

Abstract Title Decreasing Restraint Usage and Duration in the Emergency Department Acute Behavioral Health Unit

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Purpose & Rationale The purpose of this quality improvement project is to decrease the usage and duration of restraints through increasing accountability by utilizing a real-time huddle. Restraints are the most restrictive intervention you can impose upon a human being. It can lead to physical and psychological harm for the patient and his family as well as the providers and staff.

Quality Improvement Question Can real-time restraint huddles reduce the usage and duration of patient restraints in the emergency department acute behavioral health unit.

Synthesis of Review of Literature Physical restraints may be necessary to prevent harm to the patient and staff during an acute psychiatric emergency. In order to improve patient outcomes, efforts should be made to minimize the use of restraints. Mechanical restraints have the potential to cause deep vein thrombosis, pulmonary embolism, pressure sores, bone fractures, feelings of helplessness, anger, post-traumatic stress, as well as limit patient autonomy (Bak et al., 2013, Soininen et al., 2013).

The Joint Commission advocates for the consideration of less restrictive alternatives and reducing time in restraints (Cole, 2014). A study performed in an emergency department that realizes 60,000 patients/year, found that after implementation of a 4 hour training course for staff and the presentation of data from monthly chart audits; the number and duration of restraints was reduced (Cole, 2014). This speaks to the importance of feedback and its impact upon accountability and performance.

Systematic follow-up of restraint practice has been associated with lower restraint usage (Bak et al., 2013). Collaboration in real-time may avoid pitfalls associated with a systematic follow-up. The Institute of Medicine (2011) notes one of the most important strategies for improving problem solving is through collaboration among key stakeholders. One way in which a hospital can facilitate this is through the use of a huddle in real-time. The aim of a huddle is to work toward a common goal to problem solve an issue (IHI, 2004). Literature is lacking in evaluation of restraint use utilizing a real time huddle.

Methods & Procedures A restraint huddle form was created. Staff was educated via staff meetings and emails. At initiation of restraints, the huddle form was completed which included type of restraint, plan for patient and duration of restraint. Data was collected manually.

Results The difference between the pre and post intervention was not significant for duration of restraint. Duration was not normally distributed so a Wilcoxon Ranked Sum test was used. Overall usage was analyzed using chi-square with non-restrained calculated by subtraction from estimated total volume and was found to be highly significant. Chi square (df=1) = 24.383
p=<0.0001

Discussion/Application to Practice Although the duration of restraints did not differ between the two groups, we theorize the focus on restraint use with the introduction of the real-time huddle may have contributed to the overall decrease in the total number of restraints.

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