

Sreeja Sivankutty, RN, BSN, MSN; Peter Voros, EdD, C. Psych; Paula Podolski, BSc, MSW, RSW

DESCRIPTION

The use of restraints among elderly patients in acute care settings remains a significant concern, due to its adverse physical and psychological risks. At Humber River Health (HRH), the Patient-Centered Evidence-Based Restraint Reduction Bundle was implemented to reduce restraint use in the acute medicine units. This project empowers nurses and other healthcare professionals to make informed restraint decisions through education on restraint use and alternatives, interprofessional collaboration, and the provision of resources that uphold patient rights and preserve dignity.

OBJECTIVE

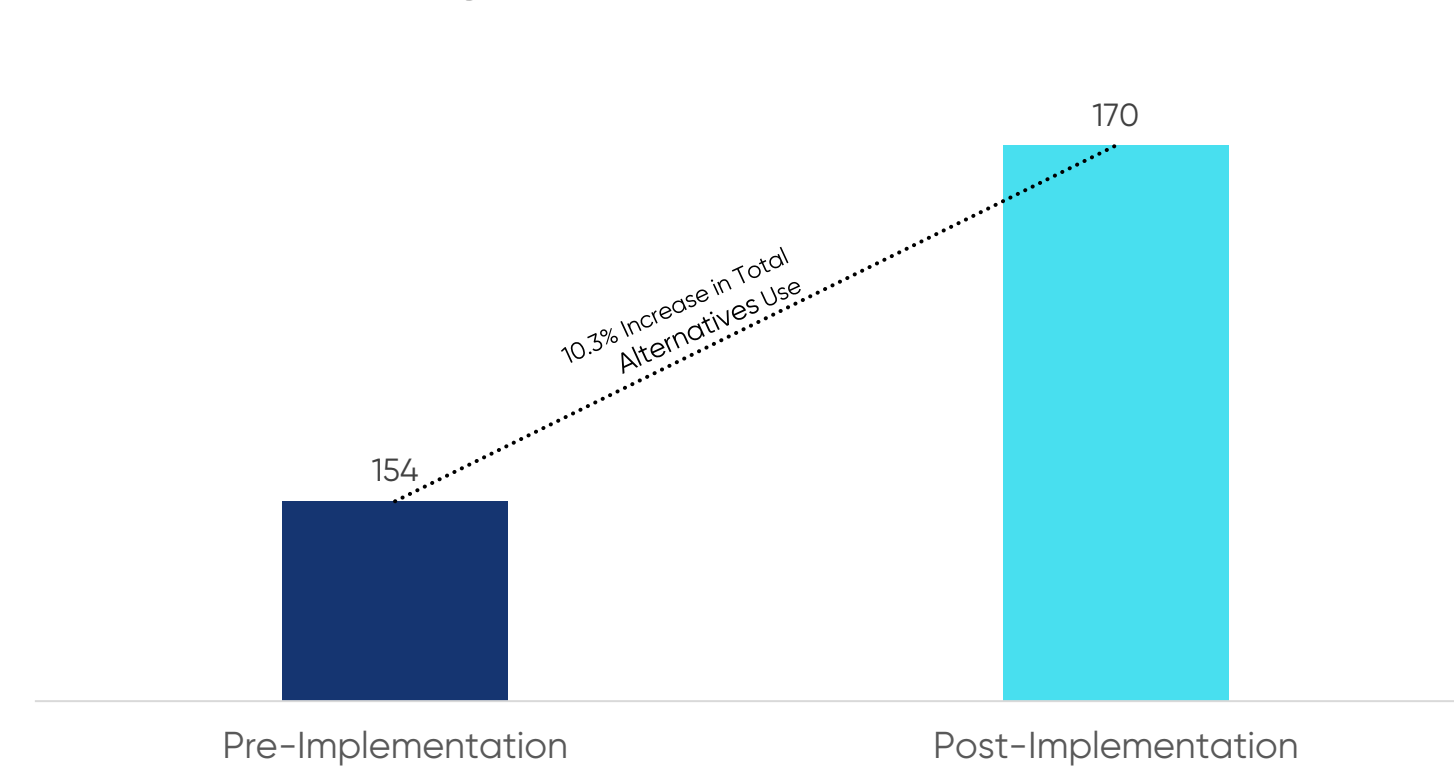
To reduce the frequency of restraint use among elderly patients on the acute medicine units at HRH.

