



Health Quality Ontario Long-Term Care Restraints

Best Practices

Updated on December 14, 2015

“Insanity is doing things the way we’ve always done them and expecting different results”

Albert Einstein

Evidence-informed best practices are based on quality evidence and should be implemented into practice to optimize outcomes.⁹ Listed below you will find best practices graded according to the type of evidence. To view a description of the types of evidence, [click here](#).

To help you move from best evidence to best practice, **click on the + button next to each best practice** to find details on how to implement, as well as change ideas to test using a PDSA approach.

Change ideas are specific and practical changes by experience and research that focus on improving specific aspects of a system, process or behaviour. To learn more about change ideas see the [QI: Getting Started tab](#).

EVIDENCE-INFORMED BEST PRACTICES

Implement a least restraint policy

Make Change

Evidence-Informed Best Practice	How To Implement	Toolbox
<p>Implement a least restraint policy</p>	<p>Ensure hospital teams understand the legislative and legal requirements of restraint policy and usage.</p> <ul style="list-style-type: none"> Develop policies and manuals for practice. 	<ul style="list-style-type: none"> Guide to the Long Term Care Homes Act, 2007 [http://www.health.gov.on.ca/en/public/programs/ltc/docs/lcha_guide_phase1.pdf] Promoting Safety: Alternative Approaches to the Use of Restraints. Clinical Best Practice Guidelines, [http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf] Registered Nurses’ Association of Ontario (RNAO) Practice Standard: Restraints [http://www.cno.org/Global/docs/prac/41043_Restraints.pdf?epslanguage=en], College of Nurses of Ontario Minimizing of Restraining [http://www.hqontario.ca/Portals/0/documents/pr/ltc-mohltc-minimizing-of-restraining-1104-en.pdf], Ministry of Health and Long Term Care

References

Implement a least restraint policy

Type of Evidence: IV (Expert Opinion)

REFERENCES:

Supporting Resources

Allen DE, de Nesnera A, Souther JW. Executive-level reviews of seclusion and restraint promote interdisciplinary collaboration and innovation. *J Am Psychiatr Nurses Assoc*. 2009 Aug;15(4):260-64. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/21665812> [\[http://www.ncbi.nlm.nih.gov/pubmed/21665812\]](http://www.ncbi.nlm.nih.gov/pubmed/21665812)

Gelkopf M, Roffe Z, Behrbalk P, Melamed Y, Werbluff N, Bleich A. Attitudes, opinions, behaviors, and emotions of the nursing staff toward patient restraint. *Issues Ment Health Nurs*. 2009 Dec;30(12):758-63. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19916810> [\[http://www.ncbi.nlm.nih.gov/pubmed/19916810\]](http://www.ncbi.nlm.nih.gov/pubmed/19916810)

Köple S, Mühlhauser J, Gerlach A, Haut A, Hastert B, Möhler R, Meyer G. Effect of a guideline-based multicomponent intervention on use of physical restraints in nursing homes. A randomized control trial. *JAMA*. 2012 May 23/30; 307(20): 2177-2184. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22618925> [\[http://www.ncbi.nlm.nih.gov/pubmed/22618925\]](http://www.ncbi.nlm.nih.gov/pubmed/22618925)

Möhler R, Richter T, Köpke S, Meyer G. Interventions for preventing and reducing the use of physical restraints in long-term geriatric care – a Cochrane review. *Journal of Clinical Nursing* 2012; 21: 3070-3081. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21328295> [<http://www.ncbi.nlm.nih.gov/pubmed/21328295>]

College of Nurses of Ontario. Practice Standard: Restraints. Toronto: College of Nurses of Ontario; 2009 Jun. Available from: http://www.cno.org/Global/docs/prac41043_Restraints.pdf [http://www.cno.org/Global/docs/prac41043_Restraints.pdf]

Registered Nurses' Association of Ontario (RNAO). Promoting Safety: Alternative Approaches to the Use of Restraints. Toronto: Registered Nurses' Association of Ontario; 2012 Feb. Available from: http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf [http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf]

