

Restraint Reduction Resource List

Guides on Restraint Reduction

Burger, Sarah G. et al, *Nursing Homes Getting Good Care There*, 2d Edition, NCCNHR, 2002.

Burger, Sarah G., *Avoiding Physical Restraint Use: New Standards in Care, A Guide for Residents, Families, Friends, and Caregivers*. NCCNHR, 1993.

Everyone Wins! Quality Care Without Restraints

The Resident Care Library: Six 12-14 minute videos, an in-service training manual, plus handouts. The six units are: 1) The New Resident, 2) Up and About: Minimizing the Risk of Fall Injuries, 3) Working With Residents Who Wander, 4) Getting Hit, Grabbed, and Threatened: What it Means, What to do, 5) Staying Restraint-free Evenings, Nights, and Weekends, and 6) Now That the Restraints Are Off, What Do We Do?

The Management Perspective: A 16-minute video with viewing and resource guide; the topics include: Why Opt for Restraint-Free Care?, Setting the Stage, and Keeping it Going.

The Family Guide to Restraint-free Care: A 12-minute video plus a pamphlet for families. The video features a man who resisted when the nursing home approached him about removing his wife's restraint and the way everyone worked together to eliminate her restraint safely.

Available at the *Untie the Elderly* website: www.ute.kendal.org.

Everyone Wins! A Family Guide to Restraint-Free Care

A documentary that follows a husband who needed significant support before he could accept restraint-free care for his wife. Available at the *Kendal Outreach* website:

<http://kendaloutreach.org/>.

Fall Management Guidelines. Health Care Association of New Jersey (HCANJ), Best Practice Committee. Adopted 9/2003, Revised 2/2005. Available online at:

<http://www.tmf.org/nursinghomes/restraint/Falls%20Management.pdf>

NCCNHR Consumer Fact Sheets, free at the NCCNHR website: www.nccnhr.org.

Physical Restraint Free Care Fact Sheet to be available June 2007.

“*Nursing Counts: Delirium, Depression Often Overlooked*,” John A. Hartford Institute for Geriatric Nursing, NYU at: www.Hartfordign.org.

Rader, Joanne et al., *Bathing Without a Battle: Personal Care of Individuals with Dementia*, Springer Publishing, 2002.

Rader, Joanne, *Individualized Dementia Care: Creative, Compassionate Approaches*, Springer Publishing, 1995.

Untie the Elderly Film Series:

Philosophy of care, the change process, and Environmental and Program Alternatives to Care. Go to the UTE website: www.ute.kendal.org

Untie the Elderly Newsletter provides ongoing information on restraint reduction. Go to the website: www.ute.kendal.org.

QIO Websites

Colorado Foundation for Medical Care

http://www.cfmc.org/nh/nh_restraints.htm

Colorado Foundation for Medical Care, in collaboration with AANAC, provides excellent assessment and alternatives materials. One page decision trees for wandering, falls, behavior symptoms, and emergency care.

Quality Improvement Organization Websites

<http://www.tmf.org/nursinghomes/restraint/index.htm>

A very complete and simple program from start to finish. Information available for the whole interdisciplinary team as well as families and ombudsman. It assumes restraint free nursing homes are the goal!

Quality Partners of Rhode Island

<http://www.riqualitypartners.org>

Click on “nursing homes,” then “organizational culture,” then “module 4,” and finally “restraints.” This website has all Joanne Rader’s slides on it. She did the California physical restraint training for CA in 2007 in seven sites across the state. They can be copied and used. It is very complete training program used by QIOs. This is also the site for the Advancing Excellence in America’s Nursing Homes Campaign, including restraint and consistent assignment information.

Other Websites

The American Geriatrics Society

<http://www.americangeriatrics.org/>

The American Geriatrics Society with British Geriatrics Society and American Academy of Orthopedic Surgeons Panel on Falls Prevention. Guideline for the prevention of falls in older persons. Also published in the JAGS 49(5): 664-72, 2001, May.

American Medical Directors Association

<http://www.amda.com/>

Using an interdisciplinary process, the American Medical Directors Association developed process guidelines for treatment of depression in nursing home residents. Also includes guidelines for chronic pain management. Undiagnosed chronic and acute pain in demented people often leads to behavioral symptoms, which are then treated with an inappropriate psychoactive drug rather than a medication to control pain. The Agency for Health care Research and Quality (AHRQ) has these guidelines.

Center for Gerontology and Health Care Research at the Brown Medical School

<http://www.chcr.brown.edu/dying/severepain.htm>

Brown University study on untreated pain in nursing home residents.

Hartford Institute for Geriatric Nursing

<http://www.hartfordign.org>

Includes Nursing Counts series. Also has Beers medication and the elderly criteria in the clinical section of the geriatric nursing self instructional course.

The Pioneer Network

<http://www.pioneernetwork.org>

Creating an environment for residents that has stable staff is key to good care. The vision to do this and the accompanying approach to individualized care are keys to restraint elimination. In fact, the pioneer network grew out of the restraint reduction movement.

Untie the Elderly

<http://www.ute.kendal.org>

The best ongoing information about reduction of physical restraints in nursing homes. Jill Blakeslee and Beryl Goldman helped to transform this county's thinking about restraint use. While Jill unfortunately has died, her good work continues in Beryl's capable hands. Visit the website or email them at info@ute.kendal.org. In addition to having resources such as films available, there are questions and answers, resources and other help available. Download the FDA bedrail guidance from the Hospital Bed Safety Workgroup (HBSW) at this site. Order the HBSW film on bed safety entitled, "Do No Harm."

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality

<http://www.ahrq.gov>

University of California at San Francisco-Stanford University Evidence-based Practice Center Subchapter 26.2. Interventions that Decrease the Use of Physical Restraints of the Evidence Report/technology Assessment, No. 43 entitled "Making Health Care Safer: A Critical analysis of Patient Safety Practices." The full report can be accessed at <http://www.ahrq.gov/qual/errorsix.htm>.

U.S. Department of Health and Human Services, Office of Inspector General

<http://www.oig.hhs.gov>

OIG nursing home reports. Many good ones on staffing, which is directly related to restraint reduction.

U.S. Food and Drug Administration

<http://www.fda.gov>

Download the Guidance from the Hospital Bed Safety Workgroup. This guidance details the risks, evidence, how to assess for a safe bed environment, provides a decision tree, and makes recommendations about using low beds and safety mats. Also download the consumer information flyer on bedrails. Report bedrail deaths at 1-800-FDA-1088.