

## RNAO Best Practices: Evidence Booster

### Minimizing the use of physical restraints

**Preventing Falls and Reducing Injury from Falls (2017) And Promoting Safety: Alternative Approaches to the Use of Restraints (2012)**



RNAO's best practice guideline (BPG) – *Preventing Falls and Reducing Injury from Falls* (2017) increases identification of adults at risk of falls across the health-care continuum, including those living in the community and reduce the frequency and severity on adults who fall. The *Promoting Safety: Alternative Approaches to the Use of Restraints* (2012) BPG provides evidence-based recommendations for nurses related to the care of individuals who are at risk for behaviours that may result in harm to self/others and lead to the possible use of restraints (physical, chemical, environmental).



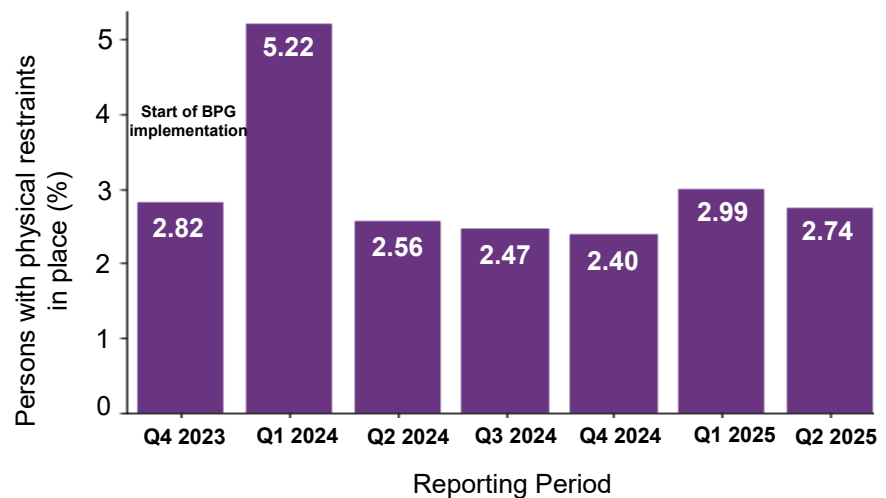
The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and a global research leader. Affiliated with the University of Toronto and designated as a World Health Organization Collaborating Centre, CAMH has been a Best Practice Spotlight Organization® since 2022, CAMH focus on advancing evidence-based care for mental health and addictions. Its interprofessional teams support patients and families through treatment and transition while driving innovation in complex clinical care. Celebrating 25 years in 2023, CAMH continues to transform mental health care with a vision of "Health redefined". Guided by its mission to enhance well-being and belonging, CAMH upholds the values of courage, respect and excellence.

**Aim:** To examine the clinical outcomes associated with the implementation of RNAO's *Preventing Falls and Reducing Injury from Falls* (2017) and *Promoting Safety: Alternative Approaches to the Use of Restraints* (2012) BPGs at The Centre for Addiction and Mental Health.

**Measures:** The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine the percentage of persons with physical restraints in place at The Centre for Addiction and Mental Health.

**Clinical improvement:** CAMH demonstrated a decrease in the percentage of persons with physical restraints in place (Figure 1).

**Figure 1: Restraint Use (%)**



**Impact:** From Q1 2024 to Q2 2025, the percentage of persons with physical restraints in place decreased from 5.22 to 2.74 per cent, demonstrating positive impact beyond initial implementation.

#### Practice changes

**Figure 2: Safety and Comfort Plan**

The Safety and Comfort Plan (Figure 2) captures the patient's perspective whenever possible. If the patient cannot participate, information may be gathered from family, significant others (partners), clinical staff, friends, or the Substitute Decision Maker (SDM). Initiated within 72 hours of admission, the safety and comfort plan is updated as

needed—at transfer, discharge, or after a restraint event. While nurses are primarily responsible for completing this document, any clinician can revise it. The "This Is ME" form (Figure 3) form offers a holistic, person-centered view of patients beyond their diagnosis, highlighting who they are and what matters most to them. It fosters communication, understanding, and therapeutic relationships between patients and care providers. The form is completed by a social worker within four weeks of admission and can be initiated or updated by any clinician to ensure patient values and preferences inform care planning.

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**Figure 3: This is ME**

### Enhancements to the *This is ME* PowerForm and mPage



To align with the *Promoting Safety: Alternatives to the Use of Restraints* Best Practice Guideline, the focus has been on improving documentation processes to support more meaningful therapeutic interactions with patients.