Staff Education: Provide tools and resources for on at-risk residents and alternatives to restraints

Make Change

Evidence-Informed Best Practice	How To Implement	Toolbox
<p>Staff Education: Provide tools and resources for at risk clients and alternatives to restraints</p>	<p>Provide resources and tools to identify residents at-risk of needing restraint, as well as an environment that is supportive of alternatives to the use of restraints. (Practice Standard: Restraints, 2009, College of Nurses of Ontario).</p> <p>If restraints must be used, discuss with the patient or the caregiver the rationale for the need to use restraints, the expected outcome, and the type of restraint to be used:</p> <ul style="list-style-type: none"> Initially, consider first and second line intervention strategies of de-escalation and crisis management <p>Provide staff education about the assessment, planning, implementation, support and evaluation of least restraint practices and patient rights</p>	<ul style="list-style-type: none"> Failure Modes and Effects Analysis (FMEA) Tool http://app.ihi.org/Workspace/tools/fmea/ProcessDetailDataReport.aspx?ToolId=7847&ScenarioId=9121&Type=1, Heartland Behavioral Health Services, Nevada, Missouri (Institute for Healthcare Improvement). This comprehensive tool helps healthcare teams reduce restraint use. Practice Standard: Restraints http://www.cno.org/Global/docs/prac/41043_Restraints.pdf?epslanguage=en, College of Nurses of Ontario Promoting Safety: Alternative Approaches to the Use of Restraints, Clinical Best Practice Guidelines, http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf Registered Nurses' Association of Ontario

References

Staff Education: Provide tools and resources on at-risk residents and alternatives to restraints

Type of Evidence: IV (Expert Opinion)

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Allen DE, de Nesnera A, Souther JW. Executive-level reviews of seclusion and restraint promote interdisciplinary collaboration and innovation. *J Am Psychiatr Nurses Assoc*. 2009 Aug;15(4):260-64. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/21665812> [<http://www.ncbi.nlm.nih.gov/pubmed/21665812>]

Gelkopf M, Roffe Z, Behrbalk P, Melamed Y, Werbluff N, Bleich A. Attitudes, opinions, behaviors, and emotions of the nursing staff toward patient restraint. *Issues Ment Health Nurs*. 2009 Dec;30(12):758-63. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19916810> [<http://www.ncbi.nlm.nih.gov/pubmed/19916810>]

Köpke S, Mühlhauser I, Gerlach A, Haut A, Hastert B, Möhler R, Meyer G. Effect of a guideline-based multicomponent intervention on use of physical restraints in nursing homes. A randomized control trial. *JAMA*. 2012 May 23/30; 307(20): 2177-2184. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22618925> [<http://www.ncbi.nlm.nih.gov/pubmed/22618925>]

Möhler R, Richter T, Köpke S, Meyer G. Interventions for preventing and reducing the use of physical restraints in long-term geriatric care – a Cochrane review. *Journal of Clinical Nursing* 2012; 21: 3070-3081. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21328295> [<http://www.ncbi.nlm.nih.gov/pubmed/21328295>]

College of Nurses of Ontario. Practice Standard: Restraints. Toronto: College of Nurses of Ontario; 2009 Jun. Available from: http://www.cno.org/Global/docs/prac41043_Restraints.pdf [http://www.cno.org/Global/docs/prac41043_Restraints.pdf]

Registered Nurses' Association of Ontario (RNAO). Promoting Safety: Alternative Approaches to the Use of Restraints. Toronto: Registered Nurses' Association of Ontario; 2012 Feb. Available from: http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf [http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf]

Interprofessional collaboration

Make Change

Evidence-Informed Best Practice	How To Implement	Toolbox
<p>Interprofessional collaboration</p> <p>Use interprofessional health care team collaboration in developing and implementing the plan of care.</p>	<p>Examples of interprofessional collaboration include:</p> <ul style="list-style-type: none"> • Physiotherapists can assess and treat gait disturbances to reduce the need for restraints • Occupational therapists can implement environmental interventions that aid in orientation • Problem-solving occurs, in part, through collaboration with other team members, including the patient and the family 	<ul style="list-style-type: none"> • Practice Standard: Restraints [http://www.cno.org/Global/docs/prac/41043_Restraints.pdf?epslanguage=en], College of Nurses of Ontario