ACTIONS TAKEN

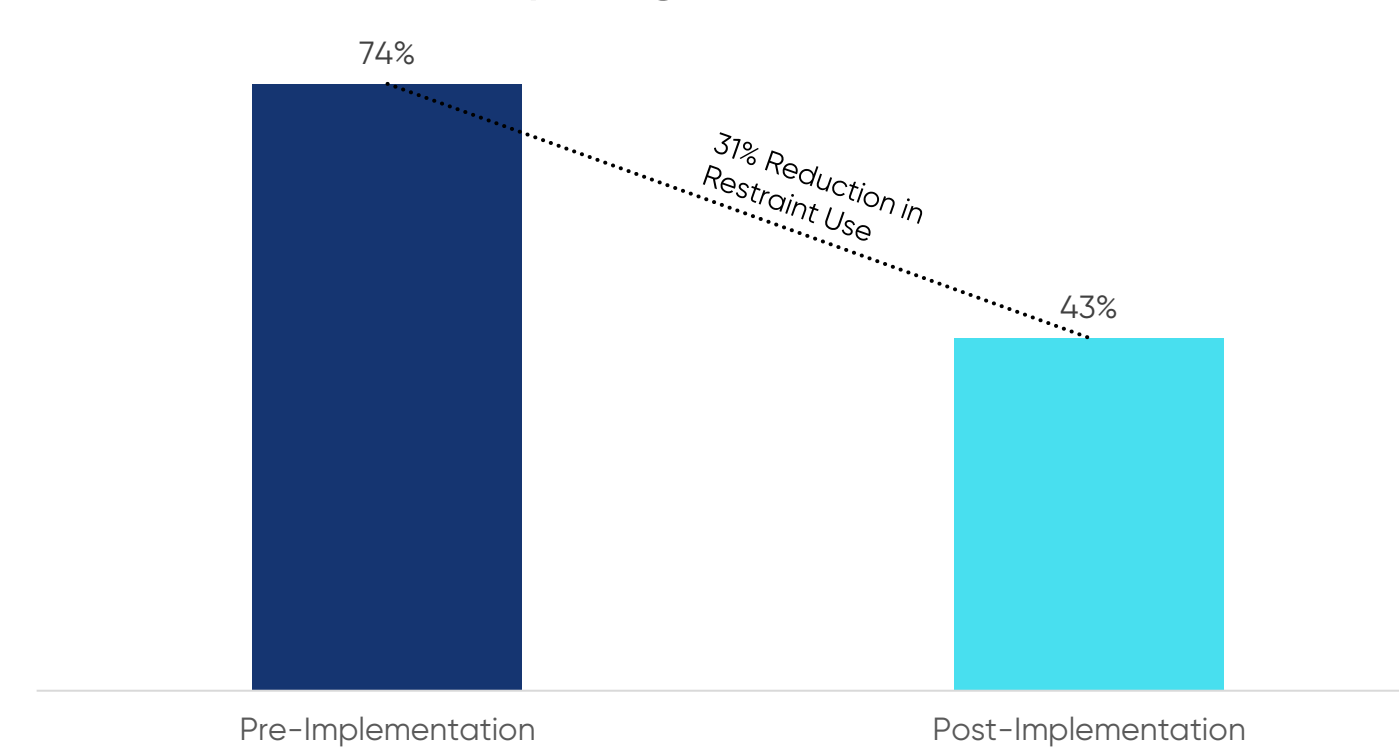
Implemented in June 2025, the Restraint Reduction Bundle included:

- Restraint Decision Tree
- Guide for restraint alternatives
- Individualized restraint reduction care plans
- Restraint reduction care conferences and huddle discussions
- Education for interprofessional team on restraint alternatives
- Activity carts on the units with volunteer involvement

