Overview

- Introduction to Florida Hospital
- Restraint Definition and Documentation Requirements
- Florida Hospital’s Approach
- Outcomes
- Benefits Realized
Florida Hospital

- 7 Campus
- 1792 Beds
- Over 1 Million Patient Visits a Year
- #1 Medicare Admissions in Country
- 1 of 3 Largest Heart Centers
- Largest Healthcare System in Florida
- 5th Year in a Row—Recognized as One of America's Best Hospitals by *U.S. News & World Report*
## Electronic Restraint Rollout Timeline

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<tr>
<th>LOCATION</th>
<th>BED COUNT*</th>
<th>IMPLEMENTATION</th>
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<td>Winter Park</td>
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*Total 1792
Desired Outcome

- Capture clinically relevant data
- Support evidence producing information
  - Patient safety
  - Patients rights
- Satisfy regulatory requirements
- Provide ability for real time review
What is Restraint?

Any method (chemical or physical) of restricting an individual’s freedom of movement, physical activity or normal access to the body.

Restraint Documentation Standard TX.7.5.5

Each episode of restraint is documented in the medical record, consistent with organizational policies.
Intent Statement

- Policies establish frequency, format and content of entries
- Relative to each episode of restraint use
- Provide clinical justification of restraint and documents clinical oversight
Documentation to Include

- Order for use
- Results of monitoring
- Reassessment
- Significant change in patient condition
Get Value to End User Quickly

- User friendly
- Ensure hospital policy and regulatory standards are satisfied
- Provide clear direction what needs to be documented
- Support real time documentation review
- Increase compliance of data for trending / reporting / improvement activities
What Outcomes Were Realized?

- Decrease in documentation errors
- Increase in restraint reporting
- Decrease in overall restraint usage
- Identification of age cohort
- Proper identification of type of restraint
  - Acute vs behavioral
Restraint Usage

![Graph showing restraint usage over time with events per 100 patient days on the y-axis and quarters of the year on the x-axis. The usage shows a decrease from the first quarter of 2001 to the second quarter of 2003.]
Restraint — Age of Patients Behavioral Restraints

Age of Patients in Behavioral Restraints

Acute Hospital

Number of Patients

1Q 02 2Q 02 3Q 02 4Q 02 1Q 03

< 17 18 < 25 26 < 35 36 < 45 46 < 55 56 < 65 > 66
Restraint — Day of Week Behavioral Restraint Initiated

Day of Week Behavioral Restraint Initiated

- SUN
- MON
- TUE
- WED
- THU
- FRI
- SAT

- 1st qtr 02
- 2nd qtr 02
- 3rd qtr 02
- 4th qtr 02
- 1st qtr 03
Restraint — Shift of Behavioral Restraint Initiated
Benefits

- Provided consistent mechanism for review
- Identify and reduce documentation errors
- Decrease restraint usage
- Identify incorrectly assigned restraint category
  - Acute vs behavioral
- Identify patient cohort by age
  - Plan alternate strategies to prevent restraint use
Successes

- Strong project leadership
- Provides consistent data for performance improvement initiatives
- Well received by users
- Positive response from State and regulatory agencies
- Provided focus for a high risk/problem prone procedure
- Supports patient safety/rights
Thank you for attending this session.

Session # 3
Best Practices for Nursing Documentation Panel

Please take a few moments to complete your evaluation form before you leave.
Physician Order — Restraint

Patient: Marz, Taragon

Physician Order (Date/Time): 7/1/2003 1745
Signature in Chart

Reason for Restraint / Seclusion:
- Pulls Equipment off Body, i.e. IVs, Tubes
- Aggressive / Violent
- Risk of Falls
- Other

Type of Restraint:
- Soft Restraints
- Chest Vest
- Geri-chair
- Siderails
- Roll / Lap Belt
- Other

Describe: ALL 4 SIDERAIRS

Alternative Tried:
- Yes
- No

Update Complete
Monitor / Intervention — Restraint

Patient: Marz, Taragon

Physician Order

Monitor

- Checked Every 2 Hours
- Calm
- Cheerful
- Alert
- Asleep
- Depressed
- Confused
- Anxious
- Agitated / Combative
- Aggressive / Angry
- Crying
- Mood Changes
- Meets Release Criteria
- Transfer

Interventions

- Fluids / Nutrition
- Toileting
- ROM
- Skin Care
- Charge Nurse Notified
- Patient / Family Educated
- MD Face to Face Evaluation

(Monitor continued need at least Q2 Hours)

Discontinue Date/Time: [Textbox]

Update Complete

139948: PREVIOUS ASSESSMENT NOT FOUND. NO RESULTS ARE AVAILABLE.
07/01/2003 17:49
Physician Order — Restraint

Patient: Marz, Taragon

Physician Order (Date/Time): 7/1/2003 1745

Signature in Chart
- Acute Med / Surgical
- Behavioral

Reason for Restraint / Seclusion:
- Pulls Equipment off Body, ie. IVs, Tubes
- Aggressive / Violent
- Risk of Falls
- Other: Describe: THROWING LAMPS

Type of Restraint:
- Soft Restraints
- Chest Vest
- Geri-chair
- Siderails
- Roll / Lap Belt
- Other: Describe: LEATHER

Alternative Tried:
- Yes
- No

Update Complete
Monitor / Intervention — Restraint

Patient: Marz, Taragon

User: JMJ60C

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- Calm
- Cheerful
- Alert
- Asleep
- Depressed
- Confused
- Anxious
- Agitated / Combative
- Aggressive / Angry
- Crying
- Mood Changes
- Meets Release Criteria
- Transfer

Discontinue Date/Time: 7/1/2003 1751

(Monitor continued need at least Q15 Min)

Update Complete

[Error Message]

113940: PREVIOUS ASSESSMENT NOT FOUND. NO RESULTS ARE AVAILABLE.
Date: 7/1/2003
Time: 1748

Continue
**Documentation Results — Restraint**

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**RESTRAINT/SECLUSION REASON**

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**THROWING LAMPS**

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Page created: Tuesday, July 1, 2003 5:52 PM For: JMJC60C
### Documentation Results — Restraint

**Patient:** Marz, Taragon  
**Sex:** F  
**BD:** 01/29/1966  
**Rm/Bed:** K18301  
**MR#:** 004017730  
**PT#:** 1422474

#### Restraints (Last 30 results)

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### Documentation Results — Restraint

**Patient:** Marz, Taragon  
**Sex:** F  
**BD:** 01/29/1966  
**MR#:** 004017730  
**PT#:** 1422474  
**Rm/Bed:** K18301

**RERAINTS** *(Last 30 results)*

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