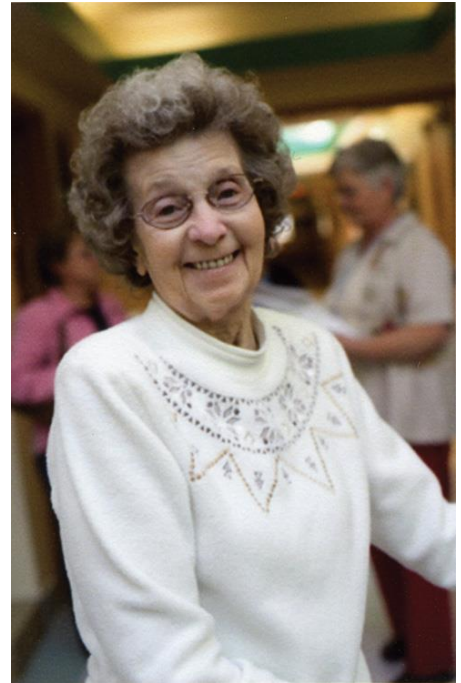


Restraint as a Last Resort: 7 Keys to Reduce Restraint of Older Adult Patients

7 Keys to Reduce Restraint

Over the past year, restraint use has decreased at Villa Caritas, an inpatient geriatric psychiatry hospital in Edmonton. Dr. Candace Walker, Site Medical Director, emphasizes it's a work in progress, and identifies 7 keys to success:

1. **Staff need support and training around alternative strategies** in order for practice to change. Villa Caritas staff have participated in a series of 3 [Elder Friendly Care](#) Learning workshops, co-sponsored by the Seniors Health Strategic Clinical Network and Covenant Health.
2. **Staff approach is crucial.** Skills such as redirection and validation need to come naturally. Resources such as the [10 Domains of De-escalation](#) and the [Staff Debriefing Tool](#) help staff refine their approach after a behavioural emergency. [The Patient Debriefing Tool](#) invites the patient perspective on what went well, and areas for improvement.
3. **Care/safety plans must be developed proactively**, to identify what approaches are most – or least effective – with each patient. Consistency leads to better outcomes.
4. **Behaviour mapping** reveals daily trends and triggers and successful approaches. There are always staff members who connect well with individual patients - the key is to discover and learn from them.
5. **Families can help** us get to know the person and can suggest approaches, hobbies, interests and favourite foods. Previous care providers can help too.
6. **Alternatives to restraint are often basic things:** it's 11 am and he didn't eat much for breakfast. She slept poorly last night, and is too tired to cope with the noise of television and call bells. [Medication side effects](#) may be contributing to confusion or distress. As we do a little detective work, we are better able to avoid restraint.
7. **Alternative strategies save time** and create better outcomes for everyone.



This is challenging work, and what was successful today may not work tomorrow. But it's also satisfying to see the dramatic difference it makes to connect with, and work with patients and families. It's a team effort that often starts with a simple conversation: "What have we already tried? What else could we try?"

Restraint as a Last Resort looks a little different in every care setting. [Education Resources](#) have been developed to support various practice areas and professions, and are available on the [Restraint as a Last Resort Toolkit](#). The [Elder Friendly Care Project](#) and [Toolkit](#) support restraint as a last resort and care of older adults in hospitals. See also: [Information for Prescribing Practitioners](#) and [Information for Prescribing Practitioners working with older adults](#).