



Barriers to implementing 'restraint free care' policies (April 2005)

Research Summary and Resource Material

Funded by The Bernard Judd Foundation

The National Ageing Research Institute (NARI) undertook a research project aimed at understanding when and why restraints are used in residential facilities (nursing homes and hostels). The project also aimed to find out what aspects of residential facilities may make it difficult to use restraints less. Restraints refer to physical barriers that stop people from moving about freely (such as bed rails and lap belts), medicines that aim to control people's behavior and environmental barriers (such as perimeter locking). Reducing falls and injury, managing aggression, understaffing and reducing legal liabilities have been reported in the literature as some of the reasons for restraint use. However, research evidence indicates that despite the reasons for using restraint, there is little evidence available to support these. In fact, research studies have reported a relationship between physical restraints, falls and fall related injuries. For more details about this project please visit the NARI website: www.nari.unimelb.edu.au

Purpose and background

In many residential care facilities in Australia, residents are restrained by various means. There is still some confusion about what is considered a restraint and what is not. This project explored what residents, their families and residential care staff considered to be restraints and alternatives that can be used. The National Ageing Research Institute has prepared this pamphlet to assist in reducing the use of restraints with the primary aim of improving care for residents.

Procedure

Discussions were held with staff, doctors, residents and family members from three facilities in Melbourne. Questions were asked about experiences and views about restraint use. This information has assisted the researchers in developing this document and a more detailed report.

Harms associated with using chemical restraints:

- Increased risk of falling and fall-related injuries including fracture;
- Increased confusion;
- Sedation;
- Side-effects depending on the individual and type of medication.

Harms associated with using physical restraints:

- Death (e.g. by strangulation);
- Fracture (eg falling from a greater height over bed rails);
- Psychological effects including anger, fear, resistance, humiliation, discomfort, resignation and denial;
- Incontinence;
- Pressure ulcers;
- Dependence in daily activities;
- Disorientation/ cognitive decline;
- Infections;
- Chronic constipation;
- Loss of bone mass;
- Decreased strength and ability to walk.

How to minimise the use of restraint

The findings from this project provide suggestions for ways that you and the staff in the facility can work together to reduce the use of restraint. This is not a comprehensive list. More information can be obtained from the resources available on the last page of this flyer:

Policy:

- Does the facility have a policy about restraint and restraint minimisation?
- Have you been provided with a copy of the policy?
- Were you involved in the development of the policy?

Day-to-day practice:

Assessment, Monitoring and Review:

- Are you involved in decisions about whether a restraint is required?
- Are you asked about alternative ways for looking after your relative?
- Are you involved in case conference meetings with doctors, PCAs, nurses and allied health staff?
- Is a behaviour chart used to identify times of the day when your relative or other residents are at risk?
- When a restraint has been authorised, is it regularly reviewed?
- Is there regular monitoring of restraints:
 - Residents who are physically restrained need to have restraints released frequently and be given an opportunity to walk or exercise.

Client Centred Care:

- Do staff spend one-on-one time with your relative?
- Are the residents' cultural needs met?
 - Does the facility try to employ staff who can speak the same language as residents?
 - Does the facility use interpreters for translating needs?
 - Do they find out from relatives the preferences of the resident who doesn't speak English?
- Have you tried to imagine yourself in a restraint?
- Is the residential care environment a homely environment where the residents have rights and freedom and are treated with respect?
- Do you feel you can talk to staff about the care of your relative?
- Does the facility use innovative approaches to address individual's needs, such as:
 - Music, aromatherapy, adjusting lighting, going outdoors.

Activities and Diversion:

- Does the facility provide programs for residents during the late afternoon / evening?
- Do they provide 'normal' experiences for residents such as taking them on outings?
- Do they provide sufficient programs and activities?
 - Examples of programs include: tai chi, craft, exercise, cards, cooking, men's club, ethnic club, movies, outings.

Use of Devices to Prevent Falls and Falls Related Injuries:

- Does the facility have high-low beds so that residents don't have so far to fall out of bed?
- Do they use devices to alert staff of resident movement, such as bed and chair alarms?
- Do they use grip bars on the side of the bed as an alternative to a bed rail for assisting resident mobility in bed?
- Do they use devices such as hip protectors to minimise injuries?

Injury Minimisation:

- Is bone strength promoted? For example, osteoporosis medication and or Vitamin D / calcium supplements.
- Are exercises provided that assist in improving muscle strength?

