

EVERYONE WINS!

A FAMILY GUIDE TO QUALITY CARE WITHOUT RESTRAINTS



MAÏMONIDES
Going further in geriatric care
À l'avant-garde des soins gériatriques



WHAT IS A RESTRAINT?

According to the Quebec Ministry's directives, a physical restraint is defined as "A control measure designed to prevent or limit freedom of movement of a person, by use of human force, a mechanical device, or in preventing them from using a means to overcome their handicap". This could be a vest tied to a chair or bed, a lap tray that the resident can't remove or a seatbelt.

What matters is how the device affects the individual and if they can freely remove it by themselves. The rule of thumb is: Can your relative remove the device?

DON'T RESTRAINTS KEEP MOST PEOPLE SAFE?

Restraints do not remove the risk of falls. The fact is that nearly all people fall at one time or another. A recent study found that one in three adults 65 years of age or older falls each year. In the event of a fall, however, people who are not restrained tend to be less seriously injured than those who are restrained. Restraints actually may increase the risk and severity of injury in the event of a fall.

Consider, for example, the case of an individual who falls to the ground while trying to get up out of a chair. If the person is tied to the chair, the chair can fall on top of the person trying to get up.

Similarly, bedrails, when not used properly, can cause serious problems. If a person cannot ask for help when he or she wants to get out of a bed with raised rails, and tries to get out anyway, he or she could fall or get stuck between the

rails. If the person is tied to the bed as well, significant injury, or even death, may occur. If your family member is concerned about falling out of bed when he or she gets up at night, ask if the height of the bed can be lowered and ask if the Interdisciplinary Team members have been consulted.

BUT HAVEN'T RESTRAINTS ALWAYS BEEN USED IN LONG TERM CARE FACILITIES?

At one time, the use of restraints in a long-term care facility was common. In fact, most nursing schools taught students that restraints should be used to protect older people from falling or wandering away. In recent years, however, the routine use of restraints has raised significant concern. We now know that people who are restrained become depressed very rapidly. They lose muscle strength and mobility. They may become incontinent or develop skin problems as a result of being in the same position for too long. They often become more agitated, increasing their risk of injury.

On the other hand, moving around stimulates circulation, channels excess energy and anxiety, relieves stress, and reduces the risk of cardiovascular problems. Most importantly, it preserves dignity and permits long-term care facility residents to live more normally. In fact, the benefits of restraint-free care so outweigh the risks that in 1987, in the United States, a law was passed specifically to make the routine use of restraints a thing of the past.



WHAT ARE THE LEGISLATION GUIDELINES IN CANADA & QUEBEC?

HEALTH AND WELFARE CANADA

Legislation governing LTC (Long Term Care) and related matters falls within Provincial jurisdiction; however, it is important to note that Provincial laws, regulations and practices are themselves subject to the constitution and in particular, to the Canadian Charter of Rights and Freedoms.

QUEBEC

In 2004, every health care institution was required to have a policy on the use of restraints with the objective being to reduce if not eliminate the use of restraints within the provincial health care system.

Restraints should be used only as an unusual and temporary measure for the resident's protection. They should not be applied to replace personal attention, adequate supervision, programming or treatment, to punish or negatively reinforce inappropriate behaviours, or for staff convenience. Misuse of restraints may be construed as elder abuse and, in jurisdictions with compulsory reporting requirements, would be reportable.

However, occasions may arise when the use of restraints is indicated. Criteria for applying restraints must be clearly established by the facility and their use should be time limited and carefully monitored. The decision to use restraints should be made on the basis of an evaluation by the interdisciplinary team, in consultation with the resident and the family. The process must be clearly documented in the resident's file.

WHAT DO YOU MEAN BY QUALITY OF LIFE?

Quality of life concerns a person's comfort, happiness, and dignity. Gerontologists (people who specialise in care for elderly people) believe that all people should live as normally as possible. As much as any one, residents in long-term care facilities need to maintain relationships with other people and hold on to their own sense of who they are. Being able to move around and interact with other people is essential to these goals.

DO PEOPLE WITH DEMENTIA KNOW WHEN THEY ARE BEING RESTRAINED?

You can be very confused and still know that you cannot get up out of a chair, or move your arm, or scratch your nose. These are very basic feelings that remain even after verbal communication has deteriorated.

In fact we know today that the memory of an event with an emotional component is more likely to be retained, and can create anxiety particularly in residents with dementia.



WHAT HAPPENS WHEN A FACILITY BEGINS TO REMOVE RESTRAINTS?

Restraints elimination is a very gradual and careful process. Successful efforts involve close observation and planning. Typically, an interdisciplinary group of staff members will carefully observe a resident for a period of time to be sure they know the person well and understand his or her unique needs. They will want to talk to you to learn as much as possible about your relative. They may ask you about your relative's typical daily routine and about what means the most to him or her. They may want to know what tends to get your family member upset and what calms him or her down. They will want to know about any special interest your relative has. The more they know about your relative's daily rhythm and needs, the easier it will be for them to provide the highest quality of life and care possible.

The staff then asks themselves: How can I keep this person safe without restraints? Physical or occupational therapy may be prescribed to strengthen muscles that haven't been used in awhile. If a person is at risk of falling while he or she tries to get out of bed or a chair independently, a sensor may be placed on the bed or chair (rather than the person) to signal the staff when help is needed. Special chair cushions may be used to improve positioning.

Usually, if a resident has had restraints for a long period of time, the device will be removed for only brief periods at first. During this time staff members will carefully watch what happens and will stay nearby to provide assistance. The more they observe, the more they can anticipate a person's needs.

HOW CAN YOU HELP?

Family members have a very important role to play in keeping residents restraint free and in removing restraints that have been used in the past.

First, share with the staff all you know about your relative. Be as specific as possible. How did your relative earn a living? How did weekends differ from weekdays? In what sports or hobbies was he or she involved? What kind of clothes are preferred? Talk about sleep patterns and preferred meal times. Does your relative like to nap? Is he or she used to having a snack at particular times of the day? Does he or she like to sleep under a light quilt, for example, or a heavy stack of blankets? Does he or she sleep in pyjamas or underwear? How typical is the person's current behaviour?

Second, if at all possible, spend some extra time at the facility during the early days of restraint removal. Help be an extra pair of hands and eyes.

Third, be open minded. If you are apprehensive about restraint removal, discuss your fears with the staff. Agree to try restraint removal for a short time, even if it is only one hour a day to begin.

Finally, celebrate successful restraint-removal programs with the staff. Observe how your family member's behaviour and attitude have changed and share your observations with the staff.

IS THAT ALL THERE IS TO REMOVING RESTRAINTS?

The needs and abilities of elderly people change from day to day. A restraint-free solution that works one week may need to be changed to work the next week. Be open to change and help problem solve as new challenges arise.



We wish to express our sincere thanks to the Independent Production Fund, producer of "Everyone Wins", for their permission to adapt their material for this brochure. For more information, please call 1-800-727-2470.

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