

Date:	<b>Elder Friendly Care(EFC) Restraints as a Last Resort Quality Improvement (QI) Project</b>	<b>Next Steps</b>	
<b>Get Started</b>	<b>Decide on a starting point:</b> <input type="checkbox"/> Unit(s) _____ <input type="checkbox"/> Entire site	<input type="checkbox"/> QI team members agreed to participate	
	<b>Quality Improvement (QI) Team: roles to consider</b>		<b>Names</b>
	Unit/Dept manager		
	Prescriber/pharmacist		
	Nursing/Case manager (RN, RPN, LPN)		
	Health Care Aide		
	Educator		
	Other: PT/OT, transition services, dietary, security		
<b>Build Awareness</b>	QI team members participated in/reviewed: <input type="checkbox"/> Restraints as a Last Resort workshop, video conference, webinar or PowerPoint presentation with notes <input type="checkbox"/> Restraints as a Last Resort policy; procedures applicable to practice area	<input type="checkbox"/> Share articles and posters on Quality Board	
	<b>Restraints as a Last Resort staff meeting #1:</b> <input type="checkbox"/> Show all or selected slides from the Restraints as a Last Resort presentation. Emphasize goals to support maximum quality of life for patients, improve staff safety and enhance patient outcomes e.g. length of stay, falls and delirium. <input type="checkbox"/> Introduce the EFC QI Team and Quality Board (updates, articles, education resources). <input type="checkbox"/> Collect and share baseline restraint use over past 24 hours: numbers of pharmacologic restraint prescriptions (e.g. antipsychotics), mechanical restraints (e.g. lap belts, Broda chairs, table trays), environmental and/or physical restraints. <input type="checkbox"/> Discussion: What forms of restraints are used on your unit? What unit practices will be impacted by the policy and procedure expectations?		
<b>Create Desire for Change</b>	<b>Physician/prescriber engagement:</b> <input type="checkbox"/> Inform: Share letter for Physicians, Pharmacists and Nurse Practitioners (invite medical director to fan out?) Emphasize: requests for antipsychotics can often be avoided if staff consider e.g. unmet needs, approach, environment triggers and medication side effects. An informed consent discussion is required by policy (see EFC Toolkit for resources). <input type="checkbox"/> Consult: Ask what concerns physicians/prescribers have re fewer pharmacologic/other restraints? <input type="checkbox"/> Involve and Collaborate: Trial an inter-professional medication review for 1-2 patients with potentially inappropriate medication(s) and responsive behaviours, using the <a href="#">pharmacologic restraint management worksheet</a> .		

Create Desire for Change	<p><b>Restraints as a Last Resort staff meeting #2:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Collect and share baseline restraint use over past 24 hours: # of pharmacologic restraint prescriptions (e.g. antipsychotics); # of mechanical restraints (e.g. lap belts, Broda chairs, table trays); # environmental and/or physical restraints.</li> <li><input type="checkbox"/> Invite pharmacist or prescriber to provide in-services on limitations/hazards of antipsychotics</li> <li><input type="checkbox"/> Patient-centred initiative: Identify at least one patient with responsive behaviours. Trial behaviour mapping and/or review using pharmacologic restraint management worksheet. Work with families and sending facilities/case managers to determine person-centred strategies; communicate plan to all staff.</li> <li><input type="checkbox"/> Based on unit priorities, set up working groups to implement small scale trials of changes.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Update and refresh resources on Quality Board e.g. success stories and antipsychotic risks/side effects.</li> </ul>
Develop Knowledge & Ability	<p><b>Staff Education (see Elder Friendly Care Toolkit):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Restraints as a Last Resort</i> presentation with notes, video conference or webinar</li> <li><input type="checkbox"/> Behaviour Mapping   <input type="checkbox"/> <i>Care Planning to Prevent Falls</i> presentation</li> </ul> <p><b>Restraints as a Last Resort staff meeting #3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hear from a spokesperson for each working group: successes, challenges, next steps</li> <li><input type="checkbox"/> Share successes and challenges re individual patients.</li> <li><input type="checkbox"/> Falls Prevention: What are we doing well? Where can we improve?</li> </ul> <p><b>Support the Unit's Ability to Use Fewer Restraints</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Restraints as a Last Resort info card in welcome package</li> <li><input type="checkbox"/> Telephone call on admission to family and sending facility/case manager to develop care plan</li> <li><input type="checkbox"/> Supported Decision-Making Authorization on admission</li> <li><input type="checkbox"/> Update family/alternate decision-maker regularly and invite concerns and suggestions</li> <li><input type="checkbox"/> Include person-centred routines in care plan e.g. medication schedules, support of sleep/wake pattern</li> <li><input type="checkbox"/> Medication Reconciliation/Review: include clinical indications, reduce anticholinergics and pill burden</li> <li><input type="checkbox"/> Follow up on new antipsychotic orders or prn doses within 24 hours; identify non-pharmacologic alternatives. Consider new antipsychotic orders as one time emergency dose only</li> <li><input type="checkbox"/> Reduce environmental stressors e.g. overhead paging, call bells, bed alarms, sleep interruptions</li> <li><input type="checkbox"/> Address disruptive routines e.g. lab-work, treatment schedules, cleaning, restocking, continence rounds</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Update and refresh clinical resources and success stories on QI boards</li> </ul>
Reinforce Change	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor and share restraint use weekly.</li> <li><input type="checkbox"/> Continue to share outcomes on Quality Board / in meetings e.g. falls, length of stay, antipsychotic use</li> <li><input type="checkbox"/> Site level reporting on restraint use (e.g. monthly manager meetings)</li> </ul>	