



## 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 study examining restraint use (physical, chemical and environmental) in residential aged care settings. 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. Psychological and physical harms have been reported to be associated with various forms of restraint. The last decade has seen a shift towards restraint reduction policies and better quality care with the introduction of accreditation.

#### **Research Aim**

The aim of this research was to:

- Identify barriers to implementing 'restraint free care' policies in the residential care workplace.

#### **Methodology**

A qualitative methodology was used to explore the use of restraints in three residential aged care facilities in metropolitan Melbourne. This methodology allowed exploration of policies, processes, beliefs and attitudes that influenced the use of restraints in these facilities, all having different levels of restraint use. The methodology aimed to develop a detailed description of restraint use in each facility by drawing on views of residents, family members, managers, direct care staff, medical staff as well as documenting each facility's restraint policy. Data collection methods included interviews, focus groups and policy reviews.

#### **Strategies**

The following strategies have been developed as a result of this study. They assist in addressing barriers that have been identified in implementing 'restraint free care' policies. This is not a comprehensive list of strategies. Additional support and information can be obtained from the resources provided on the last page of this flyer. A full report of this study is available on the National Ageing Research Institute's website: [www.nari.unimelb.edu.au](http://www.nari.unimelb.edu.au)

#### **Policy:**

Implement a formal restraint policy:

The following principles could be used in policy implementation -

- The least possible use of restraint.
- Involvement of residents, families and interdisciplinary team in the decision making process.
- Physical restraint assessment undertaken and documentation of approved devices.
- Specification of a review period.
- Checking of devices before and during use for safety and appropriateness.
- Full documentation of the purpose of restraint.
- Chemical restraint only as a last resort.

Archibald, C. (2003). Restraint. Dementia Nursing. A Guide to Practice. R. Hudson. Melbourne, Ausmed Publications.

The restraint policy could also include -

- An agreed definition of physical and chemical restraints.
- Management support for restraint-free care or restraint minimisation.
- Open communication between all staff, doctors, family members and residents.
- Purchase of equipment to support removal of restraints, e.g. high-low beds.
- Monitoring level of restraint use and falls rates over time to assess the impact and effectiveness of the policy.
- Communication program, promoting the policy.

## Strategies for Daily Practice:

### Assessment, Monitoring and Review:

Undertake holistic assessment, monitoring and review -

- When assessing or reviewing whether a restraint is required, undertake a case conference involving family, doctors, PCAs, nurses and allied health staff.
- A behaviour chart may be useful for identifying triggers and time of day of behaviour that could put the resident or other residents at risk.
- Regular review of restraint authorisation could include:
  - For medications a chart should be used identifying the desired outcome and target behaviour of the medication. This chart should identify when a review should be undertaken to determine whether the desired outcome has been achieved and whether the medication needs to be altered or ceased;
  - Flagging when restraint authorisations are due for review. Having this information in individual resident's notes does not appear to be an effective flagging mechanism;
  - Reviews need to be viewed as an opportunity for removing restraint rather than a legal requirement for continuing the use of restraint.
- Regular monitoring of restraints:
  - Residents who are physically restrained need to have restraints released frequently and to have regular movement and exercise.

### Client Centred Care:

Strategies identified for client centred care include:

- Placing at risk residents near the nurses' station or in a position that is easy for staff to observe.
- Spending one-on-one time with residents.
- Meeting the cultural needs of residents. Try to employ staff who can speak the same language as residents. Use interpreters for translating needs. Find out from family members the preferences of the resident who doesn't speak English.
- Develop strategies for enhancing communication and adequate handover between permanent and agency staff.

### Client Centred Care (continued):

- Good communication and interaction and being 'where the resident is at the time'.
- Staff to imagine themselves in a restraint or being faced with the dilemma of family members trying to decide whether or not to authorise restraints on their relative. Think of the residential care environment as the resident's home, where they have rights and freedom and deserve to be treated with respect and dignity.
- Try innovative approaches to address individual's needs, such as music, aromatherapy, adjusting lighting, going outdoors. Some strategies may work one day but not the next. Finding the right level of stimulation (not over or under-stimulate, for example noise) - may require a trial and error approach.
- Refer also to "assessment, monitoring and review" (above).

### Activities and Diversion:

Provide flexible and innovative programs:

- Provide programs for residents experiencing sundowners.
- Employ activities staff in the evening, particularly between 4-7pm.
- Provide 'normal' experiences for residents such as taking them on outings, out into the sunshine.
- Giving a resident a cup of tea or a sandwich has been described as providing a diversion and calming residents down.
- Provide a range of activities. Examples of programs include: tai chi, craft, bingo, cards, cooking, men's club, ethnic club, movies, outings (e.g. shopping, pokies).
- If a resident is getting agitated, try changing their scenery, taking them for a walk, taking them to another place in the facility or outside.
- Do not assume that non-responsive residents are not capable of responding but that the activities provided may not be effectively engaging them. Find out what their interests were at other times in their life.
- Use volunteers for increasing social interaction for residents.

