

# **RESTRAINT-FREE ENVIRONMENTS IN THE LTC SETTING**

**HNA 31**

**PROGRAM GUIDE FOR  
HEALTH CARE ASSISTANTS**

# NATIONAL EDUCATIONAL VIDEO, INC.™

## RESTRAINT-FREE ENVIRONMENT IN THE LTC SETTING

### HNA 31

#### PROGRAM DESCRIPTION

This program examines OBRA policies on the rights of residents to be free of chemical and physical restraints. It uses the acronym “PEP” - People, Environment, Program - to examine alternatives for residents who demonstrate unsafe behaviors. *Video running time 28 minutes....(2.0 contact hours).*

#### OBJECTIVES

At the conclusion of this program, the participant will be able to:

1. State the importance of restraint-free care.
2. Define physical restraint and give an example.
3. Define chemical restraint.
4. Describe three (3) problems that physical restraints can cause.
5. List three (3) key principles of working in a restraint-free care environment.
6. Discuss two alternatives to restraints to use with residents who pace or wander.
7. Discuss two alternatives to restraints to use with residents who are at risk of falling.
8. Describe two programmatic interventions to use with residents who need stimulation.
9. Discuss your facility’s policy on restraints.

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### HNA 31

#### GLOSSARY OF KEY TERMS

**Quality of Life:** the condition of the resident's life on a day to day basis, including his or her physical status, mental status, emotional condition, life satisfaction and overall sense of well being.

**OBRA:** Omnibus Budget Reconciliation Act. This set of laws first came out in 1987, and has had several additional laws enacted following that time. Together they are referred to as "OBRA". These laws require long term care facilities and home health agencies to carry out certain actions to make sure that nursing home residents and home care clients receive safe care in a manner that respects their rights and dignity.

**Residents Rights:** these are conditions that all residents of long term care facilities are entitled to. These conditions are always to be respected, no matter how ill, disabled or confused the clients are.

**Physical Restraint:** OBRA defines these as any practice or device that is attached or adjacent to the resident's body that make it difficult for the resident to move freely or have access to his or her body.

**Chemical Restraint:** any drug that affects thinking or judgment or alertness, that is used to punish or penalize a resident, or that is used to control a resident's behavior when other methods could be, but are not, used.

**Restraint-free:** quality care is given to residents without the use of any physical or chemical restraint unless the restraint is required to treat the resident's medical condition.

**Immobility:** the inability to move about freely. This includes being able to change one's position in bed or when sitting.

**Behavioral logs:** a written record of a resident's behavior, what the resident was doing before the problem behavior, and what seems to help the resident when he or she becomes upset or agitated.

**Stimulation:** providing a variety of items or actions that make some or all of the five senses work. The five senses are vision, hearing, smell, taste and touch.

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## The Nursing Process

The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

**Assessment:** This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client's significant others. A physical assessment of the client is also completed observing the following: laboratory data, daily client actions, assessing the client's ability to carry out daily activities, symptoms and the client's response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

**Problem Identification or Nursing Diagnosis:** Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

**Planning:** The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

**Implementation:** Carrying out the plan.

**Evaluation:** This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

## Professional Nursing Roles

As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:



These roles may overlap. In the clinician role, the nurse may provide direct "hands on" care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.

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### HNA 31

### PRE TEST

Choose the response that most accurately answers the following questions:

1. Which law provided the stimulus for a restraint-free care environment?
  - a. Patient Bill of Rights
  - b. Hill-Burton Act
  - c. OBRA
  - d. Civil Rights Act of 1981
  
2. Which of the following would be the best measure for Mrs. Jones, who frequently struggles to climb over the side rails on her bed?
  - a. put the side rails down
  - b. get her up three times a day
  - c. restrain her
  - d. none of the above
  
3. Which of the following are responsible for the care of a resident in a restraint-free care environment?
  - a. the administrator
  - b. the nursing assistant
  - c. the dietary worker
  - d. all of the above

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**HNA 31**

**DISCUSSION QUESTIONS**

1. How does a restraint-free environment improve residents' quality of life?
2. What do you do in your facility to reduce the risk of residents falling?
3. What are some common reasons for a newly admitted resident to be waking up at night?
4. If restraints must be used (only under the proper circumstances as outlined by OBRA) what are signs of restricted circulation to watch for?
5. What is your facility's policy regarding the use of physical restraints?
6. What can health care assistants do to help residents who need stimulation?

