

# Improving Restraint Documentation Using Best Practices



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## Background

Restraint use is considered a high risk infrequently used nursing intervention. The Joint Commission tightened monitoring and observation requirements for patients in restraints after receiving multiple sentinel event alerts.

Patient safety is enhanced when restraint order need is re-evaluated and documentation reflects frequent patient assessment.

Despite concerted education efforts, PRMCE restraint order and RN assessment compliance were below 50% in 2012.

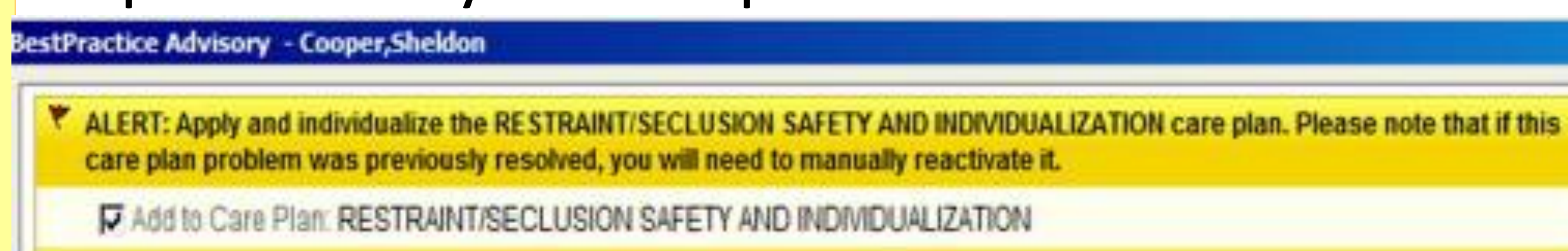
## Purpose

- Improve violent and non-violent restraint order compliance with internal and external standards.
- Improve nursing restraint documentation compliance with internal and external standards.
- Reduce risk to patient safety through correct monitoring of patients during restraint use.

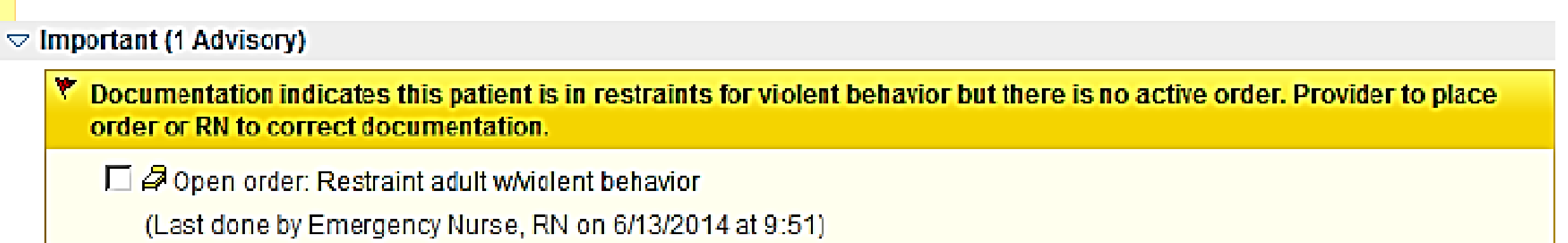
## Implementation

1. Streamline flowsheet charting rows in Epic for both violent and non-violent restraints

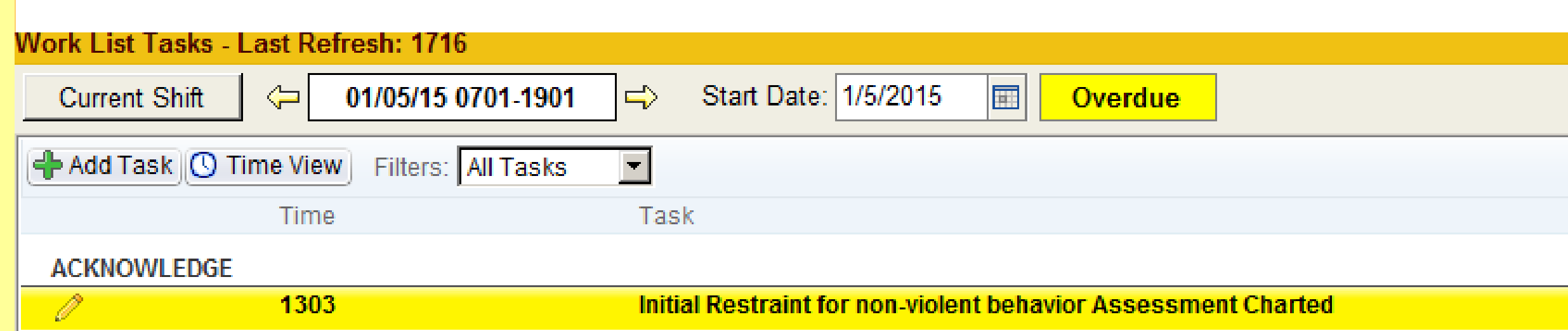
2. Add a Best Practice Alert if restraint/seclusion Care Plan template not already on the care plan