References

Interprofessional collaboration

Type of Evidence: IV (Expert Opinion)

REFERENCES:

Allen DE, de Nesnera A, Souther JW. Executive-level reviews of seclusion and restraint promote interdisciplinary collaboration and innovation. *J Am Psychiatr Nurses Assoc.* 2009 Aug;15(4):260-64. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/21665812> [<http://www.ncbi.nlm.nih.gov/pubmed/21665812>]

Gelkopf M, Roffe Z, Behrbalk P, Melamed Y, Werbluff N, Bleich A. Attitudes, opinions, behaviors, and emotions of the nursing staff toward patient restraint. *Issues Ment Health Nurs.* 2009 Dec;30(12):758-63. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19916810> [<http://www.ncbi.nlm.nih.gov/pubmed/19916810>]

Köpke S, Mühlhauser I, Gerlach A, Haut A, Hastert B, Möhler R, Meyer G. Effect of a guideline-based multicomponent intervention on use of physical restraints in nursing homes: A randomized control trial. *JAMA.* 2012 May 23/30; 307(20): 2177-2184. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22618925> [<http://www.ncbi.nlm.nih.gov/pubmed/22618925>]

Möhler R, Richter T, Köpke S, Meyer G. Interventions for preventing and reducing the use of physical restraints in long-term geriatric care – a Cochrane review. *Journal of Clinical Nursing* 2012; 21: 3070-3081. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21328295> [<http://www.ncbi.nlm.nih.gov/pubmed/21328295>]

College of Nurses of Ontario. Practice Standard: Restraints. Toronto: College of Nurses of Ontario; 2009 Jun. Available from: http://www.cno.org/Global/docs/prac/41043_Restraints.pdf [http://www.cno.org/Global/docs/prac/41043_Restraints.pdf]

Registered Nurses' Association of Ontario (RNAO). Promoting Safety: Alternative Approaches to the Use of Restraints. Toronto: Registered Nurses' Association of Ontario; 2012 Feb. Available from: http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf [http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf]

Use least restrictive restraints when required

Make Change

Evidence-Informed Best Practice	How To Implement	Toolbox
<p>Use least restrictive restraints when required</p>	<p>If attempts to modify or eliminate the risk factors have not been successful and a restraint is required, use the least restrictive restraint measure following consultation with the client or substitute decision maker. (Practice Standard: Restraints, 2009, College of Nurses of Ontario)</p> <p>Examples of least restrictive measures include:</p> <ul style="list-style-type: none"> • Using a secure ward for a wandering client rather than using a chair restraint • Using partial side rails rather than full side rails 	<ul style="list-style-type: none"> • Practice Standard: Restraints [http://www.cno.org/Global/docs/prac/41043_Restraints.pdf?epslanguage=en], College of Nurses of Ontario

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Allen DE, de Nehera A, Souther JW. Executive-level reviews of seclusion and restraint promote interdisciplinary collaboration and innovation. *J Am Psychiatr Nurses Assoc.* 2009 Aug;15(4):260-64. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/21665812> [<http://www.ncbi.nlm.nih.gov/pubmed/21665812>]

Gelkopf M, Roffe Z, Behrbalk P, Melamed Y, Werbloff N, Bleich A. Attitudes, opinions, behaviors, and emotions of the nursing staff toward patient restraint. *Issues Ment Health Nurs.* 2009 Dec;30(12):758-63. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19916810> [<http://www.ncbi.nlm.nih.gov/pubmed/19916810>]

Köpke S, Mühlhauser I, Gerlach A, Haut A, Hastert B, Möhler R, Meyer G. Effect of a guideline-based multicomponent intervention on use of physical restraints in nursing homes: A randomized control trial. *JAMA.* 2012 May 23;307(20): 2177-2184. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22618925> [<http://www.ncbi.nlm.nih.gov/pubmed/22618925>]