Modify the environment:

- Does the facility take account of individual needs, for example:
 - Hearing: consider level of noise, consider music therapy;
 - Smell: consider aromatherapy;
 - Vision: consider whether lighting is bright enough during the day to promote activity and dark enough at night to promote sleep.
 - Touch: consider if furniture is comfortable and whether the temperature is comfortable?
- Is the environment safe in terms of falls risk and falls prevention?
 - Some of the features of a safe environment would include non-slip flooring, adequate lighting, low pile carpets, no clutter, floor colour contrasting to wall colour, having adequate seating at regular intervals through long corridors.
- Is the environment suitable for people with dementia? For example, does the environment provide for planned wandering?
- Does the facility provide safe, accessible and interesting outdoor areas and gardens? Does it include features such as bus stops and areas that promote activity such as checking the letterbox, pets, feeding the chooks, gardening?
- Has the facility considered having perimeter locking on the perimeter of the block of land rather than the perimeter of the building?

Other resources and contact people:

Dementia Information:

Alzheimer's Australia Victoria for information about dementia management.

Phone: (03) 9815 7800; 1800 639 331 (dementia helpline)

Website: <http://www.alzheimers.org.au>

Aged Care Advocacy:

Each State and Territory has an advocacy service for advice about residential aged care issues. In Victoria this service is called Residential Care Rights.

Phone: 1800 700 600 (for your local advisory service)

Website: <http://www.vic.agedrights.asn.au>

Restraint Minimisation Resources:

Department of Health and Ageing 'Decision-Making Tool: Responding to issues of restraint in aged care'.

Phone: 1800 020 103 (toll free)

Website:

<http://www.health.gov.au/internet/wcms/publicing.nsf/Content/ageing-decision-restraint.htm>

For up-to-date information about research to improve care of older people, contact:

- The Australian Centre for Evidence Based Aged Care (ACEBAC),

Phone: (03) 9495 3141 **Website:**

<http://www.latrobe.edu.au/acebac>

- The Joanna Briggs Institute,

Phone: (08) 8363 4880

Website: <http://www.joannabriggs.edu.au>

Physical restraint reduction:

Untie the Elderly, Resource Manual

The Kendel Corporation, (US)

Website: www.ute.kendal.org

Falls Prevention Resources:

Victorian Quality Council, Minimising the Risk of Falls and Fall-related Injuries: Guidelines Pack for Acute, Sub-acute and Residential Care Settings

Phone: (03) 9616 1385

Website:

http://www.health.vic.gov.au/qualitycouncil/plans/falls_5d.htm

Queensland Health, Falls Prevention Best Practice Guidelines.

Phone: (07) 340 55252 **Website:**

<http://www.health.qld.gov.au/fallsprevention/best%5Fpractice/>

Accreditation Information:

The Aged Care Standards and Accreditation Agency Ltd. (the Agency) is the independent body responsible for managing accreditation of Commonwealth-funded aged care homes.

Phone: (03) 9897 4322

Website:

<http://www.accreditation.aust.com/index.html>

Suitable Environments:

'Adapting the Ward for people with dementia' by Richard Fleming, Ian Forbes and Kirsty Bennett, for the NSW Department of Health, 2003.

Phone: (02) 9391 9000

Website:

<http://www.health.nsw.gov.au/pubs/a/adapting030208.html>

Other Contacts:

- Victorian Association of Health and Extended Care, **Phone:** (03) 98200888 **Website:** www.vahec.com.au
- Aged and Community Services Australia, **Phone:** (03) 9686 3460 **Website:** www.agedcare.org.au
- Aged Care Association of Victoria, **Phone:** (03) 9885 0388 **Website:** www.agedcarevic.com.au
- Australian Nursing Homes' and Extended Care Association, **Phone:** (02) 6285 2615 **Website:** www.anhecasa.com.au
- Council on the Ageing, **Phone:** (03) 9654 4333; 1800 136 181 **Website:** <http://www.cota.org.au/>

Facility contact person/s:

For further information contact: National Ageing Research Institute, Betty Haralambous on (03) 8387 2601 b.haralambous@nari.unimelb.edu.au or Kirsten Black (03) 8387 2666 k.black@nari.unimelb.edu.au

Acknowledgements: The Bernard Judd Foundation, members of the Steering Group, staff from the three participating facilities, residents and family members who participated in focus groups.