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Improving Violent Restraint Documentation Compliance

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BACKGROUND

- Violent restraints are ordered when a patient's behavior is violent or aggressive; furthermore, the patient is in danger of injuring themselves, staff, property or the environment.
- Violent restraints are defined by the Joint Commission as any method i.e. physical, mechanical, material or equipment that immobilizes or reduces the ability of a patient to freely move his or her body.
- The Schuylkill campus utilizes four-point cloth or locked twice as tough violent restraints.
- The nurse is to attempt the least restrictive methods first i.e. verbal de-escalation, reorienting surroundings and reducing room stimulation; furthermore, to promote the safety, dignity and wellbeing of the patient. The nurse is to document all alternative methods used on the flowsheet in Epic.
- The nurse is to perform an initial assessment that must be documented on the flowsheet and progress notes in Epic, which includes the following: pre-existing medical conditions or any limitations that places the patient at greater risk while in restraints, copy of psychiatric advance directive in the medical record if available, inform the family of restraint use, patient's behavior prior to placing in restraints, if the order was obtained, if the physician was notified, type of restraint, location, length of order, patient's response to restraint, criteria for removal, date and time.
- The patient is at critical risk of injury while in violent restraints; therefore, a sitter i.e. technical partner, must sit with a patient at all times while documenting on the patient every fifteen minutes.
- The patient is to be examined by the physician within one hour after restraints are placed. The nurse is to re-evaluate the patient every fifteen minutes while documenting the following on the flowsheet in Epic: criteria to continue restraint use, patient's behavior i.e. agitated, circulation i.e. skin integrity, color, sensation and movement, if food, fluids or elimination was provided, if ROM performed, type and location of restraint then the date and time.
- The nurse performs vital signs under his or her discretion and the progress notes should state that a 1:1 is being maintained by a staff member.
- Adults 18+ must have an order renewed every four hours, a child aged 9-17 years every two hours, and a child aged under 9 years every hour.
- The nurse decides when a patient can be released from restraints i.e. patient is no longer a danger to self or others, patient can control behavior or absence of patient's violent behavior, patient demonstrates compliance and alternative methods are successful. The nurse must document when a patient is released which includes the date and time.
- The restraints must be removed within the designated timeframe based on age. The physician must place a new order if necessary. The physician must co-sign verbal orders within 24 hours.

PICO

- P-Violent restraint documentation compliance
- I-Education on documentation
- C-No education on documentation
- O-Overall compliance among nursing staff

EVIDENCE

- According to the American Hospital Association, restraint documentation proved to be a challenge in hospital settings once new computer systems were implemented. The staff have difficulty familiarizing themselves with new documentation policies while taking care of patients (2016).
- Improving the accuracy of nursing documentation in Epic can improve restraint safety for patients. A study performed by nurses have shown that mandatory online training completed by staff, auditing of restraint orders via reviewing flowsheets and alerting the charge nurse when a restraint order is placed has proved significant improvement in nursing documentation compliance on restraints (Daum et al., 2012).
- A study of PACU nurses has shown that 50 random audits conducted over three months displayed a 38% increase in hourly position checks and 50% increase in documentation; therefore, ongoing education maintains competency of restraint policies and assures safety of restrained patients (Fetzner et al., 2013).
- The mandatory classes, ongoing courses through TLC Learning Center, monthly auditing by management and huddle meetings in the Schuylkill Emergency Department have shown 100% improvement in violent restraint documentation compliance among nursing staff.

OUTCOMES

- The Emergency Department began utilizing Epic on 10/1/2019; however, classes to further educate nursing staff on proper documentation involving violent restraints did not begin until 11/26/2019.
- The nursing staff were not documenting on the flowsheet in Epic every fifteen minutes per policy on violent restraints in October and November which depicts 0% compliance; however, compliance dramatically increased to 60% for the month of December after the class was held on 11/26/2019.
- The nursing staff were 100% compliant in documentation on the flowsheet for violent restraints in December; however, two out of five orders were erroneous due to 1:1 orders not being placed by the physician after nursing staff verified the separate violent restraint orders on patients. A huddle meeting was held to discuss the need for physicians to place 1:1 orders in Epic and that proper communication is maintained between physicians and nursing staff.
- The nursing staff were further educated throughout January at the main campus on utilizing Epic in all aspects which included documentation on violent restraints; furthermore, 100% compliance was achieved after three out of three orders were accurately documented.
- The nursing staff did not document initial assessments on patients in violent restraints on two out of five orders for the month of February; therefore, the compliance decreased to 40%. The nursing staff took a TLC course that month which included proper usage, documentation and policies on violent restraints.
- The nursing staff remained compliant while documenting assessments on the flowsheets in Epic along with charting in the Narrator from March through June; however, errors were consistently made by 1:1 orders not being placed in Epic. The physicians are to place 1:1 orders after violent restraint orders are placed then nursing staff are required to verify those orders.
- A huddle meeting in May discussed the need for nursing staff to be aware that 1:1 orders are not being placed; nevertheless, the compliance in June increased to 100%.
- The passing rate of TLC courses is approximately 97% among nursing staff; furthermore, all staff in the department attended mandatory classes for Epic. The nursing staff had a 0% compliance rate prior to education which increased to 100% by June; therefore, the courses and huddle meetings proved to be beneficial in improving nursing documentation compliance on violent restraints.

IMPLEMENTATION

- Nursing staff participated in a course on 11/26/2019 to discuss patient care, documentation and requirements per policy on violent restraints.
- The Emergency Department schedules different dates throughout January to attend a mandatory Education Day at the main campus which further educates on how violent restraints are documented on the flowsheet and progress notes in Epic; furthermore, how the physician orders restraints and how the orders are verified.
- A huddle meeting was held by management and peers on 12/30/2019 to discuss the necessary improvements needed in nursing documentation compliance which included performing initial assessments, documenting every fifteen minutes and physicians placing 1:1 orders.
- The nursing staff were provided with a TLC core clinical course to take in February which reviewed the restraint training discussed in previous courses.
- A TLC course in March also reviewed the following on restraints: definitions, policies, which were updated on 10/4/2019, verifying restraint orders, how long orders are effective, frequency of assessments and discontinuation of restraints in Epic.
- A huddle meeting was held by management and peers on 5/4/2020 where education was further implemented by discussing errors made by staff over the past seven months per statistical data, adherence to policy, documentation on flowsheets, and communication between nursing staff and physicians.

NEXT STEPS

- Continue monthly auditing to assure compliance and adherence to policy on violent restraint documentation among nursing staff.
- Discuss utilizing a tool to compute statistical data into bar graphs that track progress of nursing documentation compliance on violent restraints with management team.
- Discuss progress of documentation compliance and promote effective communication between nurses and physicians when orders are placed during daily huddle meetings.
- Continue annual trainings and mandatory online courses so all staff within the department remain educated on violent restraints which promotes optimum safety and monitoring of patients.

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