



Real Examples of Plan-Do-Study-Act Cycles

Facilities in the 2009 Tennessee Restraint Reduction Collaborative created and used these Plan-Do-Study-Act (PDSA) cycles. Use these as a guide to develop your own or try any that you think might work in your facility.



Assessment

▶ Example

Plan: To reduce the number of new restraints initiated, new residents will be monitored one-on-one upon admission and prior to initiating any type of restraint or safety measure. This is an important issue because nurses have been initiating the use of restraints before proper assessment.

Do: Individual CNAs were assigned to each resident during the initial assessment to assess resident's ability to rise and walk without difficulty. They evaluated the resident during the first four hours following admission. Physical Therapy also assessed the need for fall and safety devices. Nursing fall assessment was used for identification of residents at risk for falls.

Study: During this test period, five residents were assessed for the need for restraints and/or safety devices. No restraints were initiated during this period. An alarm was used and a self-release wrap-belt was started. Information needed for these residents was relayed to staff members by the section sheet, which was updated daily.

Act: This is a much-needed change, and we are now ready to initiate this practice. Further evaluation and monitoring will be needed to ensure the least restrictive device is used if a restraint is needed.

Care Planning

▶ Example 1

Plan: Interdisciplinary team will continue to meet weekly and reassess seven currently restrained residents to determine their needs under the State guidelines.

Do: The team has reduced all restrained residents to the least restrictive device.

Study: The residents appear to be more content and look better aesthetically.

Act: The least restrictive restraint mandated by the Department of Health has been implemented.

▶ Example 2

Plan: The restraint team has reviewed two new forms to help show the efforts of the restraint team more clearly.

Do: All restraint reduction attempts will be documented on these forms. They will be completed by a member of the restraint team and placed on the chart. The nurses will continue to document on the restraint elimination form as usual.

Study: The new forms show at-a-glance what has been done and what the restraint team has considered for each individual resident.

Act: The new forms will continue to be used as part of the restraint reduction program and part of our plan of correction.

▶ Example 3

Plan: The MDS Nurse is analyzing current assessments, restraint alternatives, documentation, and interventions. She also is evaluating the resident and device being used.

Do: The MDS Nurse has begun the process of observing residents at various times during the day to assess the use of restraint devices. She will come in at night to assess charting/documentation.

Study: Information gathered will be used to determine whether devices used are considered restraints and if the benefits of use outweigh the risks.

Act: Any necessary changes or modifications will be made and documented. Our team will begin working with those residents identified for reduction.

▶ Example 4

Plan: A program is needed to encourage residents discharged from Rehabilitation with the ability to ambulate to do so at least once a day.

Do: The director of our therapy department is identifying residents that will benefit from a walking program. We will target residents that are able to ambulate and have been released from therapy. We plan to center our program on music and offer it at a separate time from lunch.

Study: We will start the program on a small scale to ensure we have staff and resident cooperation. We will monitor to determine what changes or modifications may be necessary.

Act: We are working on a procedure for this program, talking to our staff regarding the benefits and identifying residents for inclusion. We are holding a contest called “Name that Program,” asking staff to suggest names as a way to get them more involved and excited.

▶ Example 5

Plan: It is necessary that we ensure all admissions are assessed thoroughly before placement in restraints.

Do: Nursing falls assessment will be done in conjunction with evaluation by the MDS nurse and/or Therapy to identify if the resident is at risk for falls and in need of possible non-restraint interventions.

Study: Ten residents were admitted this month; one was started on a restraint before proper assessment was done.

Act: This resident is being reassessed and restraint reduction will be attempted. Our team is working to create a system where new residents are monitored for the first 48 hours and Rehabilitation is consulted before restraint placement to ensure their plan of care is consistent with their therapy plan. We will continue to in-service nurses to make sure resident is properly assessed.

Treatment

▶ Example 1

Plan: The plan is to engage restrained residents in activities to assist in reducing falls.

Do: We will coordinate with the Activities Director specifically for dementia/ Alzheimer resident activities.

Study: We will identify time frames that would benefit these residents most.

Act: We will assist the Activities Director in implementing activities at the times that are most beneficial for these residents.

