GEDA Executive Summary Care Processes Template – Level 3

Care Process

Select the care process this corresponds to from this dropdown menu:
A.3 Minimize use of restraints

Your care process name:
Protocol for restraint use in agitated older adult patients

Date care process approved by your EM Department/Division:
1/1/2023

Description

Rationale: Provide any background or rationale for this process.
Geriatric patients frequently present to the ED with agitation or hyperactive delirium. Physical and chemical restraints are occasionally appropriate and necessary to ensure the patient's and staff's safety. However, physical restraints can also limit the mobility of patients, cause injuries, or can cause discomfort and distress.

Describe the population that the care process will apply to and any exemptions. For example, it may apply to all patients 65 and over or a subset based on age, ESI, or another positive screening tool. Patients who are severely ill or intubated may be exempted:
This will be implemented in all patients age 65 and over who screen positive using the brief Confusion Assessment Method (bCAM) or who demonstrate high-risk behavior at imminent risk of self-harm or harm to staff, such as physical aggression.

Hours of the day when the care process will be implemented or available if applicable:
24/7

Describe where in the ED workflow this care process fits in. For example, it may occur in triage, once the patient is roomed, at discharge, after discharge, after admission, during another transition of care, or other time:
At any time during the patient's care, but it particularly applies when they are roomed.

Brief description of the care process:
We will use a multi-tiered approach to prevent and minimize the length of use of restraints.
First, we will use a pro-active, multi-modal, preventative approach.
If a patient is at risk of developing agitation, we will use the following strategies:

ENVIRONMENT MODIFICATIONS
Adjust lighting to create a calm environment
Reduce noise where possible

Provide vision and hearing aids as indicated
Place the call bell within easy reach
Activate a bed alarm if a fall risk
Encourage family or loved ones to be at the bedside
Minimize interruptions
Provide calming music if desired
Provide a trained sitter if direct supervision is needed for safety.

TREATMENT MODIFICATIONS
Remove all drains or catheters as soon as possible, or keep them out of sight of the patient to reduce the chance of the patient removing them forcibly and causing self harm.
Address and relieve pain
Address hunger, thirst, or toileting needs
Encourage mobilization or moving to a chair.

DIVERSION
Provide music or television
Provide a busy vest, cards, or magazines.

COMMUNICATION
Provide frequent redirection as needed
Sit down when speaking and use simple terms
Speak calmly and with kindness
Explain interventions and tests and what to expect
Check for understanding
Use active listening to elicit the patient's needs
Avoid confronting delusions

TREATMENT
If a patient has delirium, attempts should be made to identify and treat the underlying cause, such as infections, dehydration, medication side effects, etc.

If a patient becomes agitated and presents a safety risk despite the above measures, medications or physical restraints may become necessary.

If physical restraints are used, the patient must have an evaluation by a physician within 15min of restraint use to determine if medications or other measures may be beneficial. In addition, the physician must re-assess the need for restraints every 4 hours or sooner. Soft restraints should be used rather than leather-based restraints if possible.

