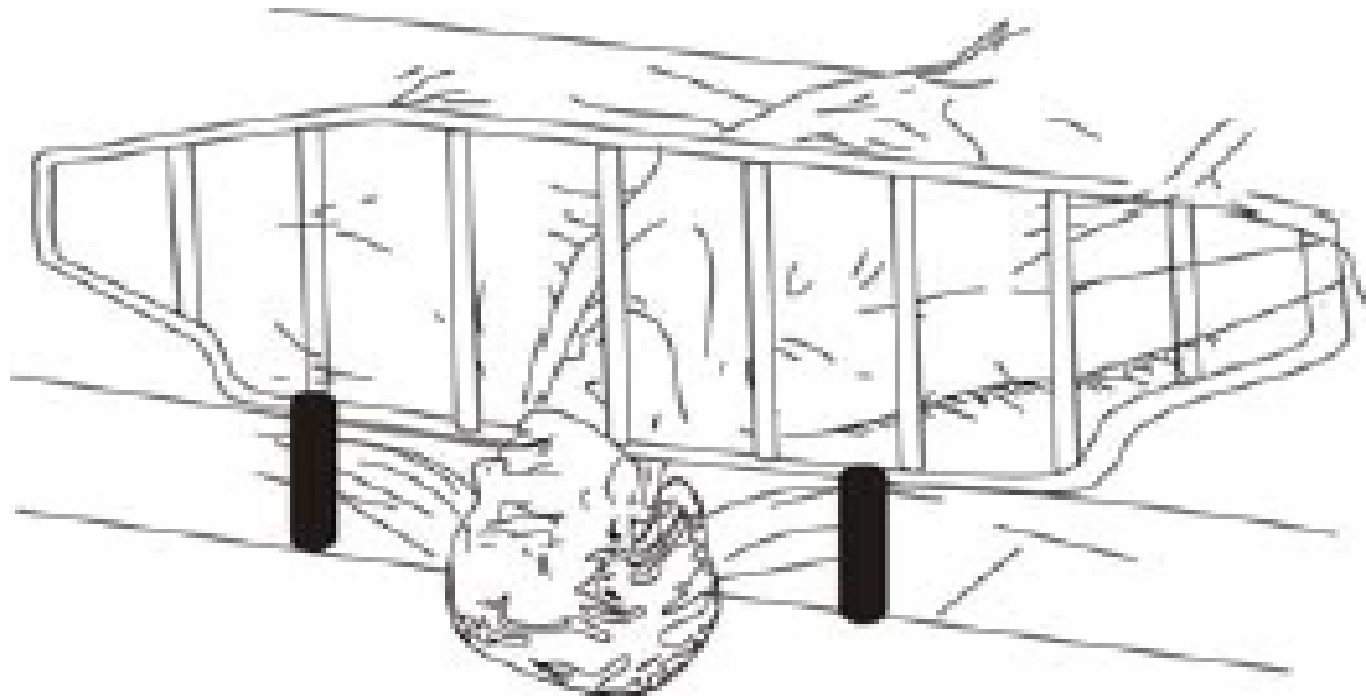
Individualized Assessment and  
Intervention in Bilateral Siderail Use

Capezuti, Talerico, Strumpf and Evans  
Geriatric Nursing, Volume 19, Number 6

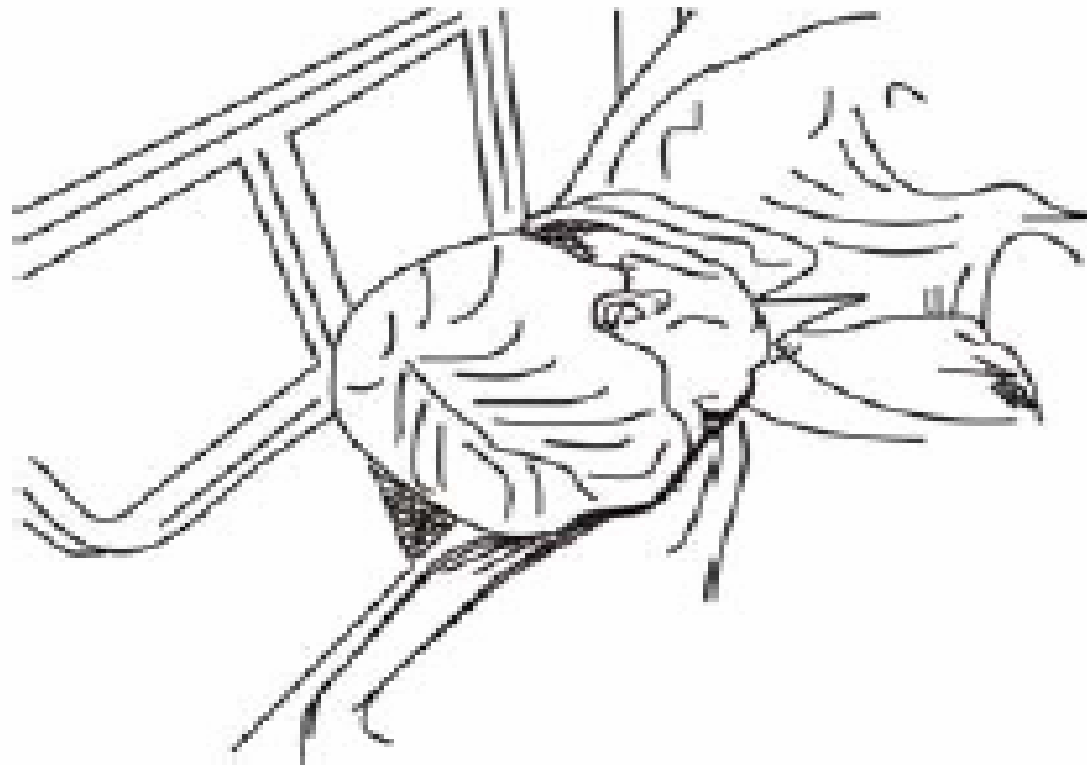
## **Zone 1 – Entrapment within the rail**



