

Appendix Y: Example: Organization Audit Form: Least Restraint Last Resort (LRLR) Program: Unit-based Data Collection Form for the Least Restraint Last Resort (LRLR) Program Adherence

Data Collectors: _____ Unit: _____ Sample Size: _____ Total beds/unit: _____ Date: _____

INDICATORS:	Unique	1	2	3	4	5	6	7	8	9	10	Totals		Results
Complete on all inpatients who meet the criteria for the LRLR program -												+	-	+ =% + & -
Physical/Environmental Restraints														
1. Is the patient behaviour documented on LRLR Nursing Documentation Form (or unit-specific)?														
2. Are interventions documented that addressed the underlying cause of the behaviour (LRLR Nursing documentation form or inter-professional notes)														
3. Are alternatives /interventions documented prior to implementing a restraint?														
4. Is there an order documented? (Physician's Order form)														
5. Is the order specific to restraint type and duration? (Physician's Order or LRLR form)														
6. Is there an order for a physical restraint q24 hours if necessary?														
7. Is there consent of the patient or notification of the family/SDM within 12 hours noted?														
8. Are the initial monitoring requirements clearly outlined in the chart? Q15min, q1h, q2h?														
9. Is the release q2h noted with interventions attempted?														
10.														

APPENDICES

Section A

Unit: _____ Unit Census: _____ Data Collectors: _____ 2. _____
 Locked Unit Y N Program/Portfolio: _____ Civic ; General ; HI ; TRC

Section B

I. COMPLETE FOR ALL PATIENTS: Demographics	Patient 1	Patient 3	Patient 3	Patient 4	Patient 5
a) Patient room number					
b) Age					
c) Gender: indicate Male (M) or Female (F)					
d) Service (use key Code A #)					
2. COMPLETE FOR ALL PATIENTS: Fall Risk Assessment					
a) Has the patient been screened for falls (Fall Risk Profile or unit specific protocol completed-ICU/HI)? (Y or N)					
b) Are Universal Fall Interventions documented? (Y or N)					
c) Are “Individualized Fall Interventions” documented? (Y or N)					
3. COMPLETE FOR ALL PATIENTS: Least Restraint Assessment					
a) Is there a physical &/or chemical restraint order? (Y or N)					
b) Restraint type ordered- Chemical (C), Physical (P), Both (B), or N/A if you answered “no” to 3a) and go to “Section C”					
4. Chart Review for Patients with Physical/Environmental Restraint (if no, go to question 5)					
a) Is there an order Physician order form? (Y or N)					
b) Is the order described on the LRLR Record? (Y or N)					
c) Was there a PRN order? (Y or N)					
d) Is discussion of consent documented? (Y, N, or F*) (either accepted or refused) *F= patients formed under MHA					
e) Assessment & behaviour documented (select Code B#)					
f) Alternatives/ Interventions attempted & documented (select Code C#)					
g) Order specific to restraint device? (Y or N)					
h) Is the order implemented? (Y or N)					
i) Type of physical restraint device (select Code D #)					
j) Patient monitored as per protocol? (Y or N)					
k) For continued restraint use, is there evidence of a new order q24 hrs. (Y, N, or N/A)					

5. Chart Review for Patients with Chemical Restraint (if no, go to Section C)					
a) Type of chemical restraint (select Code E#)					
b) Was the chemical restraint ordered PRN? (Y or N)					
c) Is discussion of consent documented? (Y, N, or F*) (either accepted or refused) *F= patients formed under MHA					
d) Assessment & behaviour documented (select Code B#)					
e) Alternatives/ Interventions attempted & documented (select Code C#)					
f) Is the order implemented? (Y or N)					
Section C: Walk Through: Observation of All Patients as per Code D & Universal Fall Risk Interventions Sheet					
a) Physical/ environmental restraint observed on patient (Y or N) if no, end here.					
b) If yes, identify type (Code D #)					
c) Is there proper application of the restraint? (Y or N)					
d) Are 3 or more Universal Fall Risk Interventions in place? (Y or N)					

Comments