Möhler R, Richter T, Köpke S, Meyer G. Interventions for preventing and reducing the use of physical restraints in long-term geriatric care – a Cochrane review. *Journal of Clinical Nursing* 2012; 21: 3070-3081. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21328295> [<http://www.ncbi.nlm.nih.gov/pubmed/21328295>]

College of Nurses of Ontario. Practice Standard: Restraints. Toronto: College of Nurses of Ontario; 2009 Jun. Available from: http://www.cno.org/Global/docs/prac/41043_Restraints.pdf [http://www.cno.org/Global/docs/prac/41043_Restraints.pdf]

Registered Nurses' Association of Ontario (RNAO). Promoting Safety: Alternative Approaches to the Use of Restraints. Toronto: Registered Nurses' Association of Ontario; 2012 Feb. Available from: http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf [http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf]

Ongoing assessment during periods of restraint

Make Change

Evidence-Informed Best Practice	How To Implement	Toolbox
<p>Ongoing assessment during periods of restraint</p>	<p>If a patient requires restraint, use ongoing assessment protocols to maximize outcomes by assessing:</p> <ul style="list-style-type: none"> • Desired effect of restraint or device • Position of restrain or device • Skin condition and circulation to extremities • Risk to respiration • Risk to mobility • Alertness and orientation • Emotional well-being • Pain and discomfort • Need for care (toileting, nutrition) • Assess the continued requirement for restraint or device, potential for discontinuation 	<ul style="list-style-type: none"> • Patient Restraints Minimization Act, 2001, S.O. 2001, CHAPTER 16 [http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_01p16_e.htm] • Practice Standard: Restraints [http://www.cno.org/Global/docs/prac/41043_Restraints.pdf?epslanguage=en], College of Nurses of Ontario • Promoting Safety: Alternative Approaches to the Use of Restraints. Clinical Best Practice Guidelines [http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf], Registered Nurses' Association of Ontario

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Ongoing assessment during periods of restraint

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Allen DE, de Nesnera A, Souther JW. Executive-level reviews of seclusion and restraint promote interdisciplinary collaboration and innovation. J Am Psychiatr Nurses Assoc. 2009 Aug;15(4):260-64. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/21665812> [<http://www.ncbi.nlm.nih.gov/pubmed/21665812>]

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Köpke S, Mühlhauser I, Gerlach A, Haut A, Hastert B, Möhler R, Meyer G. Effect of a guideline-based multicomponent intervention on use of physical restraints in nursing homes: A randomized control trial. JAMA. 2012 May 23/30; 307(20): 2177-2184. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22618925> [<http://www.ncbi.nlm.nih.gov/pubmed/22618925>]

Möhler R, Richter T, Köpke S, Meyer G. Interventions for preventing and reducing the use of physical restraints in long-term geriatric care – a Cochrane review. Journal of Clinical Nursing 2012; 21: 3070-3081. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21328295> [<http://www.ncbi.nlm.nih.gov/pubmed/21328295>]

College of Nurses of Ontario. Practice Standard: Restraints. Toronto: College of Nurses of Ontario; 2009 Jun. Available from: http://www.cno.org/Global/docs/prac/41043_Restraints.pdf [http://www.cno.org/Global/docs/prac/41043_Restraints.pdf]

Registered Nurses' Association of Ontario (RNAO). Promoting Safety: Alternative Approaches to the Use of Restraints. Toronto: Registered Nurses' Association of Ontario; 2012 Feb. Available from: http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf [http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf]

References

9. **Grol R, Grimshaw J. From best evidence to best practice: effective implementation of change in patients' care.**

Lancet. 2003 Oct 11;362(9391):1225-30.

Available from: <http://www.ncbi.nlm.nih.gov/pubmed/14568747>

<http://www.ncbi.nlm.nih.gov/pubmed/14568747>

Measurement

Updated on December 14, 2015

“Some is not a number, soon is not a time.”

