

100% Restraint Free: Franke at Seaside, Keil Health Care Center

2006 (Mt. Pleasant, SC) When Cynthia Jordan, RN, became the director of nursing at Franke at Seaside Keil Health Care Center in February 2004, nearly 27% of the 44 skilled nursing center resident's physicians ordered physical restraints. At this time, the average percent of nursing home residents with physical restraints was 9.3% in SC and 7.8% nationally. It became Ms Jordan's personal agenda to motivate her team to eliminate restraints and improve the quality of Franke residents' life. One year later, the entire nursing center achieved, and continues to remain 100% physical restraint-free.

Taking the lead as the Director of Nursing and partnering with the support of the Medical Director an interdisciplinary Restraint Reduction Committee [RRC] with representatives from Nursing, Rehabilitation Therapy, and Restorative Care set out to review current facility restraint usage, protocols and practices, and the perceptions of staff, resident and family's resistance to removing restraints.

Staff, residents and their families and physicians were educated about the intent and benefits of the Restraint Reduction program. Given opportunity for feedback staff voiced concern that the restraint free goal could not be met without increasing resident falls. Families were resistant to remove restraints as they considered restraints "safety nets" to provide protection.

To address these concerns, a fall risk assessment was performed for all residents. In addition, a restraint reduction assessment was performed for those residents with physical restraints. The RRC reviewed individual residents' daily activity patterns for toileting, needs, sleeping, social and recreational activities to determine opportunities to reduce or remove restraints. Resident Care Plan interventions were addressed with individually assessed needs and risks, and a variety of restraint alternatives were identified and introduced for each resident. Interventions included bed and chair alarms to alert staff to potentially unsafe resident movement, lowering beds for ease of resident self-transfer, bedside landing pads and hip pads for resident protection in the unlikely event of falls. A Restorative Care Program developed to improve resident strength and mobility, decrease the amount of time residents were restrained with a "Walk to Dine" program, enhanced range of motion and other therapeutic activities. In addition, residents were not restrained during supervised meals, care and activities. With continued education and training, 1:1 interventions, staff, residents and families become more aware of the benefits and ease of the restraint reduction program. A noted secondary benefit included the improvement of resident continence as residents became more mobile with staff interventions.

Staff began thinking about each resident as a true individual and developed a Person-Centered approach to care for each individual resident.

One by one restraints were gradually minimized for each resident, eventually eliminating restraints completely. The family of the last resident with a restraint was extremely resistant to removing the restraint, despite assessment, education and care conferences explaining the benefits of reduction and removal. Finally, the restraints were allowed to be removed when her mother asked, “Why am I the only one that has one of these?” [Restraint].

In the fall of 2004 Franke at Seaside partnered with the Wellspring Institute to enhance their integration of the concepts of resident directed care, federal quality indicators, nationally defined best practices and new leadership paradigms to improve resident life, care outcomes, staff efficiency, and satisfaction. Wellspring believes the key to an improved resident experience and success is collaboration and cooperation among facilities, staff empowerment, data-based decision-making and accountability between partner organizations for improved resident outcomes. While management is responsible for defining quality care, front-line staff members who know each resident can make the best decisions about how care is delivered. This empowerment is achieved through extensive staff education in the form of “care resource teams” or “CRT.”

The Restraint Reduction Committee was eliminated due to lack of restraints and Franke instituted a Wellspring Community Resource Team addressing Resident Fall and Restorative Care. This new team also adds the membership of the activities staff in addition to the original Restraint Reduction Committee members.

The outcome of the Restraint Reduction Committee’s initial work and the ongoing work of the CRT helps keep residents at their highest potential level of function to prevent falls, decrease resident dependence on staff, and maintain a restraint free practice at Franke. At Franke, staff from all disciplines now embraces their role and responsibility to maintain the resident’s functioning abilities while being restraint free.