

Facts and Strategies: Restraint Free Care Is the Standard

Sarah Greene Burger with Alice H. Hedt and Jessica E. Brill

MRS. BETTS

A daughter calls and forcefully complains that her mother, Mrs. Betts, who has Parkinson's disease, is starting to fall, especially in the mornings, at Riverside Home in Sacramento. The facility will not restrain her even though she has been slightly injured. Staff use an alarm to monitor her both in and out of bed. She has talked with her mother's physician who agrees she is unsafe. Mrs. Betts, who is competent, can walk only with assistance, loves sleeping late,(but rarely is able to) moving from one part of the facility to another, eating, reading, and feeding birds.

Who is your client?

What would you want to know about Mrs. Betts' risk for falling? How would you gather that information?

What Environmental elements would you want to see in place in the facility to assure you that Mrs. Betts could be cared for without restraints?

What organizational systems and structures would support Mrs. Betts without restraints?

What might Mrs. Betts care plan for safety include in a staff directed facility?

How could you use this opportunity to move the facility toward resident directed care?

This training is made possible by the generous funding of the California HealthCare Foundation in the "Voices for Quality: *Strategies in the National Campaign for Excellence in America's Nursing Homes*" project which enables NCCNHR to provide training, consultation and support to the CA Ombudsman Program.

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MR. GONZALES

When you visit Starbright Nursing Home, Mr. Gonzales' daughter stops you in the hall to ask for help. She says staff have restrained her father in his wheelchair after he hit the aide who was bathing him. You go to him and he is pulling and tugging at his vest restraint, calling out loudly in Spanish, and the wheelchair is tipping dangerously as Mr. Gonzales struggles. Mr. Gonzales, was a master brick layer, is living with dementia and osteoarthritis. He is often agitated. He has been a patient in the home for six months. His family visits daily. The home has never been cited for restraint use by the surveyors.

Does Mr. Gonzales' striking the aid constitute a legitimate reason for restraint use? In the short term? In the long term?

What are his rights?

What would you want to ask staff about Mr. Gonzales to assess his need for a restraint? What environmental elements would support care without restraints?

What systems would help Mr. Gonzales decrease agitation?

Can you ever be assured that he will not strike again? What would have to be in place to give the greatest assurance?

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MRS CHIN LING

Mrs. Chin Ling is a very old, tiny and frail woman living at a large facility near San Francisco. She has multiple chronic illnesses including COPD, heart disease and dementia. The facility over the last five years has become restraint free except for bedrail use. Mrs. Ling uses a bedrail. Her son, who was anxious about the restraint reduction, tells you that he is really concerned about the side rails coming off his mother's bed. He is relieved to know they will be starting at the other end of the nursing home from his mother's neighborhood.

Is there any immediate concern about Mr. Ling's relief that his mothers rails will not come off immediately?

How will you work with him on this issue?

How will you work with the facility staff?

What environmental elements would you expect to be in place?

What systems may already be in place to get the bedrails off?

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