Don Berwick December 2004, at launch of the 100,000 Lives Campaign

How will we know if a change is an improvement? Measurement is one of the critical steps in a quality improvement (QI) initiative that assesses the impact of your tests of change. **Quality indicators** are used to measure how well something is performing. There are three types of quality indicators used to measure your QI efforts: **outcome** (indicators that capture clinical outcomes and or system performance), **process** (indicators that track the processes that measure whether the system is working as planned), and **balancing** indicators (indicators that ensure that changing one part of the system does not cause new problems in other parts of the system).

Type of Indicator	Indicator of Quality Improvement	How to Calculate: numerator _____ denominator	Targets/ Benchmarks	How is This Indicator Used?
Outcome	Percentage of residents in daily physical restraints	Residents who were physically restrained daily on their target assessments Residents with valid assessments	<u>Targets:</u> As low as possible (set by individual homes) <u>Provincial benchmarks:</u> 3%	Quality improvement QIP indicator Publicly reported by HQO

Run Charts

Collected measures can be presented graphically by plugging the monthly results into [run chart](#).

References

12. **Canadian Institute for Health Information. Ontario Mental Health Reporting System (OMHRS): Q4 FY 2009/10, Q3 FY 2010/11 [Internet].**

Toronto: Canadian Institute for Health Information.

Available from: [http://www.cihi.ca/CIHI-ext-](http://www.cihi.ca/CIHI-ext-portal/internet/en/document/types+of+care/specialized+services/mental+health+and+addictions/omhrs_metadata#)

[portal/internet/en/document/types+of+care/specialized+services/mental+health+and+addictions/omhrs_metadata#](http://www.cihi.ca/CIHI-ext-portal/internet/en/document/types+of+care/specialized+services/mental+health+and+addictions/omhrs_metadata#)

[\[http://www.cihi.ca/CIHI-ext-](http://www.cihi.ca/CIHI-ext-portal/internet/en/document/types+of+care/specialized+services/mental+health+and+addictions/omhrs_metadata)

[portal/internet/en/document/types+of+care/specialized+services/mental+health+and+addictions/omhrs_metadata\]](http://www.cihi.ca/CIHI-ext-portal/internet/en/document/types+of+care/specialized+services/mental+health+and+addictions/omhrs_metadata)

Tools & Resources

Updated on December 14, 2015

Tools

Restraints Tools

- [Failure Modes and Effects Analysis \(FMEA\) Tool](#)
[\[http://app.ihi.org/Workspace/tools/fmea/ProcessDetailDataReport.aspx?ToolId=7847&ScenarioId=9121&Type=1\]](http://app.ihi.org/Workspace/tools/fmea/ProcessDetailDataReport.aspx?ToolId=7847&ScenarioId=9121&Type=1)
Heartland Behavioral Health Services, Nevada, Missouri, 2008. This comprehensive tool helps healthcare teams reduce restraint use.
- [Promoting Safety: Alternative Approaches to the Use of Restraints \(Clinical Best Practice Guidelines\)](#)
[\[http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf\]](http://mao.ca/sites/mao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf)
Registered Nurses' Association of Ontario (RNAO), February 2012. For a broad range of assessment and alternative treatment options to restraints tools.

QI Tools

- Communications Plan: [Instructions](#), [Tool](#)
- Fishbone Template: [Instructions](#), [Tool](#)
- Five Whys: [Instructions](#), [Tool](#)
- Measurement Plan Template: [Instructions](#), [Tool](#)
- Pareto Chart: [Instructions](#), [Tool](#)
- [PDSA Template](#)
- [Project Charter](#)
- [Tree Diagram Worksheet](#)

For a more comprehensive list of tools and resources, visit HQO's website:

- [HQO Tools and Resources](#) [<http://www.hqontario.ca/quality-improvement/tools-and-resources>]

