

**ANSWER KEY: *Staff Attitudinal Survey—  
Removing Restraints in Arizona Nursing Homes***

1. Reduced use of physical restraints results in a decrease in injurious falls and a decrease in the total number of injuries. A study of a quality improvement restraint reduction program in 16 nursing homes (NHs) in North Carolina, California, Michigan, and New York showed a reduction in serious injuries from 7.5% to 4.4% when restraints were reduced from 41% to 4%. Another study of 12 NHs in Connecticut found that 31% of residents received a restraint order over a one-year period. Serious fall-related injuries occurred for 5% of unrestrained residents and 17% of restrained residents. Another study in 7 nursing homes compared weekly fall rates before and after restraint removal for 184 residents. They found that 2% of residents fell per week with restraints and 3% fell per week after restraint removal, but injurious falls did not change (Neufeld RR, 1999; Tinetti ME, 1992; Ejaz FK, 1994).
2. Please see “Alternatives to Physical Restraints” form.
3. Restraints increase resident agitation (Williams & Finch, 1997; Sullivan-Marx, 2001; Evans & Strumpf, 1990; Guttman et al., 1999; Werner et al., 1989).
4. Families should not be decision-makers for restraint use but should have a say in their loved-one’s careplan processes. Family involvement, education, and support is critical to achieving a restraint-free environment. Education regarding hazards of restraints plus use of restraint alternatives will give family members security needed when placing a loved one in a restraint-free facility or when discussing removal of a pre-existing restraint (Cohen et al., 1996).
5. The facility and its employees are the decision-makers for restraint use, because nursing observation of behaviors and requests precipitate most restraint orders. Facility staff control most aspects of alternative approaches to restraints and have ultimate responsibility for harms resulting from restraint use.
6. Restraints do not save lives. More than 200 deaths occur every year as a result of restraints, even when they are applied according to manufacturers’ instructions (Guttman et al., 1999).
7. According to CMS guidelines, a resident and/or family of a resident with dementia should be involved in care planning for use of a physical restraint. Some facilities have created a policy and procedure that requires the resident or family representative to sign an informed consent form to use a restraint. With informed consent, the family is clearly aware of the potential harms and alternatives if they wish such a device to be used.
8. Facilities should not use restraints for legal reasons because legal risk from physical restraint use is greater than legal risk from not using restraints (Evans & Strumpf, 1990). Marshall Kapp, JD, MPH, a national legal expert on the topic, states in his 1999 review of the topic that a review of cases from 1995–98 showed that “restraint reduction or elimination is likely to create legal risk management benefits for providers in addition to producing positive clinical, psychological, ethical, and financial effects for both providers and residents.”
9. The correct answer to this item will be based on your knowledge of your facility’s administration.
10. Please see Environmental section of “Alternatives to Physical Restraints” form.

## References:

- Cohen, C. et al. Old problem, different approach: Alternatives to physical restraints. *Journal of Gerontological Nursing*, 1996;22(2):23–9.
- Ejaz FK, Jones JA, Rose MS. Falls among nursing home residents: An examination of incident reports before and after restraint reduction programs. *JAGS*, 1994;42:960–964.
- Evans, LK, Strumpf, NE. Myths about elder restraint. *IMAGE: Journal of Nursing Scholarship*, 1990;22(2):124–128.
- Evans LK, Strumpf NE. Knowing the patient: The route to individualized care. *Journal of Gerontological Nursing*, 1996;22(3):15–19.
- Guttman R., et al. Report of the Council on Scientific Affairs. Use of restraints for patients in nursing homes. Council on Scientific Affairs, American Medical Association. *Archives of Family Medicine*. 1999;8(2):101–5.
- Kapp MB. Restraint reduction and legal risk management. *JAGS*, 1999;47:375–376.
- Neufeld RR, Libow LS, Foley WJ, Dunbar JM, Cohen C, Breuer B. Restraint reduction reduces serious injuries among nursing home residents. *JAGS*, 1999;47:1202–1207.
- Sullivan-Marx, EM. Achieving restraint-free care of acutely confused older adults. *Journal of Gerontological Nursing*, 2001;27(4):56–61.
- Tinetti ME, Liu WL, Ginter SF. Mechanical restraint use and fall-related injuries among residents of skilled nursing facilities. *Ann Intern Med*, 1992;116:369–374.
- Williams CC, Finch CE. Physical restraints: Not fit for woman, man or beast. *Journal of the American Geriatrics Society*, 1997;45:773–775.