Intercare Corporate Group Inc. 501-5920 Macleod Trail SW Calgary, AB T2H 0K2

Tel: (403) 255-4969 Fax: (403) 252-6591

www.intercarealberta.com

Email questions or feedback to: feedback@intercarealberta.com

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Intercare Corporate Group Inc. - "The Heart of Excellence"



Restraints

INTERCARE and ALBERTA HEALTH SERVICES (AHS) FOLLOW A "RESTRAINT AS A LAST RESORT" APPROACH

The use of restraints in continuing care is not to be considered until other strategies have been explored and determined to be ineffective or inappropriate. When a decision is made to use a restraint for resident safety purposes, a "least restrictive restraint" (i.e. the 'lowest degree of restraint') is to be used for the shortest amount of time. The following AHS link provides a vast array of information about restraints: https://www.albertahealthservices.ca/info/Page15702.aspx

POINTS OF EMPHASIS:

- All restraints require an attending physician's order.
- Informed consent from the resident's legal decision maker is required for all non-emergent restraint use.
- ♦ Alternatives to restraint use are to be explored first and applied wherever possible.
- A restraint should only be used when alternative resident safety strategies/measures have been explored and deemed to be inappropriate or ineffective.
- If the use of a restraint is deemed necessary for resident safety purposes, a 'least restrictive restraint' is to be used.
- Once a restraint is applied, it must be removed at the earliest and safest opportunity.
- Intercare reserves the right to refuse admission to any resident/patient whose legal decision maker insists on using restraints that are not supported by Intercare.

It is important to remember that restraints:

- Can greatly increase risk to the resident; and
- Are NOT a strategy or measure used for the prevention of falls.

IMPORTANT DEFINITIONS & TYPES OF RESTRAINTS

Secured Space:

A place where a resident is restricted from leaving with secure doors, due to their current needs and safety. A Secured Space is NOT considered to be a restraint.

Mechanical Restraint:

Any device, material or equipment attached to or near a resident which cannot be controlled or easily removed by the resident and which prevents a resident's free body movement and/or a resident's normal access to their body. Some examples include: Wheelchair seatbelts, lap trays and tilt chairs.

Environmental Restraint:

Any barrier or device that limits the mobility of a resident and thereby confines the resident to a specific geographic area or location. Examples include half doors (as used on specialty units), but can be any barrier which does not allow a resident to change location, such as a low lying bed.

Physical Restraint:

Physically holding a person who is resistive to care, in order to allow for care or other interventions to be completed. Intercare does not condone the use of physical restraint. At Intercare, physical restraints are used sparingly and ONLY on its specialty units (i.e. the Palliser Acquired Brain Injury and Behavioral Support Units), as per policy.



Site-based Quality Improvement Project Updates

Quality Projects occur in many different areas of Intercare. Director of Cares, Clinical Team Leaders and Case Managers at Intercare sites have continuous Quality Improvement projects on the go, based upon clinical need and opportunities for improvement. Many of Intercare's other Departments also champion quality projects based upon best practice, resident and family feedback and resident need. This Newsletter will highlight some of the quality projects taking place at our sites.

Brentwood Quality Improvement Projects

Two (2) of the quality improvement projects currently being worked on at the Brentwood Care Centre (at a Unit level) are as follows:

- Medicated Cream Application by Health Care Aides (HCAs), which includes auditing of Physician Orders, supplies and observation activities to ensure accurate application, has been the focus of this quality project on the Saint Andrews East and Central Units.
- ▶ Decreasing Falls through a focus on residents who frequently fall ('frequent fallers'), resident call bell usage and fall prevention measures (e.g. use of fall matts), has proven a successful project on the Sunnyside Unit with a decrease of 37% in falls since September.

Chinook Quality Improvement Projects

Two (2) of the quality improvement projects currently being worked on at the Chinook Care Centre (at a Unit level) are as follows:

- ♥ The Chinook Hospice's current quality project is focusing on **Staff Morale**. With a focus on maintaining an 'open door policy' for staff concerns and feedback, the hospice holds daily celebrations and its Social Worker is provides weekly education opportunities.
- The Parkplace Unit is focusing on **Fall Reduction** with a goal to decrease falls by 10% over the next month. They are auditing all post falls reviews, discussing fall prevention as a team and reviewing all fall documentation.

Southwood Quality Improvement Projects

Two (2) of the quality improvement projects currently being worked on at the Southwood Care Centre (at a Unit level) are as follows:

- ▼ The Bonavista Unit will be starting a new project in January 2023 with a focus on **Fall Prevention**, after identifying an increase in the number of resident falls taking place over the course of the last couple months.
- ♥ The Palliser Acquired Brain Injury (ABI) Unit has been targeting improvements to **Wound Documentation** on the Unit, through staff education and documentation auditing.