Resources

- [Möhler R, Meyer G. Attitudes of nurses towards the use of physical restraints in geriatric care: a systematic review of qualitative and quantitative studies.](#) [<http://www.ncbi.nlm.nih.gov/pubmed/24176718>]
Int J Nurs Stud. 2014 Feb;51(2):274-88
- [Coming to grips with challenging behavior: a cluster randomized controlled trial on the effects of a multidisciplinary care program for challenging behavior in dementia](#)
[\[http://www.ncbi.nlm.nih.gov/pubmed/24878214\]](http://www.ncbi.nlm.nih.gov/pubmed/24878214)
Zwijzen SA, Smaalbrugge M, Eefsting JA, Twisk JW, Gerritsen DL, Pot AM, Hertogh CM. J Am Med Dir Assoc. 2014 Jul;15(7):531.e1-10

Practice Standard

- [Restraints](#) [http://www.cno.org/Global/docs/prac/41043_Restraints.pdf]
College of Nurses of Ontario, 2009. This practice standard helps nurses understand their responsibilities and make informed decisions about the use of restraints.

Links

- [Patient Restraints Minimization Act, 2001](#) [http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_01p16_e.htm]
Ministry of Health and Long Term Care
- [Long-Term Care Homes Act, 2007](#) [http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07108_e.htm]
Ministry of Health and Long-Term Care

QI Resources

- [Interpreting Run Charts](#)
Health Quality Ontario
- [Model for Improvement \(Clip 1\)](http://www.youtube.com/watch?v=SCYghxtioY) [<http://www.youtube.com/watch?v=SCYghxtioY>]
Institute for Healthcare Improvement
- [Model for Improvement \(Clip 2\)](http://www.youtube.com/watch?v=6MlUqduINwQ&feature=relmfu) [<http://www.youtube.com/watch?v=6MlUqduINwQ&feature=relmfu>]
Institute for Healthcare Improvement
- [PDSA Cycle Video \(Part 1\)](http://www.youtube.com/watch?v=-ceS9Ta820&feature=youtu.be) [<http://www.youtube.com/watch?v=-ceS9Ta820&feature=youtu.be>]
Institute for Healthcare Improvement
- [PDSA Cycle Video \(Part 2\)](http://www.youtube.com/watch?v=eYoXjmv_Ql&feature=relmfu) [http://www.youtube.com/watch?v=eYoXjmv_Ql&feature=relmfu]
Institute for Healthcare Improvement
- [The run chart: a simple analytical tool for learning from variation in healthcare processes](http://www.ncbi.nlm.nih.gov/pubmed?term=%E2%80%A2%09The+run+chart%3A+a+simple+analytical+tool+for+learning+from+variation+in+healthcare+processes)
[[http://www.ncbi.nlm.nih.gov/pubmed?term=%E2%80%A2%09The run chart%3A a simple analytical tool for learning from variation in healthcare processes](http://www.ncbi.nlm.nih.gov/pubmed?term=%E2%80%A2%09The+run+chart%3A+a+simple+analytical+tool+for+learning+from+variation+in+healthcare+processes)]
Perla RJ, Provost LP, Murray SK. BMJ Qual Saf. 2011 Jan;20(1):46-51.

