

**Everyone
Wins!**



*Quality
Care
Without
Restraints*



*A Family
Guide to
Quality
Care
Without
Restraints*

What is a restraint?



A restraint is anything that restricts a person's movement or access to his or her own body. A restraint could be a vest tied to a chair or bed. Or it could be a chair that has a lap tray that the person sitting cannot remove. A restraint may just be a seat belt... or mittens.

What matters is how the device affects the individual.

Nothing is wrong with a seat belt, for example, unless the person wearing it cannot open it to get up. Then it is a restraint. Similarly, a person may like having a tray across the arms of his or her chair because it provides a surface on which to place things. But if the person is not in control over whether or not it is used, it is a restraint.

The rule of thumb is: Can your relative remove the device or easily ask for and get help if he or she wants to move around?

Don't restraints keep most people safe?

Restraints do not remove the risk of falls. The fact is that nearly all people fall at one time or another. A recent study found that one in three adults 65 years of age or older falls each year. In the event of a fall, however, people who are not restrained tend to be less seriously injured than those who are restrained.

In some cases, restraints actually may increase the risk of injury in the event of a fall.

Consider, for example, the case of an individual who falls to the ground while trying to get up out of the chair. If the person is tied to the chair, the chair can fall on top of the person trying to get up.

Similarly, some nursing home residents may use bedrails to help turn or lift themselves to a sitting position. Bedrails can cause serious problems, however. If a person cannot ask for help when he

or she wants to get out of a bed with raised rails, and tries to get out anyway, he or she could fall or get stuck between the rails. If the person is tied to the bed as well, significant injury, or even death, may occur. If your family member is concerned about falling out of bed when he or she gets up at night, ask if the height of the bed can be lowered.



But haven't restraints always been used in nursing homes?

At one time, the use of restraints in nursing homes was common. In fact, most nursing schools taught students that restraints should be used to protect older people from falling or wandering away. In recent years, however, the routine use of restraints has raised significant concern. We now know that people who are restrained become depressed very rapidly. They lose muscle strength and mobility. They may become incontinent or develop skin problems as a result of being in the same position for too long. They often become more agitated, increasing their risk of injury.

On the other hand, moving around stimulates circulation, channels excess energy and anxiety, relieves stress, and reduces the risk of cardiovascular problems. Most importantly, it preserves dignity and permits nursing home residents to live more normally.



In fact, the benefits of restraint-free care so outweigh the risks that in 1987, a law was passed specifically to make the routine use of restraints a thing of the past.

What does the law say?

The Omnibus Budget Reconciliation Act of 1987—OBRA—states that “A skilled nursing facility must care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident... Residents have the right to be free from any physical or chemical restraints imposed for the purpose of discipline or convenience and not required to treat the resident’s medical symptoms.”

How has OBRA changed the way nursing homes care for elderly people?

As a result of OBRA and research that has been generated by OBRA, many long-term care facilities have renewed their commitment to quality of life and set a goal of eliminating the use of restraints

What do you mean by quality of life?

Quality of life concerns a person's comfort, happiness, and dignity. Gerontologists (people who specialize in caring for elderly people) believe that all people should live as normally as possible. As much as anyone, residents in long-term care facilities need to maintain relationships with other people and hold on to their own sense of who they are. Being able to move around and interact with other people is essential to these goals.



Do people with dementia know when they are restrained?

You can be very confused and still know that you cannot get up out of a chair, or move your arm, or scratch your nose. These are very basic feelings that remain even after verbal communication has deteriorated.

What happens when a facility begins to remove restraints?

Restraint elimination is a very gradual and careful process. Successful efforts involve close observation and planning.

Typically, an interdisciplinary group of staff members will carefully observe a resident for a period of time to be sure they know the person well and understand his or her unique needs. They will want to talk to you to learn as much as possible about your relative. They may ask you about your relative's typical daily routine and about what means the most to him or her. They may want to know what tends to get your family member upset and what calms him or her down. They will want to know about any special interests your relative has. The more they know about your relative's daily rhythm and needs, the easier it will be for them to provide the highest quality of life and care possible.

The staff then asks themselves: How can I keep this person safe without restraints? Physical or occupational therapy may be prescribed to strengthen muscles that haven't been used in awhile. If a person is at risk of falling if he or she tries to get out of bed or a chair independently, a sensor may be placed on the bed or chair (rather than the person) to signal the staff when help is needed. Special chair cushions may be used to improve positioning.

Usually, if a resident has had restraints for a long period of time, the device will be removed for only brief periods at first. During this time staff members will carefully watch what happens and will stay nearby to provide assistance. The more they observe, the more they can anticipate a person's needs.



How can you help?

Family members have a very important role to play in keeping residents restraint free and in removing restraints that have been used in the past.

First, share with the staff all you know about your relative. Be as specific as possible. How did your relative earn a living? How did weekends differ from weekdays? In what sports or hobbies was he or she involved? What kind of clothes are preferred? Talk about sleep patterns and preferred meal times. Does your relative like to nap? Is he or she used to having a snack at particular times of the day? Does he or she like to sleep under a light quilt, for example, or a heavy stack of blankets? Does he or she sleep in pajamas or underwear? How typical is the person's current behavior?

Second, if at all possible, spend some extra time at the facility during the early days of restraint removal. Help be an extra pair of hands and eyes.

Third, be open minded. If you are apprehensive about restraint removal, discuss your fears with the staff. Agree to try restraint removal for a short time, even if it is only one hour a day to begin.

Finally, celebrate successful restraint-removal programs with the staff. Observe how your family member's behavior and attitude have changed and share your observations with the staff.



Is that all there is to taking off restraints?

The needs and abilities of elderly people change from day to day. A restraint-free solution that works one week may need to be changed to work the next week. Be open to change and help problem solve as new challenges arise.

For information about a related video, contact the Independent Production Fund, 45 West 45th Street, New York, New York 10036, 1-800-727-2470.

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Consultants

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JANET WELLS, Senior Program Specialist, Health Advocacy Services, American Association of Retired Persons, Washington, D.C.

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