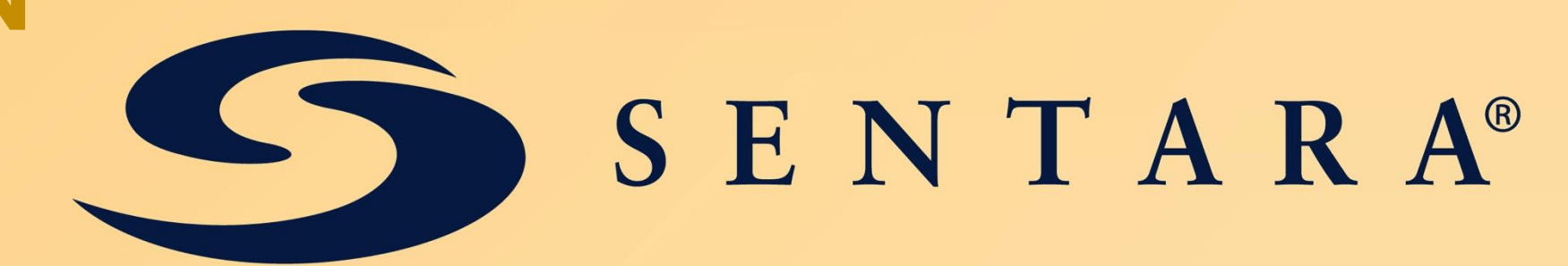




Releasing the Confusion of Restraint Documentation

Kelly R. Pineda, BSN, RN, CPHQ, CSSGB

Lan Castro, BSN, RN, CCRN



Background

In the acute care setting, physical restraint usage may be necessary, as a last resort, to prevent patients from inflicting harm upon themselves. Because restraints restrict a patient's freedom of movement, and can cause serious complications, their use must be limited and closely monitored. Sentara policy, in accordance with The Centers for Medicare and Medicaid Services (CMS) and DNVGL, Sentara's accrediting body, require the initial nonbehavioral restraint order to be renewed within 24 hours, as well as assessment and ongoing monitoring of the patient while restrained.

Aims/Goals/Objectives

- Ensure patient safety when utilizing physical restraints.
- Improve compliance with required nursing documentation.
- Consistently meet requirements for initial order renewal within 24 hours for nonbehavioral restraints.

Problem

Sentara requires every two hour documentation of monitoring on the following: less restrictive alternatives, clinical justification, visual checks, circulation, range of motion, fluids, food/meal, elimination, restraint type. The initial nonbehavioral restraint order is required to be renewed within 24 hours. Sentara Virginia Beach General received a major nonconformity from DNVGL in the fall of 2016 for not meeting these requirements.

Acknowledgments:

