

How Quality Care Practices Preclude Restraint Use for Nursing Home Residents

Developed by Beryl Goldman, Ph.D., RN, MS, NHA
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How Restraints Affect Residents' Emotional And Physical Well-Being

The literature clearly illustrates the adversaries associated with the use of physical restraints. They have been seen to increase the frequency of incontinency, the presence of pressure ulcers, and the incidence of infections. Other consequences of restraint use include decline in a person's physical functioning (e.g. the ability to walk or other activities of daily living) and muscle tone, as well as an increase in contractures, often leading to an increase in falls with related serious injuries and other accidents (e.g. entrapment and strangulation).

While these affects are recognized by health care providers, residents, and residents' families, the emotional effects of restraint use is often overlooked. Many people become more agitated and confused when tied to their beds and chairs. Initially, they become fearful and anxious, trying for hours to personally remove the device or to get someone else to do it for them. When their fears turn into anger, they can exhibit verbal or physical aggression toward others. In response, staff may follow up by getting a physician order for medication to calm the person. Ultimately, this cycle of events leads to a resident who becomes depressed and withdrawn. Restrained residents face the loss of autonomy, personal dignity and self-respect. Not only do they personally feel the affects of being restrained, but their families and friends avoid visiting them out of an inability to improve their loved one's situations, leading to isolation. There is more to being physically safe at the end of life. One needs to feel emotionally attached and secure.

What Type Of Restraints Are Being Used In Long-Term Care Facilities

According to The Nursing Home Reform Act of 1987, the resident has "the right to be free from ... any physical or chemical restraint imposed for purpose of discipline or convenience and not required to treat the resident's medial symptoms." The Centers for Medicare and Medicaid Services (CMS) defines a

physical restraint in a nursing facility as “any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily that restricts freedom of movement or normal access to one’s body.”

There are many types of restraints being used in long-term care facilities, some that are sold as restraints and others that really are restraints but are described by manufacturers as enablers, positioners, self-release belts, safety devices, quick release belts, and pommel cushions. Some of the easily recognizable restraints include lap or waist belts, vests, wrist or ankle restraints. However, purchased devices are not the only restraints. It is possible that the manner in which staff speak to residents may be considered a restraint. Or, using items (e.g. bed sheets) to keep residents from rising from beds or chairs, restricting their movement can be a restraint.

Bed rails have been included in the definition of a physical restraint. Currently, the use of proper bed systems, including bed rails, is being examined by hospitals, nursing homes and home care agencies since there have been a number of incidents and deaths that have occurred as people try to get out of beds. They have attempted to go over the rails, around the rails, and even through them.

What may be a restraint for one person may not be a restraint for another. If a resident expresses a desire for a lap belt so he can self-propel the wheelchair throughout the building and outdoors, and is able both cognitively and physically to remove it, the lap belt would not be seen as a restraint. However, if a cognitively and/or physically impaired resident attempts to get out of the chair and is restricted by a lap belt and feels restrained by the device, other quality approaches should be explored.

Quality Care approaches that ensure resident safety, and physical and emotional health

Ideally, all residents receive individual assessments by interdisciplinary teams of qualified, professional staff. As we know, each person has a history, a life story, unique to that individual. Staff needs to explore with each resident and his/her family (with permission from the resident or responsible person) personal routines, interests and preferences so meaningful care plans are developed to ensure resident safety and health. For example, a resident who routinely went to the bathroom once or twice during the night when she lived at home does not remember that she needs assistance in the nursing home. She has been seen attempting to get out of

bed through the bed rail. In her situation, staff need to assess her routine, remove her bed rail, assess and monitor her pattern for going to the bathroom, and develop a system that assists her to the bathroom before she actually tries to do alone. A quality care approach is to assess the resident's routine and develop an individualized care plan with appropriate interventions.

Quality care approaches are those targeted to keeping individuals as active and autonomous as possible. It may involve engaging the person in more meaningful, regularly scheduled activities, providing him/her with muscle strengthening interventions, or performing a medication review to determine if they are creating unsafe conditions. While some may express concern that failure to use a restraint will result in more frequent falls and more serious injuries, studies show that the non-use of restraints does not increase the rate of falls and, in fact, the non-use of restraints results in less incidences of serious injuries when a fall does occur.

A best practice to improve the lives of people served is to have consistent caregivers. Providing the same nursing assistant everyday is comforting for the resident and his/her family, reduces anxiety, creates a safer environment, and fulfills the overall needs of each person.

Quality care and quality of life are the key goals for all people living in our nation's nursing homes. It takes a creative partnership between the resident, the family, and the caregivers to achieve these results.