

Long-Term Care Survey Alert

RESTRAINT REDUCTION: Education Provides The Best Medicine For Eliminating Restraints

Help residents, families--and staff--buy into restraint reduction.

Some of the best quality improvement projects start with a survey reality jolt.

For example, **Hearthstone** nursing facility in Seattle had a federal oversight survey several years back where surveyors cited a widespread pattern of inappropriate bedrail use.

As a result, "the facility was looking at immediate jeopardy" and thus began right away to reduce use of bedrails, says **Liz Frost, RN**, who became director of nursing for the facility in April 2006. For example, the facility implemented low beds where appropriate.

When Frost took the helm as DON this year, the facility implemented a program called GET RID with a goal of becoming restraint free.

Part of that QI effort involved working with residents and families to educate them about bedrails and restraints, says Frost. "They had been used to having bedrails and restraints," she says. "And we didn't want to just tell them that the federal government says 'we have to do this.'"

Let the Evidence Speak for Itself

As part of the educational campaign, Frost and her team compiled various evidence-based sources of information about bedrails and restraints, including:

- The **Joint Commission on Accreditation of Health Care Organization's** sentinel alert on bedrail entrapment (www.jcaho.org).
- The hospital Bed Safety Work Group's clinical guidance for using bedrails in hospitals and long-term care facilities.

Download the workgroup's brochure, "A Guide to Bed Safety Bed Rails in Hospitals, Nursing Homes and Home Health Care: The Facts, at www.fda.gov/cdrh/beds/bed_brochure.html.

- [The article, "Myths and Facts about Side Rails" \(American Journal of Nursing 101\(7\), 43-48\).](#)

Proof is in the response: [As the result of Hearthstone's educational campaign, residents' "families appreciated that they could see why we are at the point we are in long-term care with making the decision not to use siderails or restraints," says Frost.](#)

Fall-prevention tips: [People fall out of bed for two reasons--they either roll out of bed or fall when they try to get out, explains Diana Waugh, RN, BSN, president of Waugh Consulting in Waterville, OH. And "less than 5 percent of \[people in nursing facilities\] are roller-outers," she says. "And those who do roll out may be cured of falling out of bed by simply providing a larger bed."](#)

[If the person falls when he attempts to get out of bed, figure out his usual pattern for getting up--and his goal for doing so. If you find he awakens every night around 2:30 to use the toilet, then wake him up at 2:15 to help him walk to the bathroom, Waugh suggests.](#)

