

Nursing Home Physical Restraint *Change Package*

Last Updated 04/09

This *Change Package* was developed and is supported by the Patient Safety QIO Support Center (PS QIOSC) as part of CMS's National Patient Safety Initiative. The content of this change package has been largely adapted from the Advancing Excellence in America's Nursing Homes Campaign materials.

This tool is intended to be utilized by nursing homes wanting to reduce the use of physical restraints. It is a living document and will be updated as successful strategies and action steps are identified.

Strategy/Driver	Key Change Concepts	Suggested Actions Items for Testing
<p>1. Develops and Maintains an Organizational Vision and Commitment to Reducing/Eliminating Unnecessary Physical Restraints: Nursing Home leadership demonstrates a commitment to reduce the use of daily physical restraints.</p>	<p>1.1 Establish physical restraint reduction as a strategic priority</p> <p>1.2 Actively modify care giving environment to promote mobility</p> <p>1.3 Actively educate internally about goals, expected outcomes and accountabilities</p>	<p>1.1a Establish the reduction of physical restraints as a priority for the nursing home and set goals toward eliminating all physical restraints that limit the mobility of residents.</p> <p>Example:</p> <ul style="list-style-type: none"> • Create excitement and building momentum by participating in the Advancing Excellence Campaign as well as participating and collaborating with other statewide initiatives and partners. • Provide education to nursing home staff on a holistic approach to providing care to residents, laying the foundation for improvement. <p>1.1b Conduct regular review of MDS data to identify opportunities for restraint reduction.</p> <p>1.2a Create a balance between safety, mobility, and choice for residents.</p> <p>1.3a Educate nursing home staff, residents, and family members about physical restraints and their associated risks. By understanding the relationship between physical restraints, mobility, and falls, families can make better informed decisions and support their loved one and direct care staff.</p> <p>Example:</p> <ul style="list-style-type: none"> • Send letters/educational materials to residents, family members, and staff.

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	<p>1.4 Create interdisciplinary team to support organizational priority of physical restraint reduction</p>	<p>1.4a Identify potential staff members to be involved:</p> <ul style="list-style-type: none"> • Director of Nursing, Staff Nurse, Education Coordinator, Therapist, Medical Director, Nursing Assistants, Nutritionist, Medical Director, Administrator • Unit-based team (Charge nurse, CNA, Therapy)
<p>2. Continually assesses current practices: Interdisciplinary team investigates current practices and identifies opportunities for improvement.</p>	<p>2.1 Identify restraint use as an area for potential improvement in performance and practice</p> <p>2.2 Identify authoritative information currently available</p> <p>2.3 Identify current approaches to using restraints in the nursing home</p>	<p>2.1a Utilize nursing home quality improvement data, quality measures, survey results, review of resident cases, comparison to benchmarks, etc. to establish goals and identify opportunities for improvement.</p> <p>2.1b Seek and document a history of the symptom for which a restraint has been used, or for which use is contemplated.</p> <p>Example:</p> <ul style="list-style-type: none"> • Assess each individual restraint. <p>2.2a Review references listed, as well as reliable and evidence-based information about reducing restraint use from the literature and from relevant professional associations and organizations.</p> <p>2.2b Identify ways to distinguish the reliability of information about restraint reduction (i.e., how to separate valid ideas about restraint use from myths and misconceptions about the topic).</p> <p>Example:</p> <ul style="list-style-type: none"> • Staff complete an “Attitudinal Survey” to assess and address current beliefs around restraints <p>2.3a Identify the nursing home’s current approach to using restraints, and the basis for that approach.</p> <p>2.3b Identify who in the nursing home decides on <i>whether</i> and <i>how</i> to use restraints, and what approaches are used.</p> <p>Example:</p> <ul style="list-style-type: none"> • Flowchart the current process.

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	2.4 Identify areas for improvement in processes and practices	<p>2.4a Check whether current nursing home policies / protocols are consistent with the organizational goals to eliminate unnecessary physical restraints.</p> <p>2.4b Check whether desirable approaches are being followed consistently.</p> <p>2.4c Identify whether anyone has been reviewing and comparing current approaches to restraint use to desirable ones.</p> <p>2.4d Determine if issues related to restraint use have been identified previously, if they were followed up on, and taken steps to improve.</p>
<p>3. Identify Causes: Interdisciplinary Team conducts analysis to identify causes.</p>	<p>3.1 Identify the causes of issues related to reduction and appropriate use of physical restraints, including root causes of undesirable variations in performance and practice.</p>	<p>3.1a Identify issues and practices that are inhibiting attaining the goal of reducing restraint use.</p> <p>Example/Change idea:</p> <ul style="list-style-type: none"> • To create a culture of safety for residents, put in place a fall prevention program. Using the “fall leaf logo” they identify for all staff residents who are at high risk for falls and/or who have had a fall within the last three months. <p>3.1b Identify underlying causes (including root causes) of, and factors related to, undesirable and inappropriate restraint use in the nursing home.</p> <p>3.1c Identify reasons given by those who do not adequately follow desirable approaches.</p>
<p>4. Management: Optimize performance through the implementation and use of protocols, research and innovation, and data-driven quality improvement/ performance.</p>	<p>4.1 Reinforce optimal practice and performance.</p>	<p>4.1a Continually promote “doing the right thing in the right way”</p> <p>4.1b Follow the steps of the Restraint Process Framework, throughout the nursing home.</p> <p>4.1c Identify and use tools and resources to help implement the steps and address related issues.</p>

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		<p>Implementing strategies to reducing daily physical restraints:</p> <ul style="list-style-type: none">• Develop individualized care plans that focus on increasing/maintaining mobility rather than restricting mobility.• Modify the environment to encourage movement.• Move to a consistent staffing model. When consistent staff are assigned to care for the same residents, they are more equipped to better anticipate needs based on the preferences and schedules of the residents. <p>Communication</p> <ul style="list-style-type: none">• Provide educational opportunities for residents and family members to learn about the connection.

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5. Monitoring	5.1 Reevaluate performance, practices, and results	<p>5.1a Recheck for progress towards getting “the right thing done consistently in the right way”.</p> <p>5.1b Use the Restraint Process Review Tool to identify whether all key steps are being followed.</p> <p>5.1c Use the Restraint Process Framework and related references and resources until processes and practices are optimal.</p> <p>5.1d Continue to collect data on results and processes.</p> <p>Examples:</p> <ul style="list-style-type: none"> • percent of residents whose falls have been correctly identified, documented, and managed • percent of residents who had complications because of inadequate management of falls and/or “behaviors” <p>5.1e Evaluate whether changes in process and practice have helped attain desired results.</p> <p>5.1f Adjust approaches as necessary.</p>

Adapted from Advancing Excellence in America’s Nursing Homes, Implementation Guide: Goal 2: Reducing the Use of Daily Physical Restraints, http://www.nhqualitycampaign.org/files/im/2_PhysicalRestraints_TAW_Guide.pdf

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