

**Appropriate Restraint Usage**  
**Anne Marie Logan, RN, BSN, MHSA**  
**Durham Veterans Affairs Medical Center**

**Problem**

With the increased emphasis on patient safety, the healthcare organization identified the need for restraint reduction.

**Evidence**

A small interdisciplinary group made up of Psychiatric Clinical Nurse Specialist (CNS), Social Worker, Performance Improvement Specialist, and Nurse Educator reviewed and appraised the literature for best practices in the reduction of restraints.

**Strategy**

After the comprehensive review of literature, the Least Restrictive Environment Consult Team (LRECT) was created. The team comprised of a Psychiatric CNS, Long Term Care CNS, Nurse Educator, Social Worker, Pharmacist, Performance Improvement Specialist, Nursing Supervisor Representative, and various unit nurses. LRECT goals were to reduce restraint use, increase patient safety, reduce costs, and improve restraint documentation.

**Practice Change**

LRECT conducted classes that focused on restraint reduction strategies, limited the access to restraints, reviewed restraint cases, obtained alternatives to restraints such as Meriwalkers, abdicated for increasing nurses' aides for monitoring patients, and implemented standardized orders and restraint documentation templates.

**Evaluation**

The health care organization as a whole continues to improve according to updates of regulatory standards. Quality assurance monitored the episode per 1000 days and review of the healthcare records in regards to standardized orders, documentation templates, and flow sheets.

**Results**

Significant decrease in restraints usage was seen after the implementation of restraint reduction strategies. Over a short period of time, the Long Term Care units evolved to a restraint free environment.

## **Recommendations**

Although there was a significant decrease initially, periodic increases in restraints have been seen. Having a continuous awareness of restraint reduction is necessary. To accomplish this, it is recommended:

1. Education for orientees,
2. Annual restraint education to season employees,
3. Spot training by nursing management as to use of alternatives and documentation of restraints,
4. Encourage a change in restraint culture.

## **Bibliography**

Counsell, Gilbert M. Planned Change to Implement A Restraint Reduction Program.

Journal Nurse Care Quarterly 1999 June; 13 (5) 57-63.

Hancock, Catherine Kedy, Buster Patricia A., et al. Restraint Reduction In Acute Care. JONA. Nursing 2001 February; 31 (2) 74-77.

Jensen, Brenda, Hess-Zak, Andrea, et al. Restraint Reduction. JONA. 1998 July/August; 28 (7/8) 32-37.

Swauger, KC, Tomlin CC. Moving Toward Restraint Free Patient Care. Journal Nursing Administration 2000 June (6); 325-329.