Feedback from frontline champions highlighted duplication of demographic questions across the This is ME and Health Equity PowerForms. In response, and to improve usability and data accuracy, the following changes have been implemented:

**What changes have been made to the This is ME PowerForm?**

Five duplicate demographic questions have been removed from the This is ME PowerForm. These will now be collected only in the Health Equity PowerForm to reduce redundancy.



**What's changed on the This is ME page?**

Health Equity data - including Birthplace, Race/Ethnicity, and Assistive Aids - can now be viewed and updated directly on the This is ME page, ensuring consistent and up-to-date information.

**Figure 4: Educational Module**

**Partnering for Prevention and Safety in Practice** camh | BPSO | TIDES

**Participant guide: Module 1**  
Patient-centered, trauma-informed approaches to safety

This guide outlines ways to promote safety where we provide patient care. It is a supplement to the training program, *Partnering for Prevention and Safety in Practice: A TIDES/BPSO Collaboration*. The guide is not a standalone educational product.

**Learning objectives for this guide**

- Identify best-practice principles in providing patient-centered, trauma-informed care.
- Explain how this approach applies to patient and staff safety.
- Reflect on ways to apply this training to your work.

**Overview**  
CAMH promotes a patient and family-centered, trauma-informed approach to care, grounded in these principles:

- Collaboration
- Inclusion
- Partnership
- Respect
- Responsiveness to individuals and families

Our approach involves two fundamental ideas:

- Acknowledge the widespread effects of trauma.
- Prioritize safety, trust and empowerment in all care interactions.

We aim to create a foundation for four types of action around unsafe and potentially traumatic events:

- Crisis intervention
- Early intervention
- Prevention
- Safe and effective de-escalation

**Figure 5: Restraint Event Checklist**

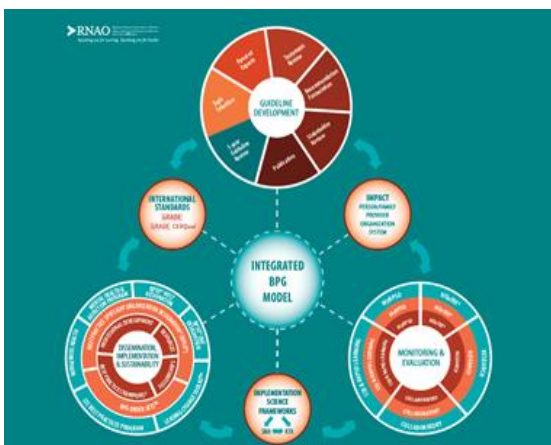
**RESTRAINT EVENT CHECKLIST**

- ENSURE PHYSICIAN OR NURSE-INITIATED ORDER FOR RESTRAINT IS ACTIVE
- DOCUMENT EVENT IN EMERGENCY USE OF RESTRAINT POWERFORM
- UPDATE MSE, IPOC AND TTP AS NEEDED
- NOTIFY SDM
- SUBMIT STRIDES REPORT
- CLOSE ORIGINAL POWERFORM BY COMPLETING RESTRAINT DISCONTINUATION PAGE
- COMPLETE CLIENT/PATIENT EVENT DEBRIEF FORM

POST RESTRAINT EVENT

The Professional Practice Office collaborated with the Trauma-Informed De-escalation Education for Safety and Self-Protection (TIDES) team and developed five concise modules (Figure 4) for inpatient and outpatient teams. This initiative supports trauma-informed, person-centred care by promoting consistent use of preventative interventions to reduce restraint use, while fostering teamwork and collaboration. Patients are actively engaged in shaping safety from their own perspectives. Aligned with the *Restraints* BPG, the modules bring learning directly into team environments through interactive, in-person sessions. The modules are flexible, fitting diverse shifts and integrated smoothly into existing workflows. By fostering collaboration between clinical leaders and point-of-care staff, they empower teams to create safer, compassionate, trauma-informed care environments. A restraints event checklist (Figure 5) was shared organization-wide through a newsletter.

**Conclusion:** CAMH demonstrated a multifaceted approach of implementing RNAO's *Preventing Falls and Reducing Injury from Falls* (2017) and *Promoting Safety: Alternative Approaches to the Use of Restraints* (2012) BPGs led to an improvement in the percentage of persons with physical restraints in place.



RNAO launched the BPG Program in 1999<sup>1</sup> with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes<sup>2</sup>.

NQuIRE<sup>2,3</sup>, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs worldwide the ability to measure the impact of BPG implementation. The NQuIRE data system collects, compares and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact us by email at [NQuIRE@RNAO.ca](mailto:NQuIRE@RNAO.ca) for more details. To learn more about RNAO's IABPG Centre, please visit [RNAO.ca/bpg](http://RNAO.ca/bpg). This work is funded by the Government of Ontario. All work produced by the RNAO is editorially independent from its funding source.

**References**

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