Peggy J Braun, MHA, BSN, RN, CENP

Vice President Patient Care /Chief Nurse Executive

Sentara Virginia Beach General Hospital & Sentara Independence

Method

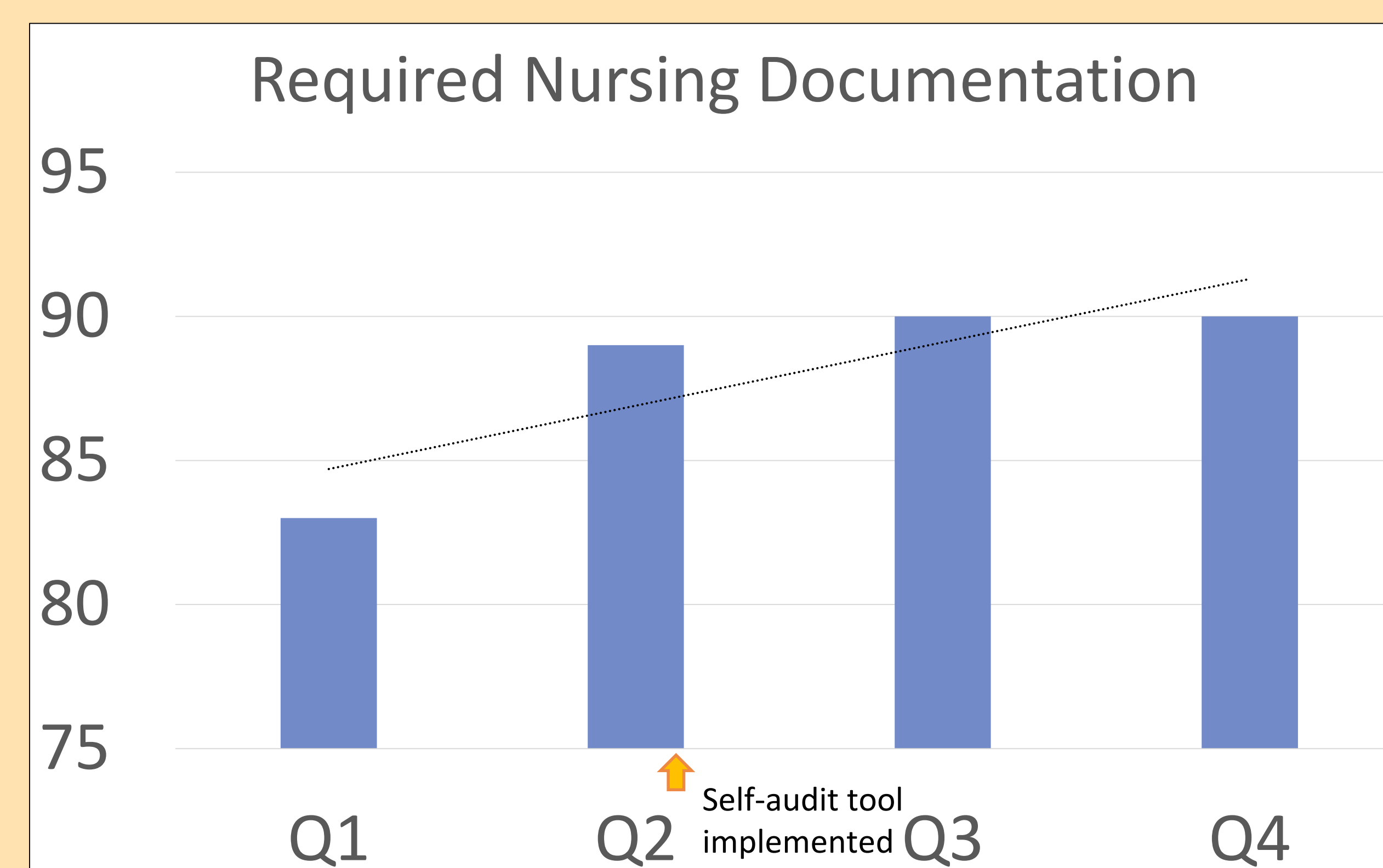
One hundred percent of medical records of restrained patients were audited between January 2017 and October 2017. During this time frame, a multi-disciplinary team consisting of nursing staff, educators, quality, nurse managers, directors, and vice presidents met bi-weekly to review fallouts and discuss steps to improve compliance. In June 2017, a nurse self-audit tool was developed and implemented. The expectation was set by leadership that all staff would be held accountable for appropriate documentation.

RESTRAINT SAFETY CHECK		
Patient Label		
	DATE, TIME, AND INITIALS	Comments
	Signifies that the chart is compliant	
The restraint order is <24 hours old and from a physician		
Restraints are applied within an hour of the order being placed		
The use of restraints has been discussed and documented with patient/family with each order		
The use of alternatives is documented Q4s		
The clinical justification is documented Q4s		
The documentation indicates that the patient was monitored Q4s		
The visual check documentation supports the need for restraints (no repetition of "observed" or "checked")		
The type of restraint is documented Q4s		
Type of documentation matches code		
The documented time is documented (when applicable)		
Nursing documentation is complete		
RN Name:	Unit:	