### Use of Devices to Prevent Falls and Falls Related Injuries:

The following devices were identified for preventing falls and falls related injuries:

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

### Injury Minimisation:

In addition to above devices, consider:

- Improving bone strength (osteoporosis medication and or Vitamin D / calcium supplements).
- Improving muscle strength (exercise).

### Modify the environment:

Does the environment suit the needs of the resident:

- Needs to take account of individual needs/preferences with the right level of stimulation, e.g. focusing on senses:
  - Hearing: consider level of noise, consider music therapy;
  - Smell: consider aromatherapy;
  - Vision: consider whether lighting is-bright enough during the day to promote activity; dark enough at night to promote sleep?
  - Touch: consider whether temperature is comfortable, furniture is comfortable?
- Has an environmental audit focusing on falls risk been undertaken? Some features of a safe environment include non-slip flooring, adequate lighting, low pile carpets, no clutter, floor colour contrasting to wall colour, 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?
- Provide safe, accessible and interesting outdoor areas and gardens, e.g. bus stops, areas that promote activity - letterbox, pets.
- Consider having perimeter locking on the perimeter of the block of land rather than the perimeter of the building.

### Restraint Minimisation Contact Person:

Allocate a staff member as a restraint minimisation contact. Responsibilities could include:

- Monitoring, recording and reducing the use of restraints in the facility.
- Keeping up to date with research evidence about restraint use and minimisation.
- Liaising with other aged care facilities to identify and share innovative approaches to reducing the use of restraints.
- Keeping staff, residents and family members informed of key information pertaining to restraints.
- Identifying the need for any in-service training or meetings.
- Ensuring that restraint authorisations are reviewed.

### Education:

The following are recommended for staff, residents and family:

- Meetings to be scheduled at different times to suit staff in different shifts.
- Night staff to be offered opportunities for accessing training.
- In-service training to be provided regarding the harms of restraint and alternatives to using restraints.
- In-service training for evidence-based practice for preventing falls, managing aggression, working with people with dementia and promoting good sleep hygiene be provided.
- Appreciate that different staff prefer different methods of learning. For example, face to face discussions over written materials; experiential learning, where staff are physically restrained for a period of time.
- Posters/pamphlets should also be available to staff/family members as an additional method of learning about restraints and possible alternatives and as a quick reference guide.
- Develop mechanisms for meeting with staff in other facilities to share innovative approaches to client care.
- Staff to provide adequate information about the possible harms of using restraints to family members.
- PCA and nursing curriculum's to outline risks of using restraint and strategies for reducing restraints.

## **Resources**

The following resources are a guide to 'restraint-free care' but are not intended to be a comprehensive list:

### Dementia Information:

Alzheimer's Australia Victoria for information about dementia management.

**Ph:** (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'.

**Ph:** 1800 020 103 (toll free)

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

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

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

**Ph:** (03) 9495 3141; **Website:** <http://www.latrobe.edu.au/acebac>

2. The Joanna Briggs Institute,

**Ph:** (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](http://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

**Ph:** (03) 9616 1385; **Website:** [http://www.health.vic.gov.au/qualitycouncil/plans/falls\\_5d.htm](http://www.health.vic.gov.au/qualitycouncil/plans/falls_5d.htm)

Queensland Health, Falls Prevention Best Practice Guidelines.

**Ph:** (07) 340 55252; **Website:** <http://www.health.qld.gov.au/fallsprevention/best%5Fpractice/>

Hill, K., F. Vratsidis, et al. (2004). An analysis of research on preventing falls and falls injury in older people: Community, residential care and hospital settings (2004 update). Canberra, Report by the National Ageing Research Institute for the Australian Government Department of Health and Ageing.

**Website:** [http://www.nari.unimelb.edu.au/divisions\\_health\\_falls.html](http://www.nari.unimelb.edu.au/divisions_health_falls.html)

### Accreditation Information:

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

**Ph:** (03) 9897 4322; **Website:** <http://www.accreditation.aust.com/index.html>

### Suitable Environments for people with dementia:

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

**Ph:** (02) 9391 9000; **Website:** <http://www.health.nsw.gov.au/pubs/a/adapting030208.html>

### Other General Contacts:

➤ Victorian Association of Health and Extended Care, **Ph:** (03) 98200888 **Website:** [www.vahec.com.au](http://www.vahec.com.au)

➤ Aged and Community Services Australia, **Ph:** (03) 9686 3460 **Website:** [www.agedcare.org.au](http://www.agedcare.org.au)

➤ Aged Care Association of Victoria, **Ph:** (03) 9885 0388 **Website:** [www.agedcarevic.com.au](http://www.agedcarevic.com.au)

➤ Australian Nursing Homes & Extended Care Association, **Ph:** (02) 6285 2615 **Website:** [www.anhecasa.com.au](http://www.anhecasa.com.au)

➤ Council on the Ageing, **Ph:** (03) 9654 4333; 1800 136 181 **Website:** <http://www.cota.org.au/>

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

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