CONTRASTING RESTRAINTS AND BAD PRACTICES

A project to contrast mechanical, pharmacological and environmental restraints for the elderly

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Restraint is a routine practice

In Northern Europe, 90% of guests is kept restrained for at least three months and the duration of restraint exceeds one month (84% of cases)

In the nursing homes and hospitals use of restraint is routine practice


Irving Kate, Inappropriate restraint practices in Australian teaching hospitals, Australian Journal of Advanced Nursing; Jun Aug 2004; 21, 4;


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De Vries OJ, Ligthart GJ, Nikolaus T; Eur
Restraint is a routine practice.

In Italy the use of restraints ranged from 41.7% in Emilia Romagna, to 17.5% in Abruzzo, to 25% in Veneto.


Use of physical restraints in hospitals and Nursing Home: multi-centre survey (2012)

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Restraint Tools...

- Bededges
- Bed straps
- Abdominal straps
- Belt restraint
- Drugs
- Closed doors
- No leaving the facility
- No visits
Restraint does **not cure**

- Restraint worsens the agitation, increases confusion and increases the desire to move!
- Restraint has no therapeutic indication!

Restraint has negative effects

Most frequent complications

- Brachial plexus injuries
- Ischemic injuries
- Fractures of the sternum
- Death by asphyxiation
- Death by strangulation
- Outcomes of falls and injuries of persons contained is much more serious than for those who

Increase in

- Duration of hospitalization
- Hospital mortality
- Institutionalisation post-hospitalisation
- Nosocomial infections

Associated to

- Urinary and fecal incontinence
- Damage from immobilization
- Pressure sores

Decrease in

- Motor, cognitive and relational skills
Restraint has **negative effects**

- Restraint does **not secure the life** of the subject
- Restraint does **not reduce the risk of falls**
- The use of bed edges does **not protect from falls**
- Restraint causes psychological distress, feelings of fear, anxiety, disgust, intolerance, anger, humiliation, hopelessness, depression
- Restraint is a **cause of disability**

Restraint affects everybody!

- Elderly people
- Families
- Operators


Evans D, et al., 2002, Physical Restraint in Acute and Residential Care, A Systematic Review No. 22 The Joanna Briggs Institute, Adelaide, South Australia

Mason R, O’Connor M, Kemble S Untying the elderly: response to quality of life issues. Geriatric Nursing 1995MarApr;16(2):6872
Some data

3,000 elderly people are institutionalized in Trieste.

- 81 multi-purpose residences for self-sufficient people with a total of 1,657 beds.
- 19 nursing homes for self-sufficient and non self-sufficient people with a total of 1,460 beds.
- Elderly guests with neuro-motor, cognitive and psycho-behavioral disorders.
From a survey
Province of Trieste April-May 2006

• 38 facilities out of 100 visited
• Total beds 902, occupied 811 (90%)
• Self-sufficient or partially self-sufficient people 521 (64%)
• Declared sedative treatments 269 (33%)
• 64 mechanically laid people
• 341 guests out of 811 with bededges (42%)
• 46 leave the facility independently (6%)
• 186 accompanied, 579 never leave the facility
• 21 facilities NEVER organize the possibility of leaving the facility!
• Closed doors also by day in 22 facilities!
PROJECT TO COMBAT RESTRAINT

2006-2014

- Deinstitutionalisation culture
- Organizational policies and involvement of all stakeholders
- Participation strategies
- Information
- Training
- Advice
- Adequate staffing
- Small number of guests
- Personalized approaches and care plans
- Appropriate environmental measures
- Limited use of psychotropic drugs
- Care, relational and involvement practice
- Adequate financial resources
- Formal and informal resources
- Diversification of actions and responses
PROJECT TO COMBAT RESTRAINT 2006-2014

• Establishment of an internal committee, with the aim of removing mechanical, pharmacological and environmental restraint.
• A process of evaluation, monitoring and reporting of the phenomenon
• Involvement of health and social agencies
• Training
• Surveillance activities
• Organization and participation to national events
• Information and involvement of the general public
• Involvement of doctors, nurses, judges
• Publications
PROJECT TO COMBAT RESTRAINT 2014

Created web site

“Trieste free from restraint”

www.triesteliberadacontenzione.wordpress.com
Reducing femoral fractures over 65 years in Trieste
No need to be tied

Restraint
• Does not respond to any care need
• Does not prevent
• Does not cure
• Is not therapeutic
• Is not empowering
• Makes no diagnosis
• Causes serious complications…
Restraint… is not a medical act!
If restraint is not a medical act... 

- Restraint cannot be prescribed
- Restraint cannot be registered
- Restraint cannot be subject to guidelines
It is urgent...

a necessary...

cultural and professional revolution!

Thank for your attention!