Reducing Restraint Use in a Trauma Center Emergency Room

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KEYWORDS

• Restraints • Seclusion • Managing agitation • Emergency • Behavioral health
• Restraint reduction

KEY POINTS

- The use of seclusion and restraints has historically been described as a safe way to calm an agitated or violent patient in behavioral health care.
- Evidence supports reducing the use of restraints and seclusion because these episodes can result in psychological harm or physical injury to patients and staff.
- The culture in the Emergency Department has changed from reflexively applying restraints or using seclusion with an agitated patient to using noncoercive de-escalation techniques and attempting to develop a therapeutic relationship with the patient.

INTRODUCTION

The use of seclusion and restraints has historically been described as a safe way to calm an agitated or violent patient in behavioral health care. Recent evidence suggests that the use of seclusion and restraints can cause both psychological and physical injury to the patient and staff.[1] Deaths have been reported in the literature as a result of restraints or use of seclusion.[2] The purpose of this report is to describe an evidence-based practice (EBP) standard designed to decrease the use of restraints and seclusion of adult patients with behavioral health issues during Emergency Department (ED) visits.

The Joint Commission (TJC) and Centers for Medicare and Medicaid (CMS) recommend reducing the use of restraints and seclusion and advocating less restrictive alternatives for the patient.[1] CMS defines a restraint as "any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely."[3] CMS defines seclusion as "the involuntary confinement of a patient alone in a room or area from which the

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patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior."[3]

The goal for both CMS and TJC is to protect patients' basic rights, ensure patient safety, and eliminate the inappropriate use of restraints or seclusion. This is evident by the current standards in the TJC Provision of Care chapter PC.03.05.01 thru PC.03.05.11.[4] Hospitals are also required to report to CMS deaths of patients from restraint use.[4] Documentation must be included in a patient's chart, as outlined in detail by both TJC and CMS, to show that there is justification and monitoring when restraints or seclusion is initiated.[4] Examples of required documentation include clinical justification, less-restrictive alternatives tried, patient education on discontinuation criteria, and monitoring every 15 minutes for psychological status, behavior, and physical comfort.

EVIDENCE FOR PRACTICE IMPROVEMENT

The Iowa Model of Evidence-Based Practice was used to guide this EBP project (**Box 1**).[5]

TRIGGERS

This project took place in an acute-care medical center accredited by TJC. The facility is a level 2 trauma center, licensed for 505 acute beds and 28 subacute beds, and widely known for programs in behavioral medicine, emergency medicine, and other areas including cancer, cardiovascular disease, and neuroscience. The medical center is the only one in Hawaii to have achieved Magnet status, the highest institutional honor for nursing and patient care excellence, from the American Nurses Credentialing Center.

The ED sees more than 60,000 patients per year and approximately 10% (15–20 patients per day) have at least 1 behavioral health issue. Many of these patients are brought in directly by the city police department for a psychiatric evaluation because they are considered to be dangerous to themselves or others. In some cases, these patients are in an altered mental state caused by drugs, alcohol, or psychosis, and have tried to assault staff or attempted to hurt themselves or others. Managing the behavior in these types of patients can be challenging. In some situations, individuals exhibiting extremely violent or aggressive behaviors are placed in restraints or seclusion as an initial intervention for patient and staff safety.

Box 1
Summary of the Iowa model of steps

- Identify triggers
- Priority topic for the organization
- Form a team
- Assemble literature
- Critique and synthesize
- Pilot the change
- Institute the change
- Monitor the outcome
- Disseminate the results