

## RNAO Best Practices: Evidence Booster

### Alternatives to the use of restraints: Long-Term Care Home experience

#### Background

When Jane Rosenberg was a nursing student, using restraints was common practice. "Although I wasn't comfortable using restraints, I followed orders," she recalls. In those days, it was frowned upon for nursing students to rock the boat. But she knew restraints threatened the dignity of her residents, so she made a quiet commitment to pursue a change.

While working as a charge nurse in long-term care (LTC), Rosenberg participated in the *Walk a Day in my Shoes Program*, which allows health-care providers to simulate life as a LTC resident. She was placed in a wheelchair and secured at the waist by a wide black belt tied securely at the back of her chair. A white plastic tray was placed in front of her and limited her movement. The chair was positioned off to the side of the classroom, brakes were locked and she was left to sit there feeling isolated, forgotten, and powerless.

Rosenberg recalls the experience like it was yesterday, including the anxiety she felt when she had to use the washroom. It reinforced what she already knew about restraints. This experience served as a turning point in her advocacy to eliminate restraint use, using evidence.

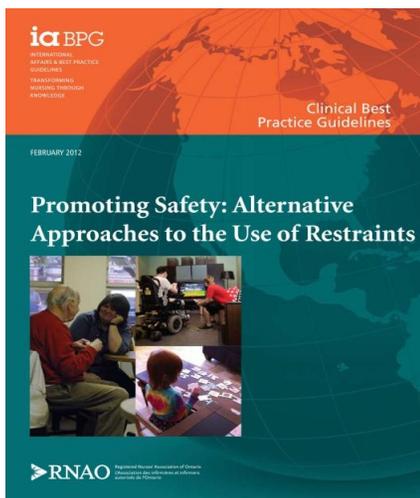
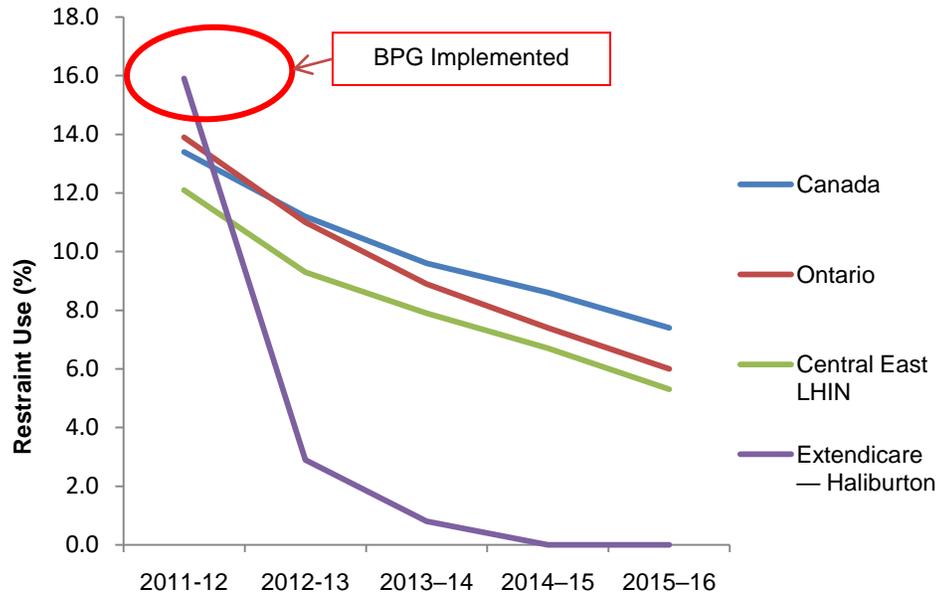


Figure 1: Restraint Use in Long-Term Care



Source: Your Health System Trend Over Time, CIHI 2016

**Impact:** Restraint use was decreased from 15.9% to zero by implementing the RNAO BPG, *Promoting Safety: Alternative Approaches to the Use of Restraints (2012)*.

#### Practice Change

Rosenberg's passion was contagious, and the recommendations from the RNAO BPG gave her the evidence and information she needed to convince others. The organization's philosophy was revised to promote a model of care based on interprofessional collaboration with residents, their families, and substitute decision makers – to support the implementation of alternative approaches to restraint use.

This home implemented the guideline on all units from 2010 to 2012. Implementation activities included: revision and implementation of the behavioural assessment and policies, care plan development, nursing care and positioning interventions, and education and support for staff, and the development of champions.

Today, Rosenberg is administrator and director of care at Extencicare Haliburton, a rural LTC home. In 2010, 15.9% of the home's residents were in daily physical restraints. Today, the home is restraint-free. Her leadership in ensuring a restraint-free environment is recognized locally and her expertise is frequently called upon by community partners.

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Extencicare Haliburton staff (left to right): Doug Holmes - Maintenance, Joan Tavernor - RPN, Jane Rosenberg - RN DOC/Administrator, Kathy DeCarlo - Restorative Care, Karan Scott - PSW

### Knowledge Transfer

Armed with knowledge she gained from the RNAO best practice guideline, Rosenberg decided to act on her conviction and do away with restraints in her workplace. She quickly received support from the home's administrator and colleagues, and when she shared her ideas with the home's family physician, he said "how can I help?"

Rosenberg acknowledges that sustaining a restraint-free home involves planning for sustainability and requires her to be highly visible and have all staff on board. "They need to be comfortable and trust their ability to use creative strategies to find alternative options to restraints. It takes all departments to develop effective processes and to value improvements in nursing practice."

### Sustainability for Resident and Family-Centred Care

The home's restraint-free practices are shared with new residents, their families, and new staff. Residents and family members appreciate understanding how the home's policies are supported by evidence-based recommendations from the RNAO BPG. When the father of a young resident with developmental and physical impairments insisted that his daughter have restraints to keep her safe, an individualized care-plan was created. With support from the family, strategies were introduced that resulted in positive behaviour changes and increased her freedom without the use of restraints.

The team at Extencicare Haliburton is committed to quality care, and in this home, that means everyone understands the benefits of alternatives to restraints without compromising resident safety.

RNAO launched the BPG Program in 1999<sup>4</sup> with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. Best Practice Spotlight Organizations (BPSO)<sup>®</sup> are health-care and academic organizations that implement and evaluate these BPGs. Currently, there are 105 BPSOs across Canada and around the globe, representing more than 500 implementation sites.

The LTC Best Practices Program's mission is to enhance the quality of care for residents in long-term care homes and create a culture of evidence-based practice by encouraging staff in LTC homes to use RNAO's best practice guidelines.



### References

Registered Nurses' Association of Ontario. (2012). *Promoting Safety: Alternative Approaches to the Use of Restraints*. Toronto, ON, Canada: Author. Retrieved from <http://rnao.ca/bpg/guidelines/promoting-safety-alternative-approaches-use-restraints>  
Canadian Institute for Health Information (2016). *Your Health System: Trend over time*. Retrieved from <https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/>

To learn more about RNAO's Long-Term Care Best Practices Program, please visit [RNAO.ca/LTC](http://RNAO.ca/LTC). This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the Registered Nurses' Association of Ontario is editorially independent from its funding source. Contact Information: [LTCBPP@RNAO.ca](mailto:LTCBPP@RNAO.ca)