▶ Example 2

Plan: We plan to change devices from seat belts to positioning devices.

Do: We will try a variety of devices and modify wheelchairs as needed.

Study: We will monitor patients in new devices and modify as needed.

Act: We will implement a variety of positioning devices that do not restrain those residents who lack the cognitive function to self-release seat belts.

Monitoring & Reassessment

▶ Example 1

Plan: The resident in room 76B currently has a table-top on a Geri-chair for positioning. Our plan is to discontinue the use of the table-top.

Do: The table-top was discontinued. No incidents were noted and no complaints voiced by the patient or staff.

Study: We observed the patient for 12 hours while in the Geri-chair without the table-top. No attempts to rise without assistance were noted.

Act: This change was implemented, the patient's Power of Attorney was notified, and a new order was written.

▶ Example 2

Plan: Two residents were reviewed for restraint reduction. Both residents have been reviewed by the team and are considered to be good candidates for a reduction from a soft lap belt to a Lap Buddy in their wheelchairs.

Do: The residents are in wide wheelchairs, so longer Lap Buddy devices must be ordered to fit the wheelchairs. Nursing will order these.

Study: We were unable to find Lap Buddies to fit the wide wheelchairs.

Act: No change has been made. Nursing will continue to attempt to locate these. When Lap Buddies are found, the restraint team will make the changes.

▶ Example 3

Plan: We will evaluate a patient currently using a Lap Buddy.

Do: We evaluated the patient in a high traffic area for short periods of time each day without the Lap Buddy. Only a chair alarm was used during that time.

Study: The patient did well with only a chair alarm and was easily redirected when the alarm sounded.

Act: The Lap Buddy was discontinued, and the patient was happy not to have it sitting in her lap.

▶ Example 4

Plan: Evaluate a patient in a Geri-chair with a tray.

Do: We removed the tray and used the Geri-chair for positioning and comfort for short periods throughout the day.

Study: We found that the resident did well without the tray and made no attempts to ambulate without assistance.

Act: Use of the tray was discontinued.

▶ Example 5

Plan: We plan to reduce restraints on residents with restraints ordered and in use.

Do: We reduced the type of restraint used with a selected resident (per restraint protocol), while still maintaining the safety of the resident. We used this method until no safety device or restraint was required.

Study: The resident was monitored every 30 minutes (with each reduction) to ensure safety.

Act: We plan to continue reduction steps with other residents until all restraints have been discontinued.

Organizational Commitment

▶ Example 1

Plan: We will provide continuing staff education on restraint alternatives.

Do: We plan to continue open dialogue with staff.

Study: We will monitor outcomes through restraint reduction.

Act: We will do this continuously.

▶ Example 2

Plan: Our plan is to implement the Patient Safety Culture Tool.

Do: We will schedule a date to administer the survey.

Study: Following the administration of the survey, we will compile the data and analyze the results.

Act: We will use this data to enhance our restraint reduction process.

▶ Example 3

Plan: We plan to decrease restraints/risk of falls one resident at a time.

Do: We are working toward an improved environment and equipment by implementing programs to decrease the use of restraints.

Study: We plan to reduce restraints until no restrictive device is needed.

Act: We will monitor closely to ensure the safety of the resident, involving all disciplines in education and training.

▶ Example 4

Plan: The restraint team has reviewed two new forms to help clearly show their efforts to reduce restraints.

Do: All restraint reduction attempts will be documented on these forms. They will be completed by a member of the restraint team and placed on the chart; the nurses will continue to document on the restraint elimination form as usual.

Study: The new forms show at-a-glance what has been done and what the restraint team has considered for each individual resident.

Act: We will continue to use the new forms as part of the restraint reduction program and our plan of correction.

▶ Example 5

Plan: Families and staff need additional education on restraints, restraint reduction, and restraint elimination.

Do: We are identifying ways to incorporate this education into some of our existing programs.

Study: We have found that education on issues involving restraints is one of the most effective ways to achieve employee and family buy-in.

Act: We will incorporate this education into our orientation program for all new employees. We will also continue in-service training for all employees, discuss restraints during admission tours and give families information during their care plan meetings rather than during admission.

For more real PDSA examples,
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