3. Add a Best Practice alert if there are no active restraint orders on restrained patients.

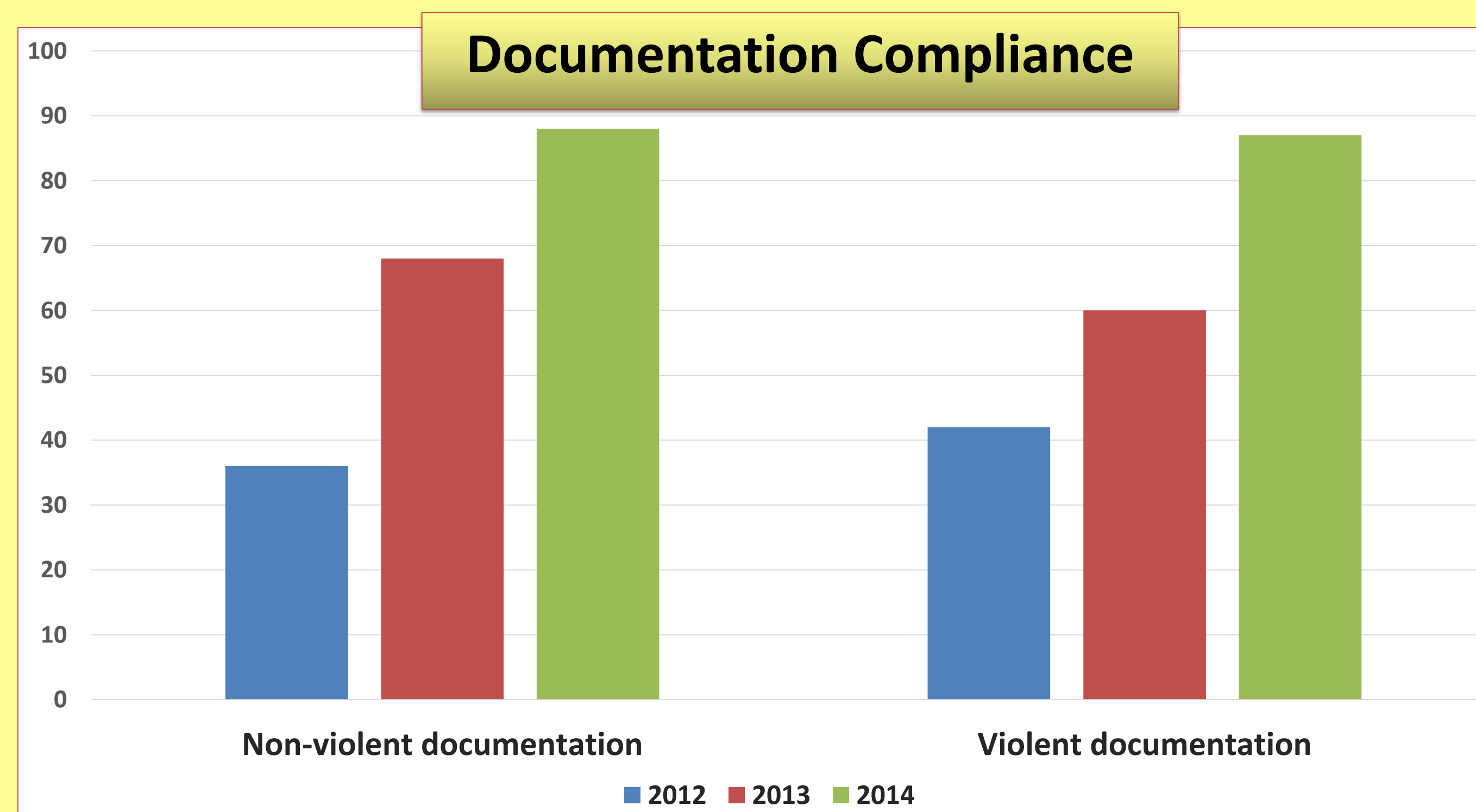
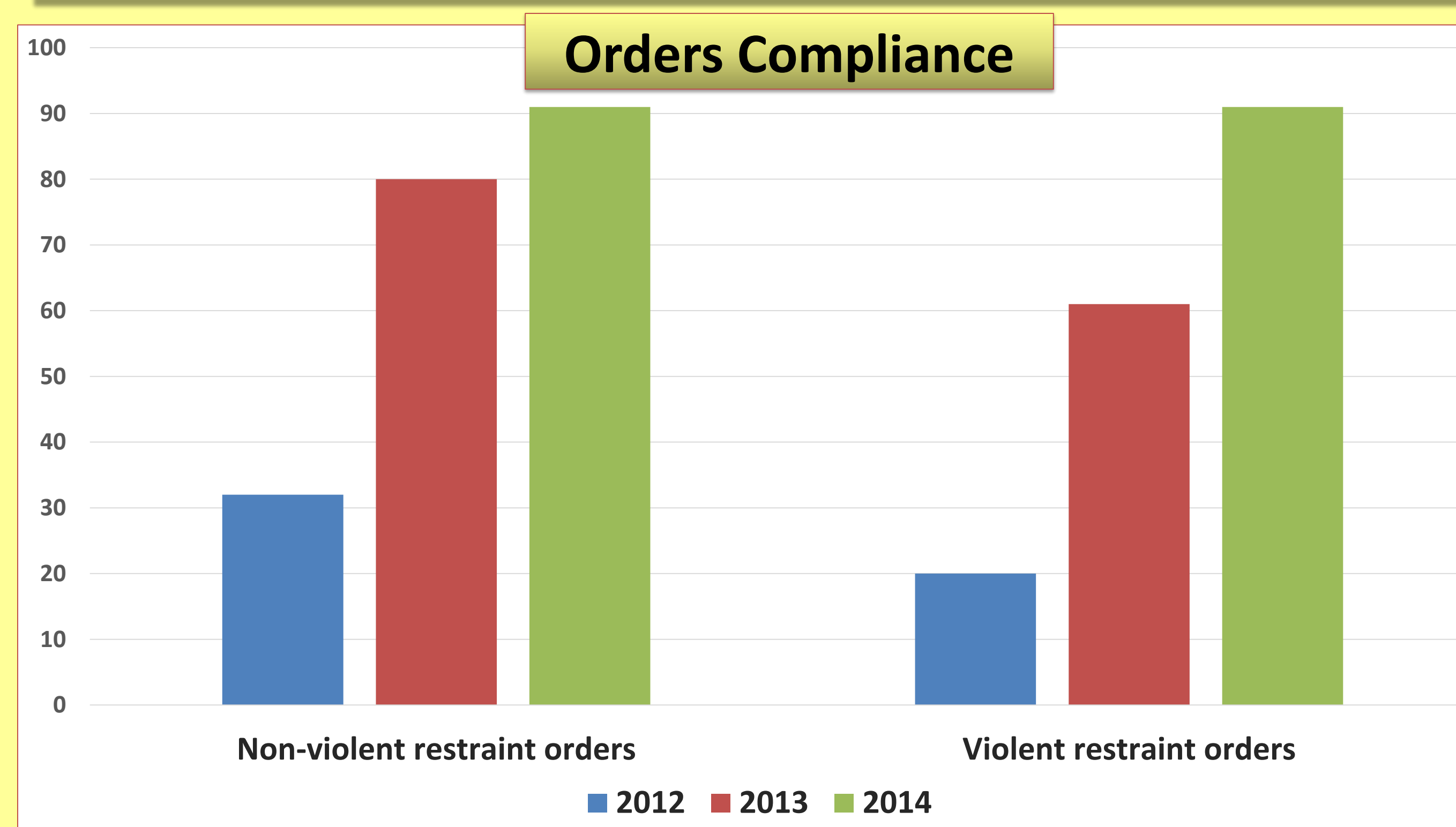


