Title:
SPECIAL SESSION: Physical Restraint and Falls in Older Hospitalized Adults: Where Do We Go From Here?

Presenter: Lorraine Mion, PhD, RN, FAAN

Type:
Oral

Keywords:
hospital falls, implementation of evidence based practices and physical restraint

Summary:
At the end of this session, participants will be able to (1) describe the history of physical restraint associated with hospital fall prevention, (2) identify organizational-, nurse-, and patient-level strategies to reduce physical restraint and falls, and (3) identify new directions of research to decrease restraint and fall rates.

Final Number:
K 10

Slot:
K 10: Saturday, 29 July 2017: 3:30 PM-4:00 PM

References:


### Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to identify the pattern of physical restraint practices and hospital falls prevention strategies.</td>
<td>I. Use of physical restraint as a safety measure in fall prevention practices II. Physical restraint freedom movement in long term care informs hospital practices. III. Recognition of the adverse effects of enforced immobilization from physical restraint. IV. Recognition that physical restraint is ineffective in altering hospital fall rates.</td>
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<td>The learner will be able to describe organizational-, nurse-, and patient-level characteristics associated with physical restraint and hospital fall rates.</td>
<td>I. Using Donabedian's Structure-Process-Outcome framework, review seminal research identifying variables at the organizational level, the nurse level, and patient-level that contribute to physical restraint rates. II. Review findings of variables that contribute to hospital fall rates and compare with findings on physical restraint.</td>
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<td>The learner will be able to discuss gaps in our knowledge and future research needs.</td>
<td>I. Identify the gaps in our knowledge related to organizational variables, nurse variables, and patient variables that relate to physical restraint and/or fall rates in hospital settings. II. Establish future directions of intervention research that addresses those variables at the organizational, nurse and patient levels that are amenable to intervention.</td>
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