Restraint Awareness and Reduction for Cardiac Surgery Patients

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Background
- Restraints increase a patient’s risk for an adverse event
- Evidence is lacking to show that restraints are effective
- Restraints are associated with injury and negative patient wellbeing
- Restraint utilization in the cardiovascular intensive care unit has been historically higher due to caring for a post operative cardiac surgical patient population

Local Problem
- Quarter 4 2021 restraint use: 240 cases
  - 39% of hospital site restraint utilization
- Quarter 1 2022 restraint use: 359 cases
  - 44% of hospital site restraint utilization
- Advocate Aurora Healthcare System’s goal is to be a restraint free environment

Methods
- Plan Do Study Act Method was utilized for this quality improvement initiative
- Sample and Setting: CVICU nurses and patients
- Team of CNS, quality analyst, and clinical nurses evaluated:
  - Current clinical practice standards
  - Restraint utilization data
  - Documentation of reasons for restraints
  - Surveyed RNs on perceptions of restraint use
- Intervention
  - Restraint education for whole hospital
  - Targeted restraint education for CVICU (5/2022)
  - Focus of education:
    - Restraint alternatives
    - Determining whether behavior fit restraint
    - Documentation
    - Goal to extubate within 6 hours

Results
- Quarter 2 2022 restraint use: 342 cases
  - 46% of overall hospital restraint utilization
- Quarter 3 2022 restraint use: 344 cases
  - 46% of hospital site restraint use.
  - Anecdotal changes in RN behavior/culture was observed however data does not reflect this

Discussion / Conclusions
- RN’s perception of restraint use in CVICU is that safety is the main reason for increased usage.
- Increased monitoring and changing culture related to restraint use in CV surgical patients requires a multi-pronged approach
- Engagement and buy in of clinical staff in initiative increased engagement with leadership support
- Future opportunities exist to reinforce this baseline education and initiative
- Population based Clinical Nurse Specialist transitioned to role outside of ASLMC creating need for re-engagement once position filled

Implications for Practice
- Implications for practice include continued education and focus with reinforcement
- Staff accountability and continued monitoring of data from clinical nurse champion
- Future work to assess other barriers to culture change

References

Figure 1. Quarter 4 2021: Restraint Use by Unit
Figure 2. Quarter 1 2022: Restraint Use by Unit
Figure 3. Quarter 2 2022
Figure 4. Quarter 3 2022

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