

## RNAO Best Practices: Evidence Booster

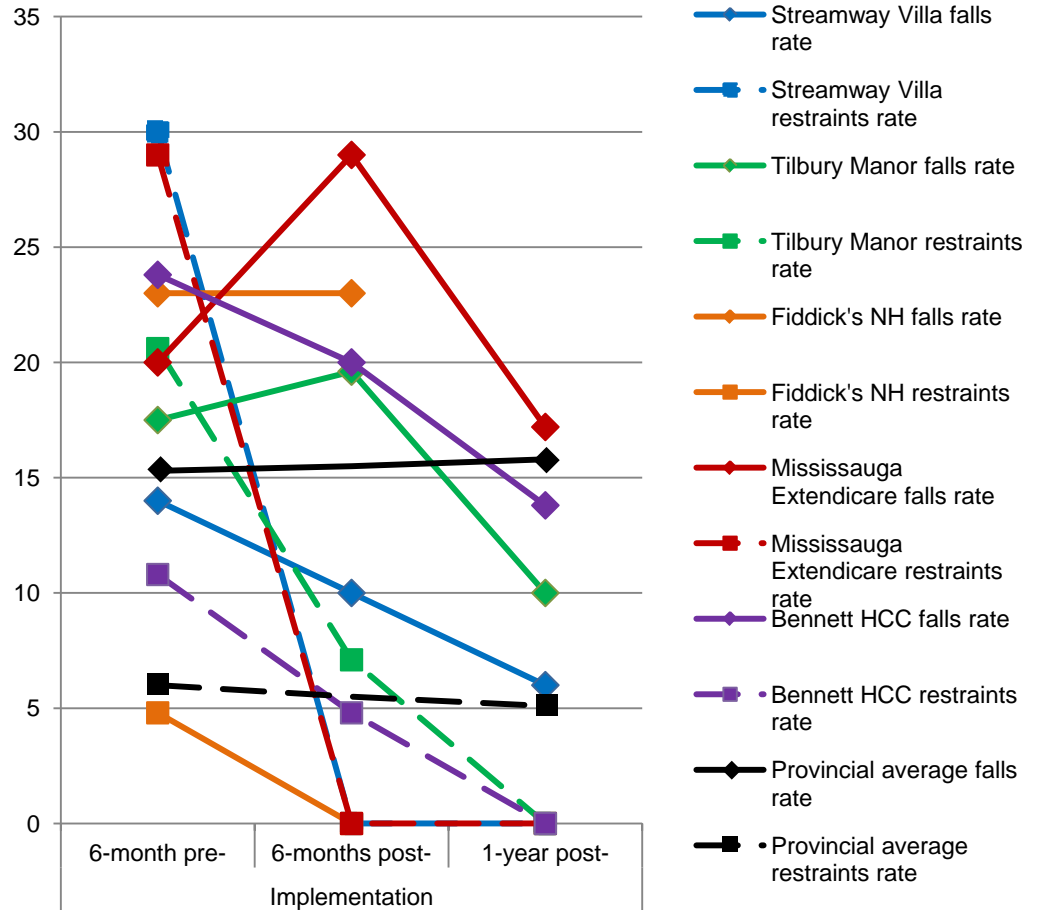
### Becoming restraint-free: The impact on falls rate

#### Background

The Ontario Long-Term Care Homes (LTCH) Act, 2007 requires all LTC homes to have a program to minimize restraints. The rationale cited for not becoming restraint-free are: a) falls rate will rise, b) understaffing, and c) family members who insist on use. Research demonstrates more serious injury and increased mortality rates with restraint use (Cleary & Scott, 2015).

The prevalence of the use of restraints varies considerably among LTC homes. Provincial data from Health Quality Ontario (HQO) reveals a steady decline in restraint use since 2011 with the enactment of the LTCH Act. The average rate of restraint use decreased from 13.9 per cent in 2011/12 to 5.1 per cent in 2016/17 (HQO, 2018a). Interestingly, over the same period falls rate have increased by 11 per cent (HQO, 2018b). Given that provincial data aggregates all LTCHs, it is impossible to distinguish between LTCHs with a restraint minimization program and those who are restraint free. This evidence booster highlights the impact on resident and family outcomes when LTCHs adopt a restraint free approach to care.