Total Alternatives Used on High Restraint Risk Patients



High Restraint Risk Patients Requiring Restraint Use



Knowledge on Restraint Use and Alternatives

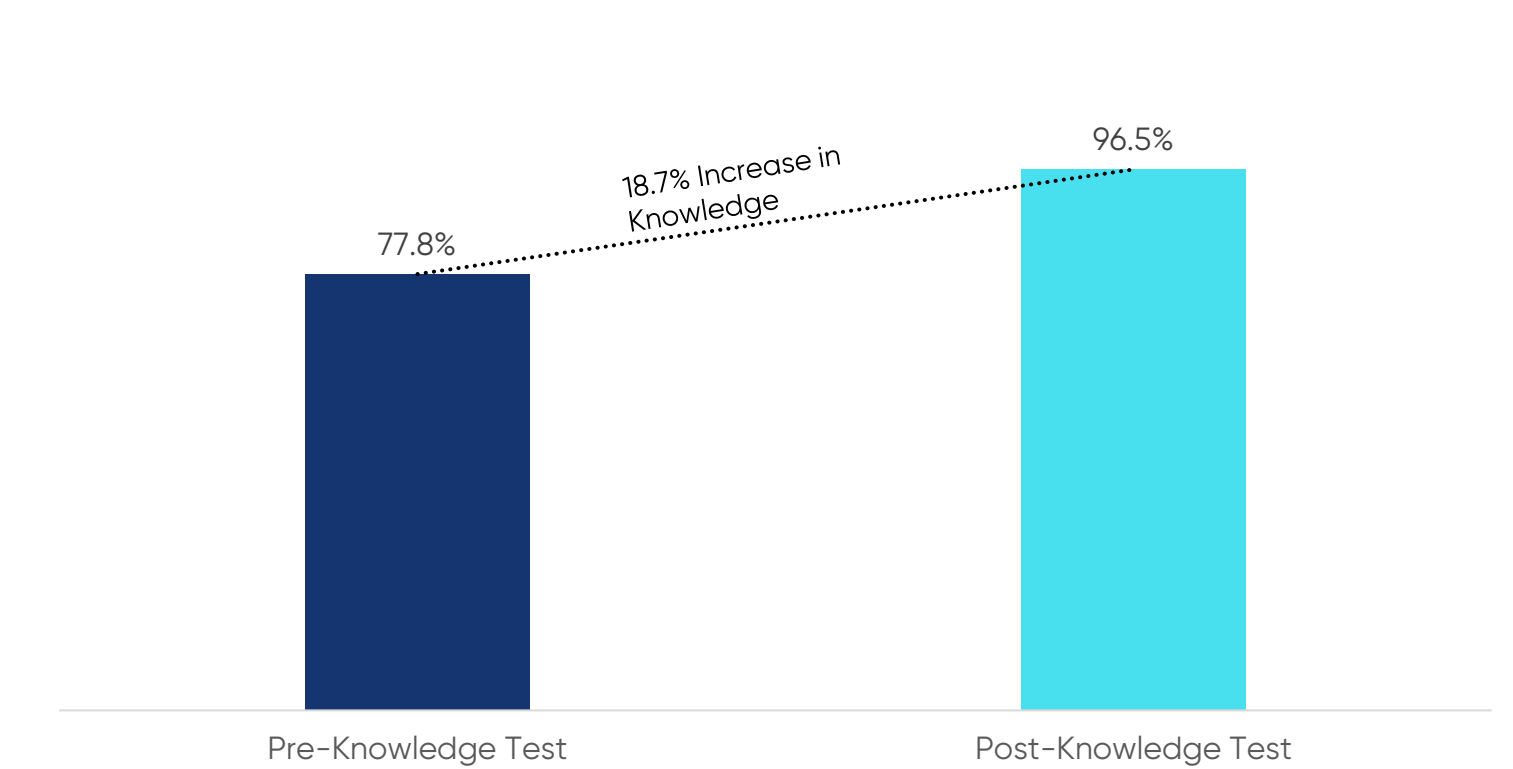


Figure 1. Restraint use among elderly patients who are high risk of restraint usage decreased from 74% pre-implementation to 43% following the introduction of the Restraint Reduction Bundle.

Figure 2. Reduction in restraint use was balanced by an increase in total alternatives used.

Figure 3. Staff knowledge of restraints and alternatives improved from a pre-implementation average of 77.8% to 96.5% post-implementation, as measured by an anonymous survey.