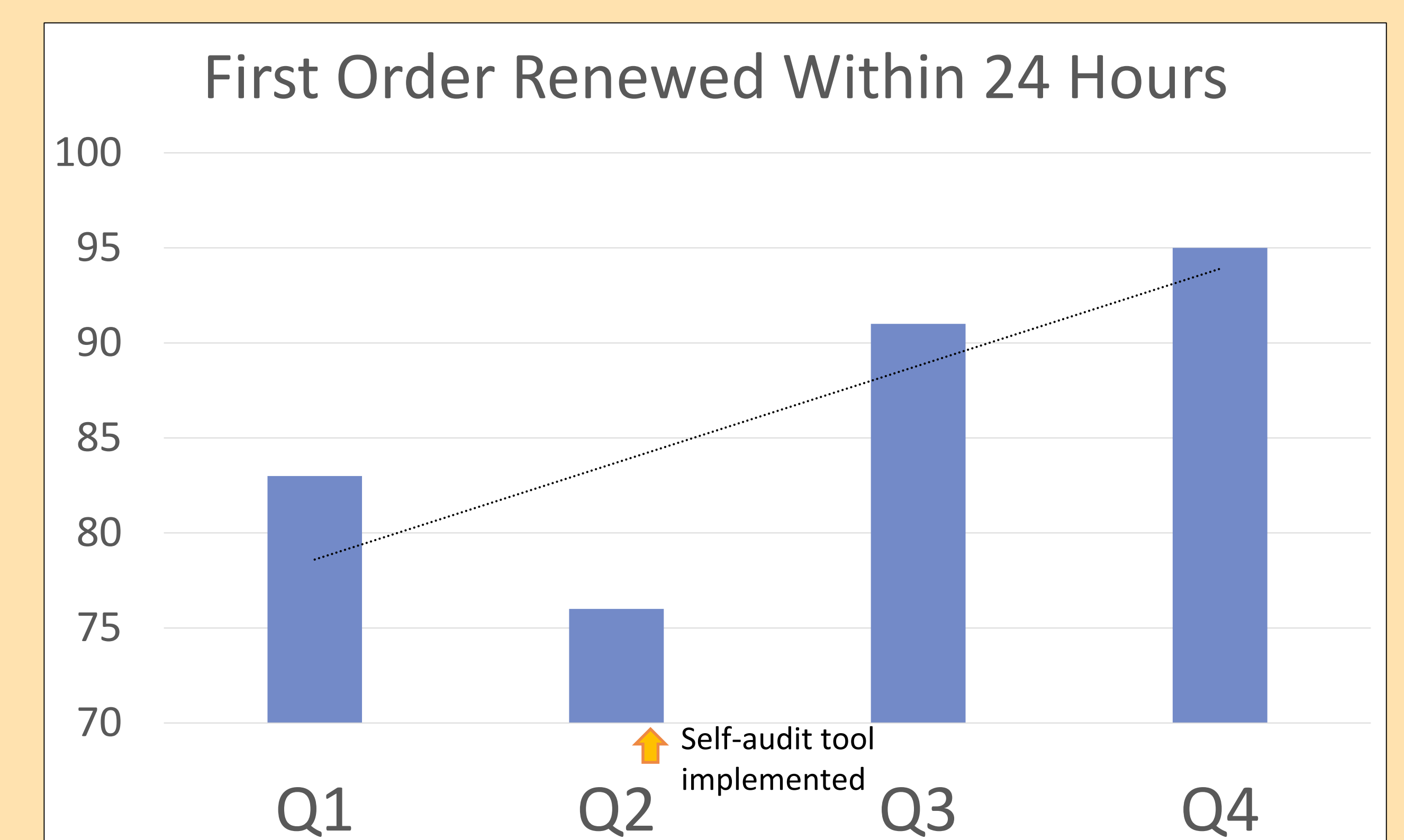
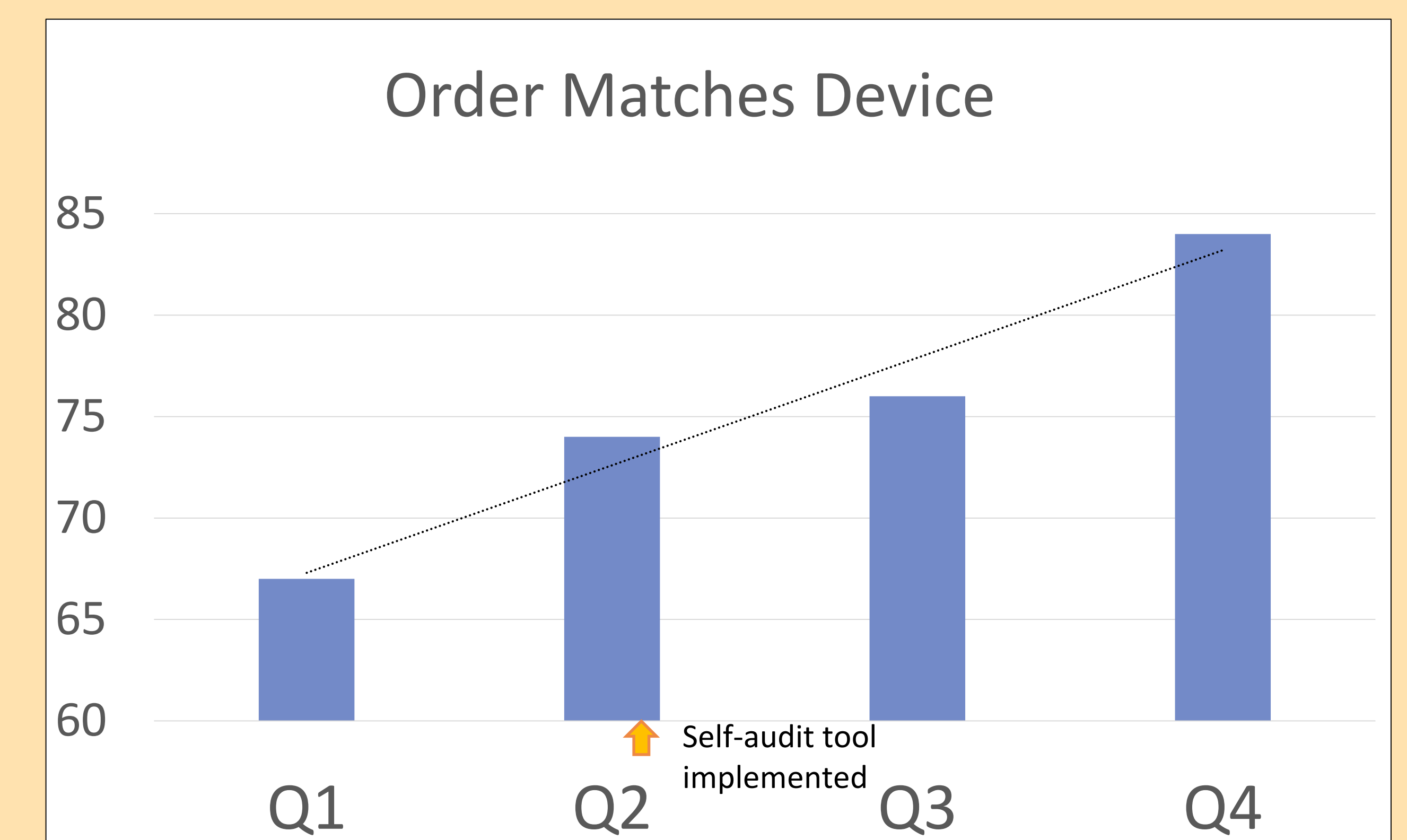
*Please fax completed form to Nursing Admin at 395-6880 and submit to your direct clinical manager for review. Revised 5/15/17 mgc, am: 6/7/17, am: 7/10/17 LSC

Results

Nursing documentation compliance increased from 83% to 90% (8% improvement) over the data collection period. Matching order and restraint device documentation compliance increased from 67% to 84% (25% improvement.) The first order renewal within 24 hours compliance increased from 83% to 95% (14% improvement.)



Results



Conclusion

Implementation of the nursing documentation self-audit tool along with focused attention, led to an increase in compliance with required nursing documentation, matching orders and device, and first order renewal.

References

DNVGL Healthcare. (2017.) *NIAHO® Accreditation Standards - Acute Care*. Retrieved from <https://www.dnvglhealthcare.com/standards>. Centers for Medicare and Medicaid Services: Conditions for Participation. (2017.) *State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals*. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf.

Contact Information

Kelly R. Pineda, BSN, RN, CPHQ, CSSGB
(757) 395-5302
krbeck@sentara.com
Lan Castro, BSN, RN, CCRN
(757) 395-6127
ltdinh@sentara.com