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### HNA 31

### POST TEST

Choose the response that most accurately answers the following questions:

1. What is a physical restraint?
  - a. a device that prevents a resident from moving freely
  - b. a device the resident can easily remove
  - c. a device that helps treat a medical problem
  - d. a practice that helps the resident remain independent
  
2. A chemical restraint is a psychoactive drug used for the purpose of punishing residents or controlling their behavior rather than for a psychiatric illness.
  - a. true
  - b. false
  
3. Who is responsible for the care of a resident in a restraint-free care environment?
  - a. the administrator
  - b. the nursing assistant
  - c. the nursing staff
  - d. all of the above
  
4. An individualized care plan means that:
  - a. each resident must be evaluated when he or she becomes agitated or wanders
  - b. all residents who pace have the same nursing care plan
  - c. each resident has a plan of care and that plan does not change
  - d. the same health care assistant is always assigned to that resident

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### HNA 31

#### POST TEST (continued)

5. Mr. Stewart was recently admitted to your facility. He could not ambulate alone and became very impatient waiting for the staff to help him. All of the following might help him except:
  - a. tell his roommate to call the nurse when he wanders
  - b. use a lounge chair brought in by his family with a tray table to remind him to ask for help
  - c. provide frequent contact with the staff
  - d. seat him in a winged-back chair with a wedge cushion in a small group
  
6. Which of the following increases a resident's risk of falling?
  - a. a dry floor
  - b. wearing socks with no shoes when walking
  - c. good lighting
  - d. handrails and grab bars
  
7. Which of the following are programmatic alternatives for residents?
  - a. brainstorm activities for lounge areas such as games or singing
  - b. assist with a mobility program
  - c. let residents deliver the mail or flowers to other residents
  - d. all of the above
  
8. Which of the following are equipment or environmental alternatives for restraint-free care?
  - a. creating a safe outdoor area with benches for resting
  - b. use of a walker or quad cane
  - c. providing furniture from home
  - d. all of the above



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**ANSWER SHEET**

**PRE TEST**

1. c
2. d
3. d

**POST TEST**

1. a
2. a
3. d
4. a
5. a
6. b
7. d
8. d

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### HNA 31

#### RESOURCE ADVISORS

**CATHY H. CUTHINS, RN, BSN** Director of Staff Development and Quality Assurance for Buckley Nursing Home in Holyoke, Massachusetts. Ms. Cutchins has authored articles for the American Journal of Nursing and Geriatric Nursing Magazine. She has presented papers on restraint-free and hospice care at national conferences. She received the Founder's Award of the National Association of Director's of Nursing Administrator in long term care.

**DEBORAH UNSWORTH, M.S. ARNP** Received her bachelor of Science Degree from the University of South Florida and her Master of Science Degree from State University of New York. She has worked as a nurse since 1973 in the areas of med-surg, obstetrics and ER. She has been a nurse practitioner and women's health educator since 1990 and is currently the Director of Education at National Educational Video, Inc.

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### HNA 31

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#### PARTICIPANT EVALUATION OF OBJECTIVES

Please evaluate this program by circling the number that best represents how well this program met the following objectives:

	<u>4=Excellent</u>	<u>3=Good</u>	<u>2=Average</u>	<u>1=Poor</u>
1. State the importance of restraint-free care.	4	3	2	1
2. Define physical restraint and give an example.	4	3	2	1
3. Define chemical restraint.	4	3	2	1
4. Describe three (3) problems that physical restraints can cause.	4	3	2	1
5. List three (3) key principles of working in a restraint-free care environment.	4	3	2	1
6. Discuss two alternatives to restraints to use with residents who pace or wander.	4	3	2	1
7. Discuss two alternatives to restraints to use with residents who are at risk of falling.	4	3	2	1
8. Describe two programmatic interventions to use with residents who need stimulation.	4	3	2	1
9. Discuss your facility's policy on restraints.	4	3	2	1

Do you feel you met your personal objectives? \_\_\_\_\_

Time required to complete this program? \_\_\_\_\_ minutes

COMMENTS: \_\_\_\_\_

Return this form to the facilitator who distributed the learning materials.  
Thank you.



