
“Physical Restraints and California Long Term Care” Survey - Selected Findings -

Survey conducted from 7/12-8/24/07 by NCCNHR as part of the project “Voices for Quality: *Strategies in the National Campaign for Excellence in America’s Nursing Homes.*” The project is supported by a grant from the California HealthCare Foundation, based in Oakland, CA.

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Background: Survey Participants

- 121 survey respondents

Top Respondent Types	Percent
Resident*	29%
Ombudsmen*	16%
Family Members*	13%
Ombudsman Coordinators*	22%
Other* (examples specified included: Volunteer Ombudsman, Ombudsman Consultant, Ombudsman Care Manager, Ombudsman Regional Supervisor, Nursing Student, Charge Nurse)	11%

- 68% lived and/or worked in Los Angeles County*

* Based on respondents who answered this question

Background: Survey Participants

Counties respondents live and work in:

Live in (top 3 Responses):

Los Angeles	68%
Orange	6%
San Mateo	5%

Work in (top 3 responses):

Los Angeles	32%
No Answer	32%
Don't Work/Retired	10%

Physical Restraints: Experience & Opinions

- **Have been, or have had loved ones physically restrained: 48%**
- **Are familiar with the federal and state laws about physical restraints: 38%**
- **Encounter(ed) pressure from families wanting facilities to use physical restraints on their loved one: 81%**
- **Think that additional strategies to educate and counsel families and residents on the negatives of physical restraints would be helpful: 88%**
- **See physical restraints being used inappropriately in long-term care settings: 61%**
- **Yes, there are times in which the use of physical restraints appears to be/may be appropriate: 88%**

* Based on respondents who answered this question

Q: Which of the following do you think could be used as a physical restraint?

Waist belts	76%
Bedrails	73%
Any type of device that restricts movement or the ability to get to a part of the body that the individual cannot remove her/himself	64%
Lap tray for wheelchair use	63%
Vests	60%
Hand mitts	56%
Chair trays	50%
Enclosed, wheeled-walker with seat	47%
Lap pillows	41%
Chair bars	41%
Chair tables	37%
Low Beds	36%
Wheel chair	35%
Chair on wheels	35%
Other	11%

Q: Under what conditions might it be appropriate to restrain a resident?

Resident is at high risk for falls	63%
It is deemed medically necessary	59%
Resident has impaired mobility	40%
Resident has impaired cognition and is at risk for wandering	39%
Resident has altered mental status	37%
Resident has impaired sight	22%
Other	11%
None	8%

* Based on respondents who answered this question

Q: Why do you think physical restraint use is so high in California?

Top 6 ranked reasons:

- Long-term care facilities are afraid of being sued by a resident or family if the resident gets hurt while not in physical restraints
- It is easier for facilities to use physical restraints than to learn and implement how to provide restraint free care
- I did not know that physical restraint use in California is so high
- Survey agency thinks restraints are necessary to prevent falls
- Family members think that physical restraints keep their loved ones safer than they are without restraints
- Short staffing (not enough staff)

* Based on respondents who answered the question

Q: What do consumers need to know about physical restraints?

Accidents that involve physical restraints can cause serious injury	81%
Physical restraints can have a negative impact on quality of life	80%
Physical restraints can have a negative impact on health (body systems), and cause death	79%
Physical restraints can have negative mental, emotional and social effects	79%
There are federal and California physical restraint laws	73%
Good care practices preclude physical restraint use	54%
Physical restraints' potential for negative outcomes outweighs the potential for positive results	52%
There are no alternatives to the use of physical restraints	26%
Other	4%

* Based on respondents who answered this question

Ombudsmen: Are there issues related to physical restraints that may be unique to your work?

- “Unable to access [sic] records to determine if there is, in fact, a doctor's order.”
- “There are issues of safety at times to prevent falls. Confused residents are at risk for falls”
- “legalities of restraints and need to enforce standards: resident autonomy trumping resident safety in the context of adequate staffing.”
- “I am an Ombudsman, I see facilities who do not care about residents all the time. I see short staffing and I am concerned about resident safety in some facilities.”
- “psych meds and physical restraints used for staff convenience or to control behavior”

* Selected responses based on respondents who answered this question

Ombudsmen: Based on your experience, what do consumers need to know about physical restraint reduction?

- 1. The emotional impact on the resident. 2. The potential for harm to the resident. 3. The law.
- Families need to know that there are safe alternatives to physical restraints. That their loved ones will have a better quality of life and be safer if they are free of restraints. That they have a voice and need to speak up when they see restraints in use.
- Family members often believe that restraints ensure safety; facilities use them in place of adequate staff.
- That it is the law. That all other measures should be tried before using restraints of any kind. That they have the right to speak up and say no to restraints and/or to demand reduction. They have a right to talk to the MD about the reasons, risks, benefits of the restraints and to an explanation as to the reason for the restraints and the duration of their use.

* Selected responses based on respondents who answered this question

Ombudsmen: What effective strategies have you used to counsel families who want to use physical restraints?

- Explaining the law, educating about the negative impact of their use, and providing info about other options.
- Provided them reading and/or video information. Also, participation in care plan meetings to explain consequences of use of restraints.
- Include the resident in the discussion - even though there might be memory issues.
- What would your loved one want if they were sitting here with us now? How would you like to be restrained like this? What would it feel like?

* Selected responses based on respondents who answered this question

Q: What are examples of situations in which you have dealt with the issue of physical restraints?

- While monitoring a 6-bed RCFE found a resident in bed with a chair placed on the bed with the legs caging the resident. When asked if the resident was mobile, ombudsman was assured he was. However, when they got the man out of bed at the ombudsman's request, he was found to be severely contracted from being left in bed all day.
- Families unaware there are other options, request a care plan meeting.
- Have seen aggressive behavior or residents.
- Serious injury and death as a result of illegal/improper use of restraint.

* Selected responses based on respondents who answered this question

Additional Selected Comments

- “Many facilities will by pass the use of physical restraints with the use of chemical restraints. Agitation and combativeness have etiologies that should be addressed rather than treated as symptoms. Treating physical restraints in a vacuum is understandable but CMS needs to broaden the focus.”
- “It won't help to educate the families about restraint reduction until all of the facilities are treating residents as individuals and actually meeting their needs. With only 9 SNFs in my county, there are no placement choices. The facilities are not making efforts to improve because that can be costly. There is no incentive - they stay full with 90+% occupancy without changing their ways.”
- “As an ombudsman I observe that surveyors are NOT consistent in their assessment of restraints and their use in facilities.”
- “Consumers need to know that they can say ‘no’ and that they are at risk of unnecessary use of restraints in the future. We will all be there one day!”

* Selected responses based on respondents who participated in the survey