Background

Updated on December 14, 2015

Issue

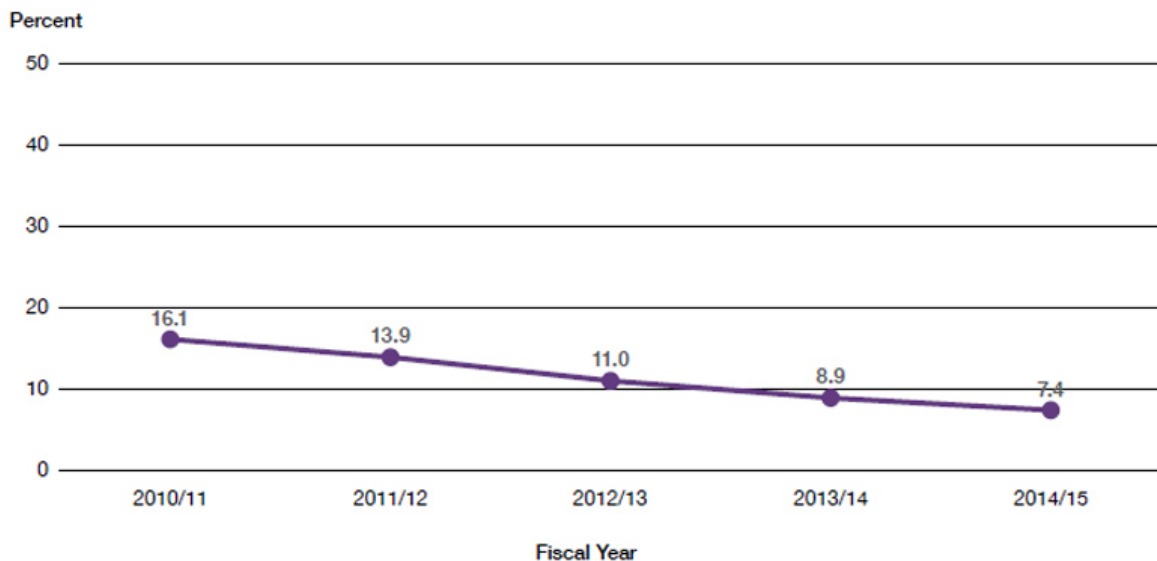
Physical restraints including belts, vests, bedrails, laptop trays, and acute control medications are all used to restrict or prevent movement in patients. Restraints are intended to be a method of last resort in Ontario care facilities and are used in the belief that they will protect a patient from harm.¹ However, research shows that the use of restraints can lead to agitation, depression, confusion, weaker muscles and bones, and an increased risk of falling, strangulation, and pressure ulcers.²

In 2001, the Ontario government passed Bill 85, the *Patient Restraints Minimization Act*.³ Many facilities in Ontario use a least restraint philosophy. This philosophy acknowledges that the quality of life and the preservation of dignity are values guiding the practice of health care practitioners towards each resident.¹

Call to Action

Physical restraints are sometimes used in long-term care homes to protect residents from hurting themselves or others, or to ensure a treatment is completed.⁴ The percentage of residents in Ontario long-term care homes who were physically restrained on a daily basis has decreased substantially, from 16.1% in 2010/11 to 7.4% in 2014/15 (Figure 1).⁴ The Ontario Long-Term Care Homes Act (2007) requires homes to have minimal restraint policies as well as regular re-evaluations to determine the need for restraints.⁵ Restraints can cause patients to lose physical function which ultimately can contribute to infections, pressure ulcers, agitation, and increased risk of injury.² The goal for all long-term care homes is to use restraints as little as possible.

Figure 1. Percentage of long-term care home residents in daily physical restraints,† in Ontario, 2010/11 to 2014/15



Source: Continuing Care Reporting System eReports, provided by the Canadian Institute for Health Information. † Risk-adjusted.

References

1. College of Nurses of Ontario. Practice Standard: Restraints.

Toronto: College of Nurses of Ontario; 2009 Jun
Available from: http://www.cno.org/Global/docs/prac/41043_Restraints.pdf
[\[http://www.cno.org/Global/docs/prac/41043_Restraints.pdf\]](http://www.cno.org/Global/docs/prac/41043_Restraints.pdf)

2. Hofmann H, Hahn S. Characteristics of nursing home residents and physical restraint: a systematic literature review.

3. **Government of Ontario. Chapter 16: An Act to minimize the use of restraints on patients in hospitals and on patients of facilities (Bill 85 Patient Restraints Minimization Act).**

Legislative Assembly of Ontario; 2001 Jun 29.

Available from: http://www.e-laws.gov.on.ca/html/source/statutes/english/2001/elaws_src_s01016_e.htm
[\[http://www.e-laws.gov.on.ca/html/source/statutes/english/2001/elaws_src_s01016_e.htm\]](http://www.e-laws.gov.on.ca/html/source/statutes/english/2001/elaws_src_s01016_e.htm)

4. **Health Quality Ontario. Measuring Up 2015: A yearly report on how Ontario's health system is performing.**

Toronto: Queen's Printer for Ontario; 2015.

Available from: <http://www.hqontario.ca/Portals/0/documents/pr/measuring-up-2015-en.pdf>
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