

Enhancing Patient Safety Through Reduction of Restraints in the ICU

Kelly Betsinger, DNP, RN

Samford University

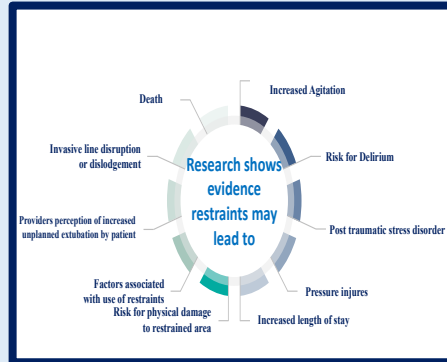
Project Purpose

Evaluate research to identify best clinical practices to reduce restraint use in the ICU with corresponding implementation of an evidence-based restraint management bundle (RMB).

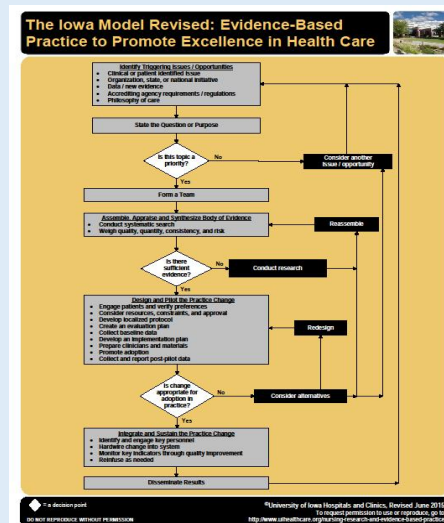
Objectives

- Evaluate the use of restraints in the ICU & associated adverse sequela.
- Hold key stakeholder interviews with administration, physician, & nursing staff.
- Educate caregivers & staff on restraint alternatives.
- Implement and evaluate alternative protocol to restraints for management of ICU patients.

Problem/Background



Theoretical Framework: The Iowa Model



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Methodology

- Review of Literature
- Create a Task Force
- Education & training of staff
- Pre & Post Nursing Survey
- Educational brochures for family
- Daily Notebook of Assessment to include RMB
- IRB approval not required by Baptist Medical Center & Samford University due to this being a quality improvement project.

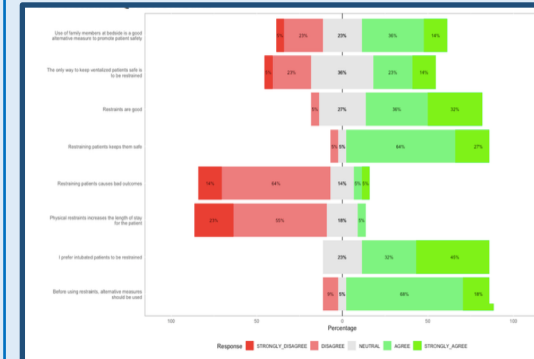
Restraint Management Bundle

- Comprehensive approach to restraint use and reduction in the ICU
- Education of patient care team
- Alternative management options patients without restraints
- Proper documentation and assessment of care

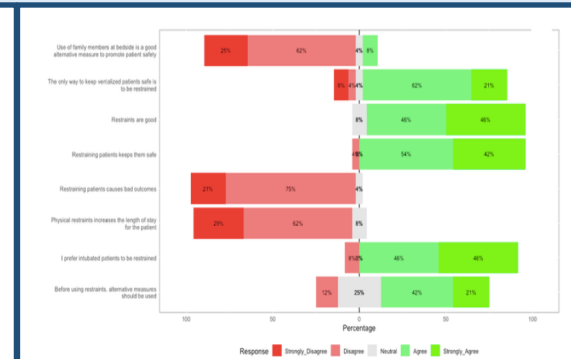
Contact Information
References available upon request
Email: kbetsing@samford.edu
Phone: 210-573-4398

Results

Pre-Education Survey



Post-Education Survey



Sentara Restraint Usage Audit Tool

SENTARA® Standardizing and Monitoring Restraints Usage Audit Tool

Name: _____ Unit: _____ Date Audit Performed: _____

Non-Behavioral Restraint Documentation	(Patient MRN)	(Patient MRN)	(Patient MRN)	(Patient MRN)	(Patient MRN)
Documentation indicates that the patient was monitored every 1.5-2.5 hours on "Non-Behavioral" Floorrest.	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA
Evidence of alternatives tried (or that they were documented as inappropriate prior to restraint use. Location: Notes and/or Alternatives Row in Restraint Episode/PI Care Summary Safety Section) and must be charted prior to Restraint Initiation (unless Emergency).	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA
Indication for restraint use does not conflict against documented level of consciousness and/or sensation scores.	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA
An order exists for every episode of restraint use. No PRN Orders.	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA
Ensure that Restraint Order includes specific behaviors to indicate restraint use is justified.	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA
Validate type of Restraints ordered is the type placed on patient and documented against in Restraint Floorrest.	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA
Behavioral Restraint Documentation	(Patient MRN)	(Patient MRN)	(Patient MRN)	(Patient MRN)	(Patient MRN)
Clear nursing documentation of behavior that lead to application of violent restraint matches clinical indication in physician order.	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA
Restraint Order is initiated and renewed according to policy. Order must be renewed within 4 hrs for Adults (18 or older), 2 hrs for children and adolescents 9-17, One hr for children less than 9.	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA
Documentation indicates that the patient was monitored every 15 minutes on "Behavioral" Floorrest.	YES NO NA	YES NO NA	YES NO NA	YES NO NA	YES NO NA

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SentaraCarePlex Hospital 3000 Coliseum Drive, Hampton, VA 23666

Barriers to Implementation

- RN's & MD's concern about litigation.
- Complexity of patients
- Reluctance to change
- Increased workload
- Data collection delay due to organizational operational issues

Audit tool was not effective due to 4 of the 6 categories contained no documentation

Implications for Practice Physicians & Nurses will be able to

- Enhance knowledge with evidence-based practice utilizing alternative measures to decrease use of restraints
- Early identification of when to remove restraints
- Proactive intervention to reduce the use of restraints
- Awareness of risks for patients to be in restraints

References available upon request