4. Worklist Tasks added for initial restraint assessment and re-assessments added to Epic July, 2014



## Evidence

- ❖ Cincinnati Children's Hospital saw significant improvement in compliance with documentation after revising charting screens, staff education and audits.
- ❖ Compliance increased significantly at Cooper University Hospital, Camden, NJ when best practice alerts were added for nurses when no current restraint order was present.
- ❖ Cooper University Hospital saw similar improvement when the addition of care plan best practice advisories when restraints applied but no restraint care plan initiated.
- ❖ The University of Toledo Medical Center experienced improved compliance with restraint documentation by revising documentation tools, and revising the restraint care plan.
- ❖ Recommendations for PRMCE:
  - Streamline clinical documentation for restraint assessment in Epic
  - Develop and implement tools in the Epic to remind practitioners when restraint orders were absent or outdated
  - Implement tools in Epic to remind nurses to chart restraint assessment in a timely manner
  - Implement best practice advisory for nurses to add a restraint care plan when patient is in restraints



## Outcomes

1. 91% of records for non-violent restraints had the required restraint orders in 2014. This is a tremendous improvement over 81% in 2013 and 34% in 2012 that had the required orders.
2. 92% of records for violent restraints had the required restraint orders in 2014. This is a tremendous improvement over 62% in 2013 and 20% in 2012 that had the required orders.
3. 87% of records of Non-violent restraints met documentation standards in 2014. This is compared to 68% in 2013 and 36% in 2012.
4. 87% of records of violent restraints met documentation standards in 2014. In 2013 it was 60% and in 2012 it was 44%.

## References

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## Acknowledgements

Gale Springer, CNS; The PRMCE Clinical Informatics team; Partnership Quality Council and staff!