Beth Israel Deaconess Hospital-Milton

Fall Reduction Strategy: Elimination of Restraints from Medical/Surgical Floors

The Problem

A hospital's decision to use restraints on patients is a difficult one, involving complex issues which can pose significant risks for both patient and hospital. According to Vassalo (2005), evidence does not support the use of restraint as an effective intervention in reducing the incidence of patient falls, including those with injury.

Additionally, the application of restraint poses numerous other dilemmas, e.g., ethical considerations, cultural attitudes, societal values as well as a substantive risk for harm and injury to the restrained patient, both physically and emotionally. In response to these hazards, regulatory agencies have established comprehensive but challenging standards for hospitals to comply with.

In a review of 2012 restraint utilization on the medical/surgical floors, it was identified that only 1-3 patients per month had been restrained.

Aim/Goal

Eliminate the use of restraint on the medical/surgical floors as a means to reduce the risk for potential harm associated with their application, as well as eliminate the risk for non-compliance with stringent regulatory standards and demonstrate this intervention did not adversely impact the hospital's overall fall rate.

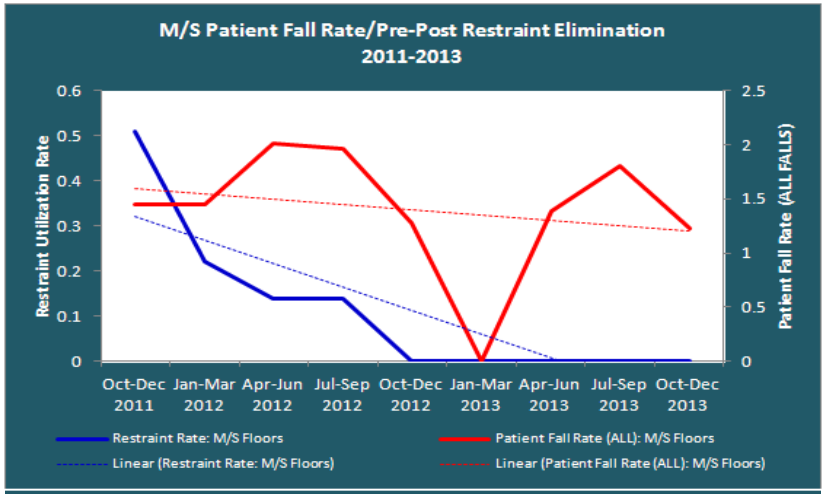
The Team

- Nursing Leadership
- Direct care nursing staff (Medical/Surgical areas)
- Non-nursing direct care clinicians
- Medical staff
- Hospital Leadership

The Interventions (Select Actions Taken)

- Hospital restraint policy revised to eliminate the medical/surgical floors as an approved area for the application of restraint
- Fall prevention program was revised to reflect this change
- Medical/Surgical nursing staff educated/supported during this transition
- Hospital leadership supported transferring patients to the ICU for restraint application, if necessary
- Other key stakeholders including Medical Staff were educated on changes to practice

The Results/Progress to Date



Calculation methods: Standard throughout industry:

1. Restraint Rate: % M/S patients restrained/Total M/S patient discharges
2. Fall Rate: # Falls per 1000 patient days

Lessons Learned

- The elimination of restraint use from the medical/surgical floors did not result in an increase in overall fall rate
- Between November 2012 – December 2013 (period without restraints) – the fall rate fell by > 33% in comparison to the 12 months preceding restraint elimination
- Greater confidence of compliance with regulatory standards due to decreased utilization
- Only 1 patient between Nov. 2012 and Dec.2013 was transferred to the ICU exclusively for restraint application
- No evidence of transfers out of ICU being delayed due to restraint need

Next Steps/What Should Happen Next

- Identify whether further reduction (not elimination) of restraint use can be applied in other areas, e.g. ICU
- Determine whether restraint policy/practice exceeds minimum regulatory expectations

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