**Figure 1: Impact of becoming restraint-free on falls rate**



(Source: RAI indicators 6 months pre-, 6 months post-, and 1-year post- implementation; HQO LTCH performance indicators 15/16 and 16/17)

**Impact:** When restraints were eliminated, the average fall rate decreased by 40 per cent across the five LTCHs

Acknowledgement of the LTCHs who shared their experiences	# of months to become restraint free	Restraint free for # of years
Streamway Villa	1	2
Tilbury Manor	4	1
Fiddick's Nursing Home	1	1
Mississauga Extendicare	24	10
Bennett Health Care Centre (HCC)	24	1

- Successful strategies used by all LTCHs:**
- Leadership and support from the Director of Care
  - Updating policy and procedures
  - Education for residents and families
  - Individualized assessment of resident with family
  - Staff buy-in through intensive education

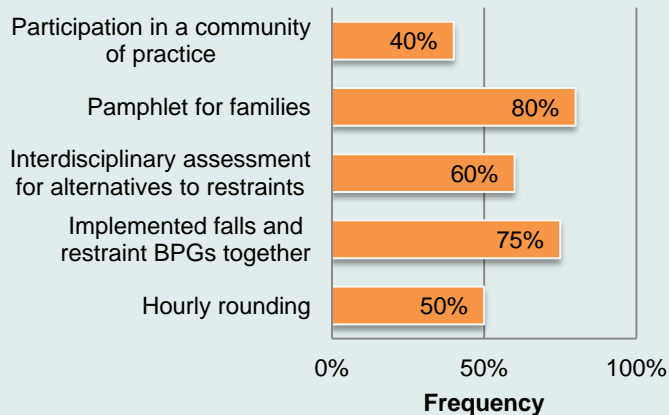
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### Practice Change

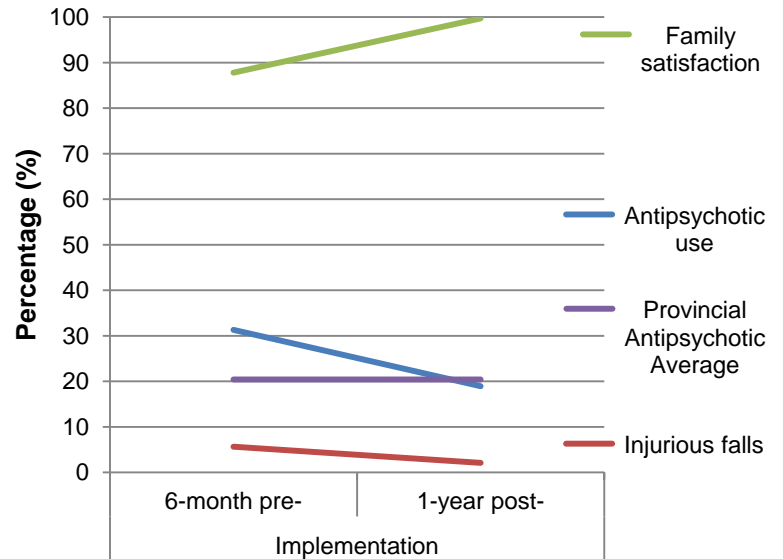
Novel approaches used included:

- Involving the programming staff during shift change
- Updating call bell system to link fall alarms and call bells to mobile devices
- Physiotherapist (PT) and PT assistant work with families on admission, at 6-week and annual care conferences
- Changed PSWs start time (1-hour earlier)
- Daily huddles on all shifts
- Discussions prior to admission
- Other frequently used strategies are summarized in figure 2 below.

**Figure 2: Frequency of other strategies**



**Figure 3: Impact of becoming Restraint-free on other variables**



(Source: Source: RAI indicators 6 months pre- and 1-year post-implementation; HQO LTCH performance indicators 6/17)

**Impact:** The implementation of a restraint-free culture across the LTCHs resulted in an average reduction of 63 per cent in injurious falls and 40 per cent in antipsychotic medication use. Family satisfaction rates increased by 14 per cent.



RNAO launched the BPG Program in 1999 with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. Best Practice Spotlight Organization® (BPSO®) are health-care and academic organizations that implement and evaluate these BPGs. Currently, there are 132 BPSOs across Canada and around the globe, representing more than 700 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

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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)