**Zone 2 – Entrapment between top of compressed mattress and the bottom of rail, between rail and supports**



**Zone 3 – Entrapment in the space between the bedrail and mattress**



**Zone 4 – Entrapment between top of compressed mattress and bottom of rail at end of rail**



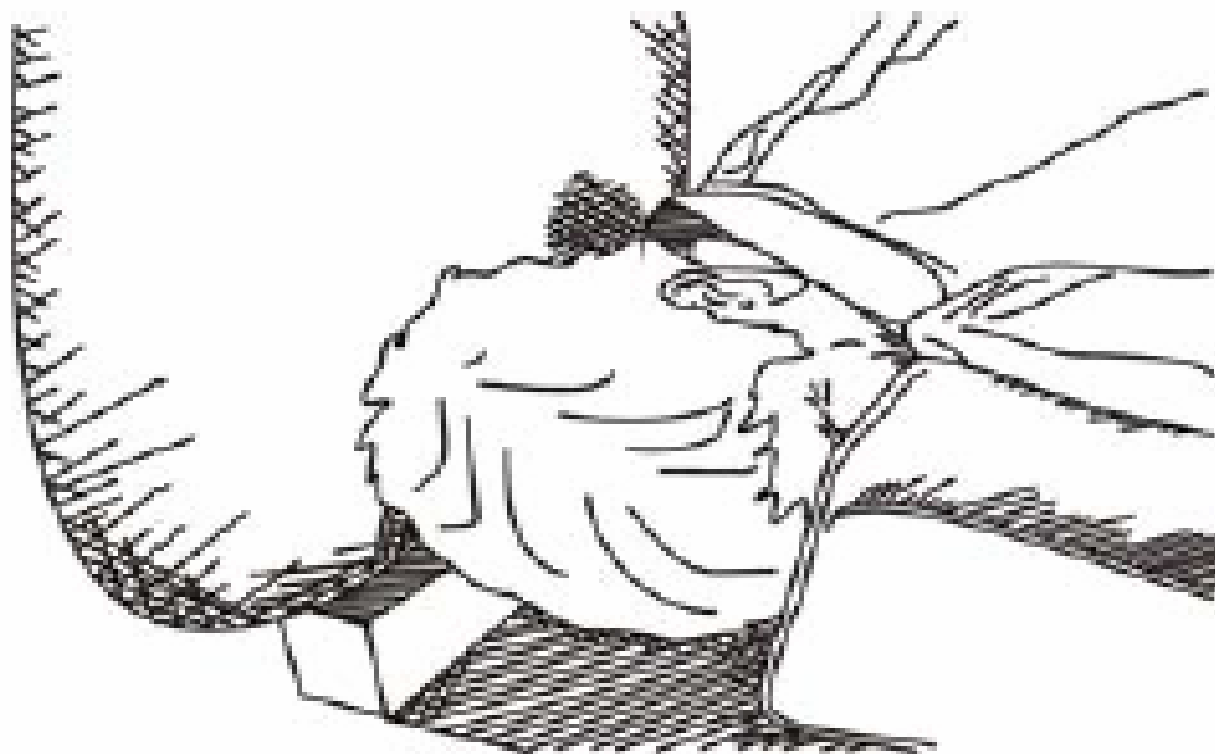
## **Zone 5 – Entrapment between split rails**



**Zone 6 – Entrapment between the rail end and edge of head/foot board**



**Zone 7 – Entrapment between head or foot board and mattress**





# Helpful Web Sites

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Food and Drug Administration:

<http://www.fda.gov/cdrh/beds>

Untie the Elderly, Kendal Corporation:

<http://www.ute.kendal.org>

Quality Improvement Tools:

<http://www.medqic.org>

Health Services Advisory Group (HSAG's) Arizona  
Nursing Home Quality Initiative:

<http://nhqi.hsag.com>



# Contact Information

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