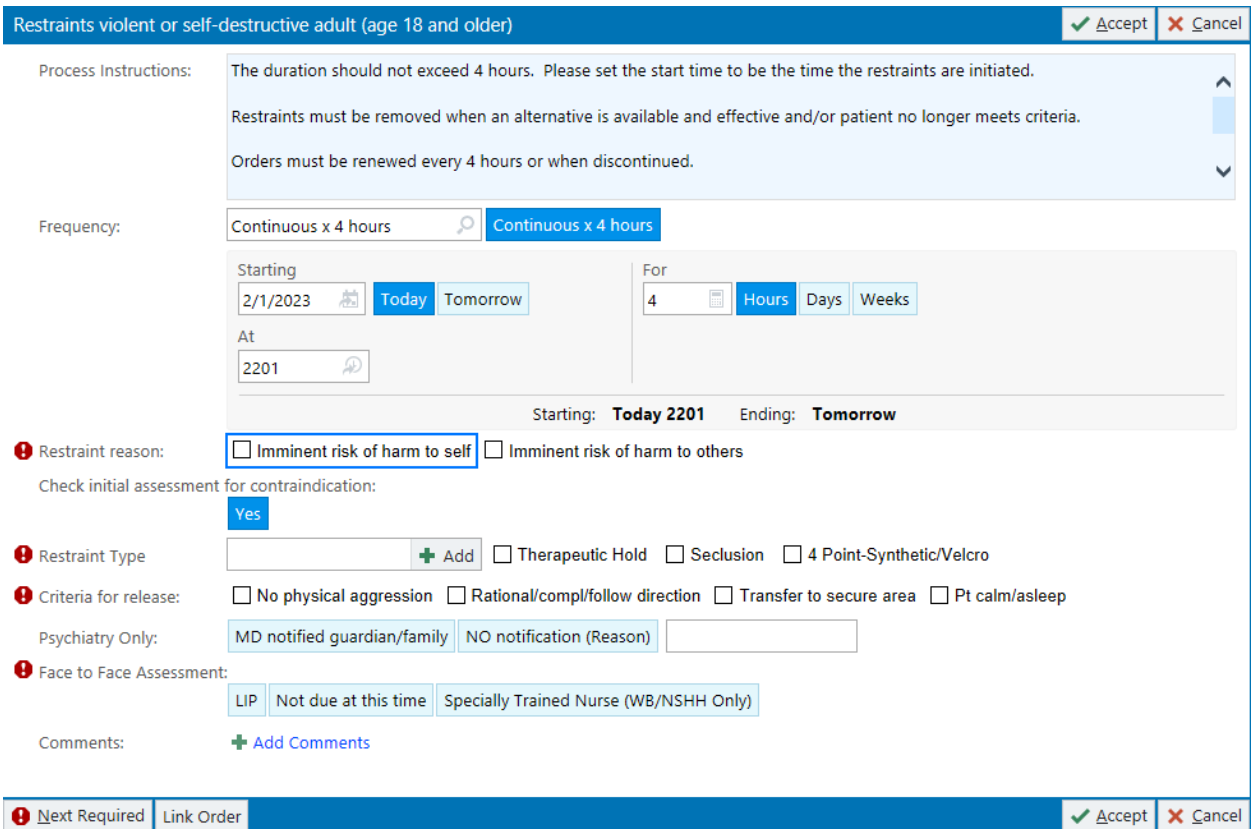
As soon as the patient is calm enough to no longer be in restraints, the restraints should be removed in a step-wise manner.

Who will be responsible for performing the actions in the care process:
RN and physicians

Describe how this care process is geriatric-specific:

This is one of the required care processes. In addition, the interventions above are specifically for delirium, which is a geriatric syndrome.

Describe any further follow-up or interventions involved:
We also have constraints built into our EMR, Epic, that require the individual placing the order for the restraints to indicate that the physician notified the guardian or family where possible, and that they performed a face to face assessment. In addition, the order includes a reminder that the duration cannot exceed 4 hours and that they must be renewed every 4 hours and removed when alternatives are available.



Education and Monitoring

Where relevant, describe how you will educate the relevant staff, physicians, or other stakeholders about the care process:
Staff education will occur at multiple intervals:
- During new employee orientation
- Annually during competencies review
- At staff meetings
- Through periodic emails
- During staff huddles through just-in-time teaching and reminders.

Describe how you will monitor adherence to the care process.
We will track rates of restraint use, and will also track the re-assessment and re-orders by the physician. We will review these numbers during our quarterly EM QI meetings and monitor for any trends or

missed assessments. We will also perform an assessment of patients who remain in restraints over 4 hours to retrospectively determine if other measures could have been deployed. We will use the learning from these analyses to further evolve and develop our care process. Chart audits will be performed twice yearly to determine the rate of adherence to the care process and any instances in which other methods could have been attempted prior to initiation of physical restraints.

Please describe how you will help improve the rates of completion or impact of the protocol if rates are currently low or become low in the future.
If rates low, we will perform focus groups with physicians, nurses, and staff to determine barriers and needs to using the care process. For example, if we identify that restraints are used due to a lack of 1:1 sitters, we can increase our pool of sitters. Alternatively, if we find that restraints are being used because medications cannot be ordered and obtained quickly enough, we will take steps to enable faster medication administration.

If relevant, please upload any further evidence or documentation of adherence to the care process.
Attach quarterly data from recent audit.

Please attach your official ED care process policy if present, or other relevant documentation such as order sets, flow charts, etc. Please do not include hospital-wide policies. This policy should be ED-specific.
See hospital-wide protocol attached.