NEVCO® Account # \_\_\_\_\_

## REQUEST FOR CERTIFICATES FOR CONTACT HOURS

**TYPE** the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

\_\_\_\_\_  
(Facility Name)

\_\_\_\_\_  
(Title and Number of Video Program)

This request must be submitted along with the completed roster and evaluation sheets for the above named program.

NAME	LICENSE NO.	JOB TITLE
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# FACILITATOR'S EVALUATION

(NEVCO® Video Education Program)

Must be completed by the facilitator

## EVALUATION OBJECTIVES:

- (1) To assess extent to which the program was appropriate, adequate and effective.
- (2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program \_\_\_\_\_ Date \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent    3 – Good    2 – Average    1 – Poor

### ORGANIZATION OF COURSE

Material was organized to facilitate learning	4	3	2	1
The amount of material covered was adequate and accurate	4	3	2	1
There was effective use of time to cover the subject	4	3	2	1

### CONTENT OF THE FACILITATOR'S GUIDE

List total number of objectives in this facilitator's guide \_\_\_\_\_

List by number the objectives that were met \_\_\_\_\_

The test material reflected the objectives listed	4	3	2	1
Content can be used to improve nursing practice	4	3	2	1
Content reflected knowledge level and needs of learner	4	3	2	1
The material was current	4	3	2	1

#### Evaluate Test Questions

Pre-Test	4	3	2	1
Discussion Questions	4	3	2	1
Post-Test	4	3	2	1

### FACULTY PRESENTING (Video)

The presentation was	4	3	2	1
The presenter explained the material	4	3	2	1
The presenter demonstrated knowledge of material	4	3	2	1

### OVERALL RATING

I felt this teaching method was	4	3	2	1
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**COMMENTS** – *(Please make suggestions for future topics and additional comments about the presentation or instructor)*

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# EVALUATION

(NEVCO<sup>®</sup> Video Education Program)

Must be completed by every participant

## EVALUATION OBJECTIVES:

- (1) To assess extent to which the program was appropriate, adequate and effective.
- (2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program \_\_\_\_\_ Date \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

## OBJECTIVES

Total number of objectives in program \_\_\_\_\_

Circle the **number** of objectives that **WERE** met      1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Circle the **number** of objectives that were **NOT** met      1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent    3 – Good      2 – Average    1 – Poor

## ORGANIZATION OF COURSE

Material was organized to facilitate learning      4      3      2      1

The amount of material covered was adequate and accurate      4      3      2      1

## CONTENT OF THE PRESENTATION

The test material reflected the objectives listed      4      3      2      1

Content and/or skills demonstrated can improve my ability to perform my job      4      3      2      1

Content reflected knowledge level and needs of learner      4      3      2      1

The material was current      4      3      2      1

Time for questions was      4      3      2      1

Effective use of time to cover subject was      4      3      2      1

Graphics were beneficial      4      3      2      1

## NEVCO<sup>®</sup> FACULTY (who prepared the program and/or appeared in interviews)

The presentation was well prepared      4      3      2      1

The presentation explained the material well      4      3      2      1

The presenter demonstrated knowledge of material      4      3      2      1

## OVERALL RATING

I felt this teaching method was      4      3      2      1

Facilities and classroom were adequate      4      3      2      1

**COMMENTS** – (Please make suggestions for future topics, content of program and instructors)

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 Keep a copy for your facility, but return the original to NEVCO®.

**PRINT OR TYPE**                      **Account #** \_\_\_\_\_

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Dates Given \_\_\_\_\_

Contact Hours \_\_\_\_\_

Name of Facility \_\_\_\_\_

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RN Facilitator \_\_\_\_\_ Signature \_\_\_\_\_

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## ROSTER OF PARTICIPANTS

Participant Name	Participant Signature	License #	Soc. Sec. #
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<b>Participant Name</b>	<b>Participant Signature</b>	<b>License #</b>	<b>Soc. Sec. #</b>
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*This is to certify that*

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*For* \_\_\_\_\_ *contact hours*

*On* \_\_\_\_\_  
Date

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Facility / Agency Name

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Facility / Agency Address

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RN / Facilitator

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**For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:**

- 1. Name of the learner**
- 2. Program title and number**
- 3. Number of contact hours**
- 4. Date the program was completed**
- 5. Name and address of your Agency / Facility**
- 6. Signature of the RN / Facilitator responsible for offering the program**