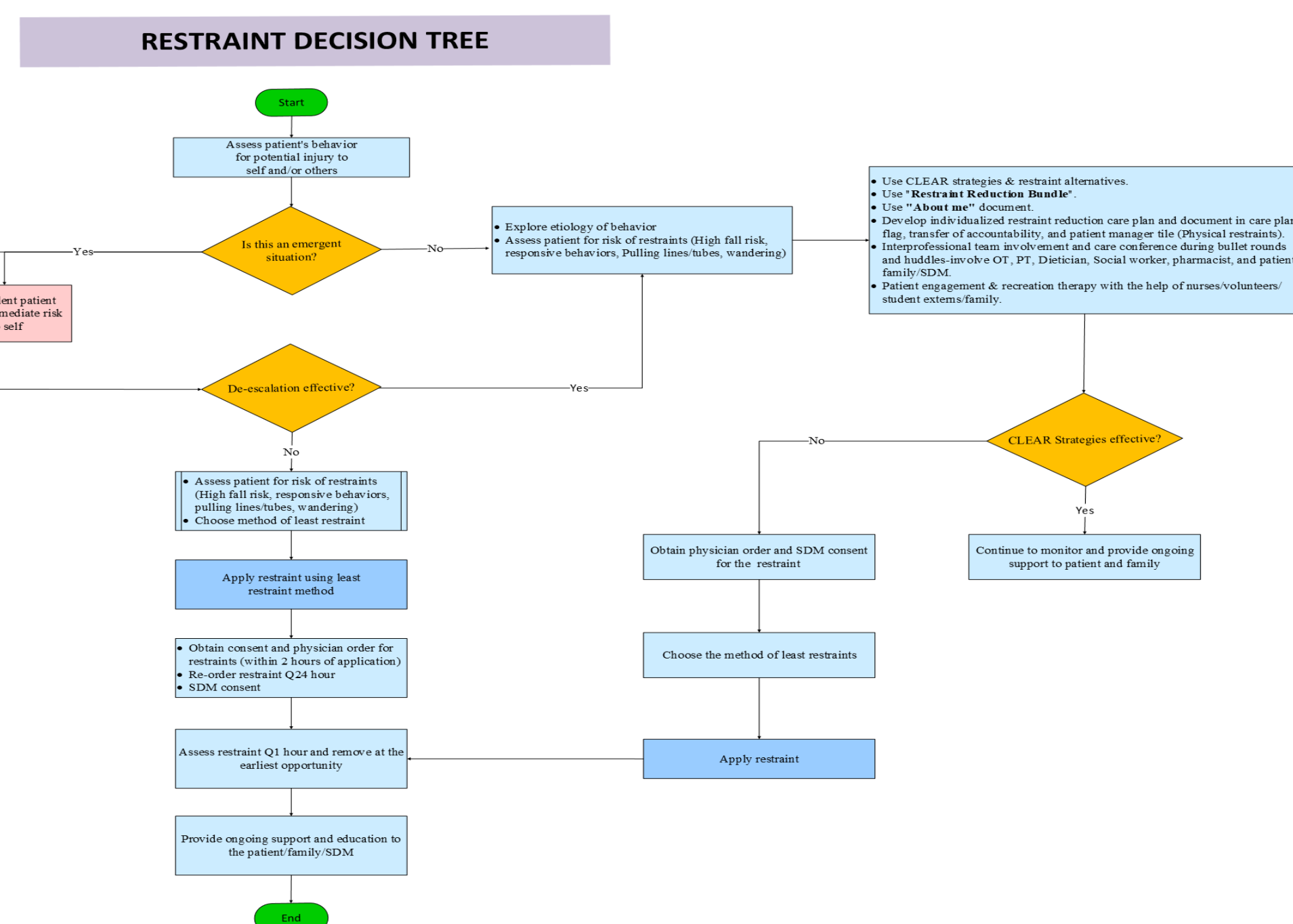


Figure 4. The Restraint Decision Tree was implemented on acute medicine units to guide clinical staff when faced with high risk patients potentially requiring restraints.

