



fastfacts

Resources for Nursing Home Professionals

Restraint-Free Nursing Homes

Although physical restraints are often used to prevent falls and accidents, they actually can cause serious injury to residents and result in greater costs and resource use. The Nursing Home Reform Act of 1987 declared that all nursing home residents have the right to be free of restraints and prohibited the use of physical restraints for discipline or convenience. Use of physical restraints has since declined in the United States, although California still has a higher overall average of physically restrained residents (11.3 percent) compared with the national average (6 percent). This FastFacts focuses on how to make your facility restraint-free.

Benefits of Eliminating Physical Restraints

- **Save money and resources.** The use of physical restraints can be reduced with no change in staff hours per resident. In fact, managing unrestrained residents consumes fewer resources than managing residents who are restrained.
- **Prevent injury and death.** Physical restraints increase the risk of falls, pressure ulcers, infections, and serious injuries in nursing home residents. They also can lead to loss of dignity, loss of bone mass, muscle atrophy, incontinence, and chronic constipation. Continued use of restraints limits social contact, which can lead to withdrawal, depression, and agitation. Eliminating physical restraints can save lives, since restraints cause an estimated 200 deaths every year due to strangulation, cardiac arrest, or suffocation.

Make Your Facility Restraint-Free

- **Implement a no-restraint policy.** Establish a facility-wide commitment to maintaining a restraint-free environment. Implement policies to ensure that the facility is restraint-free and communicate these regularly to all staff. Train new and current employees to understand how they can contribute to a restraint-free facility. Ensure that all employees know federal guidelines and standards of practice. Let families know about the policy during the admission process.
- **Identify and monitor high-risk residents.** Vulnerability to falls, agitated or restless behavior, wandering or elopement, and interference with care treatment may make residents more likely to be restrained. Residents who take antipsychotic medications or have problems with mobility are significantly more likely to be restrained than other residents.

- **Maintain strong organizational support and commitment.** Facilities should modify their culture to support the philosophy of restraint-free care. Organizational change requires a strong commitment from management and leadership, specifically the administrator, director of nursing, and the medical director. Attitude, commitment, and willingness to advocate change are instrumental in reducing use of physical restraints.

Provide Assessments

- **Understand residents' behavior.** Try to understand underlying behaviors so they can be addressed without resorting to physical restraints. For example, residents who climb out of bed in the middle of the night may simply need to go to the bathroom. Rather than use restraints, begin a regular toileting round at night, especially for high-risk residents. Ask residents or family, if possible, about their wants and needs.
- **Review medical history.** Review residents' medical history and look at specific health problems. Check to see if residents have ever had an incident that required the use of physical restraints and analyze the circumstances that led to their use. Evaluate for urinary tract infections, upper respiratory infections, or other conditions.
- **Perform interdisciplinary assessment.** Assess residents at risk for falls upon admission. Develop individualized care plans to meet residents' needs and prevent restraint use. Monitor and regularly reassess high-risk patients. Observe them for functional decline, any change in condition, or exacerbation of chronic illnesses.

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- **Review medications.** Some medications can contribute to cognitive dysfunction and falls. Coordinate residents' medication plans with the pharmacist. Check for adverse effects and drug interactions to see if doses can be reduced or discontinued. Monitor pain, especially if a resident is refusing to get out of bed or is not participating in activities. Evaluate lab results for ranges where you should notify the medical director.
- **Evaluate motor and sensory functions.** Evaluate residents' gait, balance, and range of motion and note if they rely on canes, walkers, or other devices to walk. Begin a regular walking program or physical therapy to prevent falls and functional decline. Exercise, balance training, and help with proper body positioning can help eliminate restraint use with some residents.
- **Assess the environment.** Place beds lower to the floor and surround them with soft mats. Encourage the use of call bells so staff can help residents get out of bed. Ensure that lighting is adequate and walkways are clear of obstacles. Provide bedside commodes. Place patients who require close monitoring near the nurses' station.

Care Planning and Quality Improvement

- **Seek alternatives to physical restraints.** Look into other methods to protect residents, such as using hip or elbow protectors. Remind staff members to help watch residents who are frequent wanderers. Make environmental changes such as providing a wandering area where residents can walk and interact.
- **Implement continuous quality improvement efforts.** Test and evaluate interventions to reduce reliance on physical restraints using the Plan-Do-Study-Act (PDSA) rapid cycle of continuous improvement. Develop policies and procedures for alternatives to physical restraints. Interventions that use expert consultants, such as a gerontological nurse specialist, can help promote a restraint-free policy. After a successful reduction in the use of physical restraints,

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References

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Web Resources

Medicare Quality Improvement Community
www.medqic.org

reward and encourage staff by giving out gift cards or certificates of achievement.

- **Provide resources and tools.** Offer standardized tools, checklists, forms, flowcharts, and other resources to help staff eliminate use of physical restraints. Visit the Medicare Quality Improvement Community Web site to download forms and tools to help assess physical restraint use, assist with documentation, and implement quality improvement activities.
- **Offer education programs.** Educate staff and families about the hazards of physical restraints and how to decrease their use. Ensure that staff is knowledgeable about alternatives to restraints, methods to minimize falls, and dealing with residents who wander. Develop ongoing in-service programs on reducing the use of physical restraints. Discuss myths and erroneous beliefs about physical restraints with frontline staff, and explain how restraints can negatively affect residents' quality of life. Present care staff with case studies or use simulation training.

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