



**PERSONAL CARE HOME/
TRANSITIONAL CARE UNIT**

**RESTRAINT AUDIT –
SUMMARY REPORT**

This restraint is done annually in May. On the selected date, audit **10%** of those residents with a restraint or a minimum of 5 residents (if 10% is less than 5). Complete a separate form for each restraint audited. Following completion of the audit, transfer the combined responses to the 'Restraint Audit – Summary Report' and input into the Regional PCH Audit MS Teams page by May 31st.

Name of Facility:		Date:			
Total # of Records audited:		Total # Physical / Mechanical Restraints:			
Total # Environmental Restraints:		Total # Chemical Restraints:			
Total number of residents on this date (exclude any empty beds):					
Total number of residents with restraint(s) order(s) on site on this date:					
Total number of restraints ordered at this time throughout the site:					
Enter the total number of "Yes, N/A and No" from Personal Care Home Restraint Audit					
GENERAL RESTRAINT		Check the appropriate box	Yes	No	N/A
There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint (minimally within 8 weeks of admission if an interim restraint tool was used), including documentation of the following:					
1.	(a) Description of the behaviour and the environment in which it occurs (including time of day)				
	(b) Emotional status				
	(c) Mental status				
	(d) Nutritional status				
	(e) Review of current medications				
	(f) Physical/current systems				
	(g) All alternatives tried and exhausted				
	(h) Actual & potential benefits and burdens to the resident if the restraint is applied				
	(i) Ethical considerations				
	(j) Signatures of interdisciplinary team members				
2.	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's alternate decision-maker is documented.				
3.	Any verbal consents are documented, dated and signed by two staff members, one of which is a nurse. NOTE: if no verbal consents obtained, check 'N/A'				
4.	Consent is given PRIOR to the application of the restraint.				
There is a written restraint order that indicates:					
5.	(a) The type of restraint to be used.				
	(b) The frequency of checks while the restraint is in use				
	(c) Signature of the individual giving the order				
	(d) Designation of the individual giving the order				
	(e) For a chemical restraint the time limit for use (discontinuation date) NOTE: if no chemical restraint is ordered, check 'N/A'				



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GENERAL RESTRAINT CONTINUED		Check the appropriate box	Yes	No	N/A
There is a Restraint Care Plan for every restraint in use that outlines the resident's unique and specific needs, including:					
	(a) Restraint type and method of application				
6.	(b) Length of time the restraint is to be used at each application				
	(c) Frequency of checks while the restraint is in use				
	(d) When regular removal of restraints is to occur				
There is documented evidence on the Interdisciplinary Quarterly Care Plan & Restraint Review Form of:					
7.	(a) Restraint use is reassessed every three months, minimally (NOTE: if restraint has been in use less than three months, check 'N/A for 8 (a), (b) (c) (d) (e)				
	(b) Efforts to resolve the issues for which the restraint was applied				
	(c) The resident's response to application of the restraint				
	(d) Plan for return to independence (if feasible) or purpose for continued use of restraint				
	(e) Recommendation				
		Totals			
Formula :		$\frac{\# \text{ yes responses}}{\# \text{ records audited} \times 25 \text{ questions} - (\text{total} \# \text{N/A responses})}$	x 100% = % compliance		%
<i>Audit standard for questions 1-7 is 100% compliance</i>					
EMERGENCY RESTRAINT			Yes	No	N/A
Complete only if you have applied an emergency restraint for this resident.					
Where restraint is used in an emergency situation, there is documented evidence of:					
	(a) The events leading up to the use of the restraint				
	(b) The time the restraint was applied				
8.	(c) The frequency of checks				
	(d) Notification of the resident's legal representative or next of kin				
	(e) Care provided to and response of the resident in restraint				
	(f) When the reassessment is to occur				
	(g) Name and designation of the person ordering the restraints				
Formula :		$\frac{\# \text{ yes responses}}{\# \text{ records audited} \times 7 \text{ questions} - (\text{total} \# \text{N/A responses})}$	x 100% = % compliance		%
<i>Audit standard for emergency restraint question 8 is 100% compliance</i>					
Completed by:			Signature:		