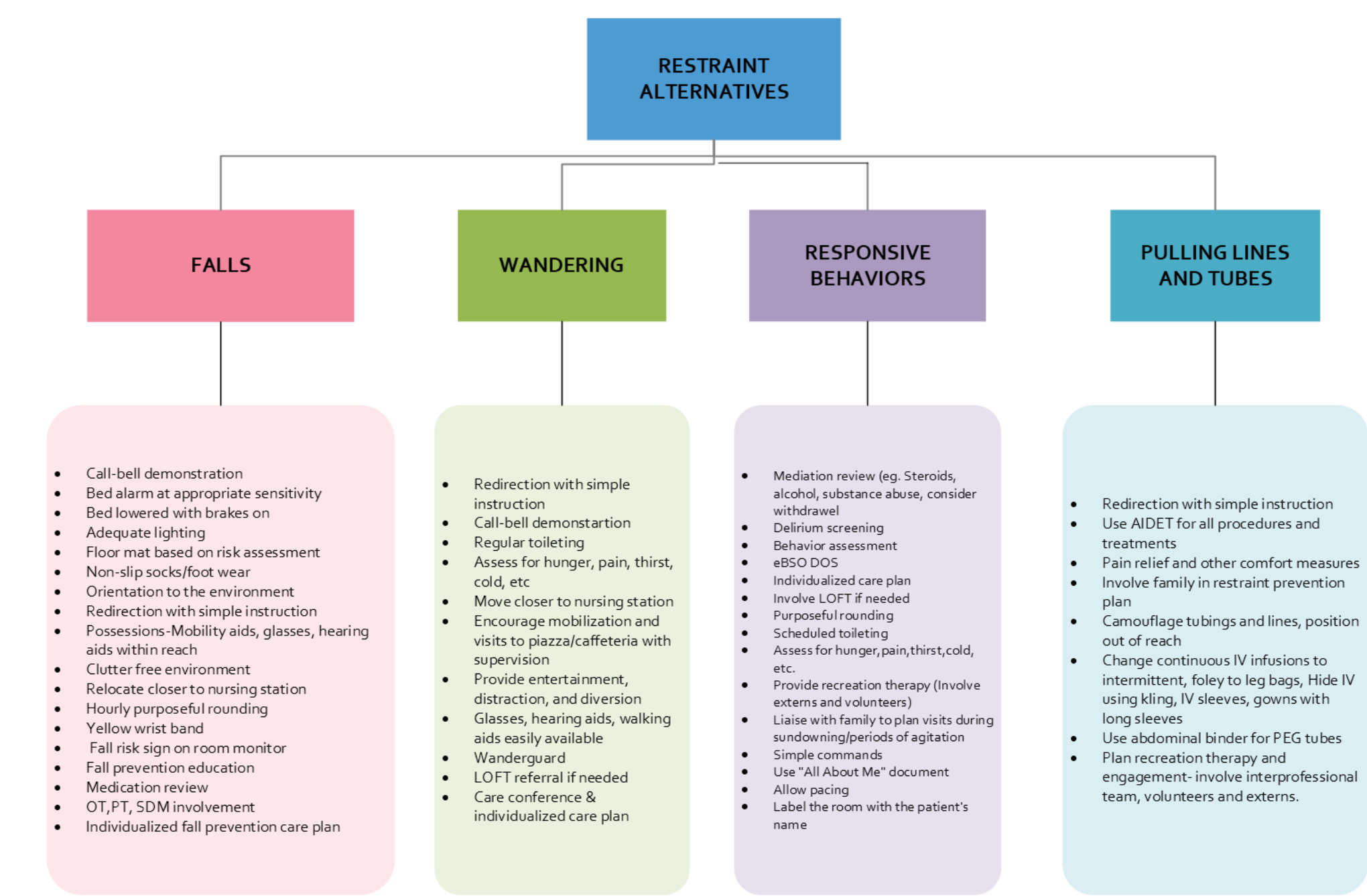


Figure 5. A guide to restraint alternatives supported clinical staff in providing alternatives to minimize restraint use.

SUMMARY OF RESULTS

Restraint use among high-risk elderly patients decreased from 74% pre-implementation to 43% post implementation of the Restraint Reduction Bundle. This reduction was accompanied by an increased use of alternative strategies. An anonymous pre-implementation survey assessed staff about their knowledge of restraints and alternatives, with an average score of 77.8%. Post-implementation, knowledge improved to an average of 96.5%. Resources such as the Restraint Decision Tree and a guide for alternatives provided clear clinical guidance to deliver safe, high-quality care while minimizing restraint use. Implementing multiple coordinated interventions supported effective change management and promoted sustainability.

LESSONS LEARNED

Leadership support and access to structured resources empower staff to make patient-centered decisions that minimize restraint use. Timely communication and interprofessional collaboration are critical for sustaining these practices and ensuring quality care.

