Safer Care Victoria

Guidance on the use of bed rails

Clinical guidance supplement

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VICTORIA State Government

What we have delivered

TOPIC SELECTION

Why have we delivered this guidance?

Safer Care Victoria's (SCV) Care of Older People Network identified variation in the use of bed rails across Victorian healthcare services and public residential aged care facilities. We aimed to address this by providing guidance for clinicians to decrease variation in the use of bed rails, increase safety and improve the experience for consumers, their families and carers.

Injuries and deaths have occurred in Australia and overseas due to the use of bed rails, such as when people have attempted to climb over or through gaps in the bed rails. People have been suffocated when they have fallen between the mattress and bed rail (Anderson Boshier, Hanna 2012; Bellenger et al 2017; Healey et al 2008). Bed rails can be used safely by communicating with patients, conducting individualised assessments and using risk minimisation strategies. The recommendations were formed with consumers who have lived experience, and with health service leaders working in public and private healthcare facilities.

Scope of the guidance

The guidance is intended for hospital, aged care and community-based healthcare professionals considering the use of bed rails for a person in their care. All clinicians making decisions about bed rails and staff who purchase, assemble or maintain bed rails should receive a copy of the guidance. Consumers should be provided with verbal and written information.

In scope	Out of scope
Electronically operated, adjustable height hospital beds and trolleys	
Adult patients	Paediatric patients
Inpatient hospitals (public and private)	Mental health facilities
Community settings	Correctional facilities
Residential aged care facilities	Disability sector

Expert working group

A time-limited expert working group was convened to develop this clinical guidance.

The Chief Nurse and Midwifery Officer and Deputy CEO of SCV was appointed as chair.

An expression of interest for clinicians was promoted through the SCV Office of the Chiefs and the SCV website. An expression of interest for consumers was advertised through Alzheimer's Australia, Council of the Aging, the Health Issues Centre and Palliative Care Victoria.

Applicants were asked to submit relevant information about their interest and expertise in being part of the working group. Applicants were required to commit to attending three meetings over six months and to review documents between meetings.

All expressions of interest were reviewed by SCV staff, and final membership of the group was endorsed by the chair. Two consumers, nine clinicians – including experts from medical, nursing and allied health disciplines – and three staff SCV members were selected. Recruitment was purposeful to ensure representation from metropolitan and regional areas.

Consumers were reimbursed for their time and travel expenses.

Guidance for the use of bed rails expert working group membership

Member	Role	Organisation
Ann Maree Keenan (chair)	Chief Nurse and Midwifery Officer/Deputy CEO	Safer Care Victoria
Associate Professor Peter Hunter	Clinical Lead, Care of Older People Clinical Network	Safer Care Victoria
	Geriatrician, Director of Aged Care, Clinical Program Director, Rehabilitation, Aged and Community Car	Alfred Health
Angie Bourke	Registered Nurse	Kyabram Health
Katy-Jane Britten	Nurse Unit Manager	Austin Health
Nicolle Burns	Manager, Occupational Therapy	St Vincent's Hospital
Sharon Downie	Allied Health and Community Service Workforce Manager	Department of Health and Human Services
Sarah Evans	Senior Occupational Therapist	Monash Health
Victoria Gill	Senior Physiotherapist	St Vincent's Private Hospital
Trish Mant	Head, Clinical Practice Development Unit	Barwon Health
Brett Morris	Manager, Aged Care Quality and Safety	Safer Care Victoria
Stephen Peterson	Consumer representative	
Edgard Proy	Consumer representative	
Natasha Quattrocchi	Senior Occupational Therapist	Bendigo Health
Amelia Taylor	Senior Occupational Therapist	Albury Wodonga Health
Karin White	Deputy Director: Nursing and Midwifery Education and Strategy	Monash Health

Conflict of interest

No relevant conflicts were identified.

METHODOLOGY TO DEVELOP THE GUIDANCE

Developmental timeline

The guidance was developed between April and October 2019. Members of the EWG attended three meetings over six months and reviewed documents between meetings.

Meeting	
1	Chair shared personal story, letter from consumer
	Tabled papers: • Bellman, S, 2016Evidence Summary, 'Residential Aged Care: Physical Restraint'. The Joanna Briggs Institute EBP database JBI 1115, p1-4. • Bedrails environmental scan
	Endorsed terms of reference
	Discussed and defined: • scope of project • existing variation across services and settings, in service, between staff and different conditions • project aim: 'to deliver a set of recommendations to decrease variation in the use of bed rails in Victorian health services considering the consumer perspective, literature, standards and legal implications by 30 September 2019'
2	Aim of meeting: To discuss and determine recommendations to decrease variation in the use of bed rails considering the consumer perspective, literature, standards and legal implications
	Tabled papers: • Restrictive interventions in designated mental health services, Chief Psychiatrist's Guideline • Summary of policies, evidence and guidance documents on bed rails
	Presented legal/regulatory considerations for use of bed rails in health services and aged care facilities
	Compared Australian, UK, and US health service policies against evidence from the literature, guidance documents and Coroner's reports
	Formed recommendations under 12 different headings
	Discussed what is required to help healthcare organisations to embed recommendations
3	Aim of meeting: • To refine recommendations to decrease variation in the use of bed tails in Victorian health services • To provide feedback on recommendations, decision tree and consumer brochure
	Tabled papers: • Decision tree • Consumer information brochure
	Presented feedback on consensus on recommendations (survey by members before meeting)
	Discussed: • recommendations where group consensus was less than 80 per cent • consumer brochure development and clinician flowchart • communication strategy, and seeking #withconsumers tick endorsement from Consumers Forum Australia

Decision to endorse, adapt or develop

In line with SCV's evidence-based guidance strategy, we evaluated existing guidance relating to the use of bed rails for applicability and methodological rigour. Shortlisted guidance was evaluated by the expert working group. No single existing guidance as deemed suitable to adapt or endorse. We therefore decided to develop guidance using both evidence from the literature and consensus expert opinion.

Search method to review the evidence

- A senior project officer completed an environmental scan of existing guidance, policies and procedures (both nationally and internationally), a search and review of the published literature.
- Keywords used in the basic search strategy included 'bed rails' and 'physical restraints'.
- Key literature was summarised and shared with the group to allow development of consensus and saturation of evidence.
- Legal and regulatory advice and opinion was sought regarding relevant legislation and its application to this guidance.

Reviewed evidence

A bibliography of the evidence the expert working group reviewed is included in Appendix 1. Not all reviewed evidence directly informed our guidance.

REACHING CONSENSUS

A three-step modified Delphi approach was used to achieve consensus on the recommendations to be included in the guidance. Consensus was determined to be 80 per cent of expert working group members responding 'yes' to a recommendation.

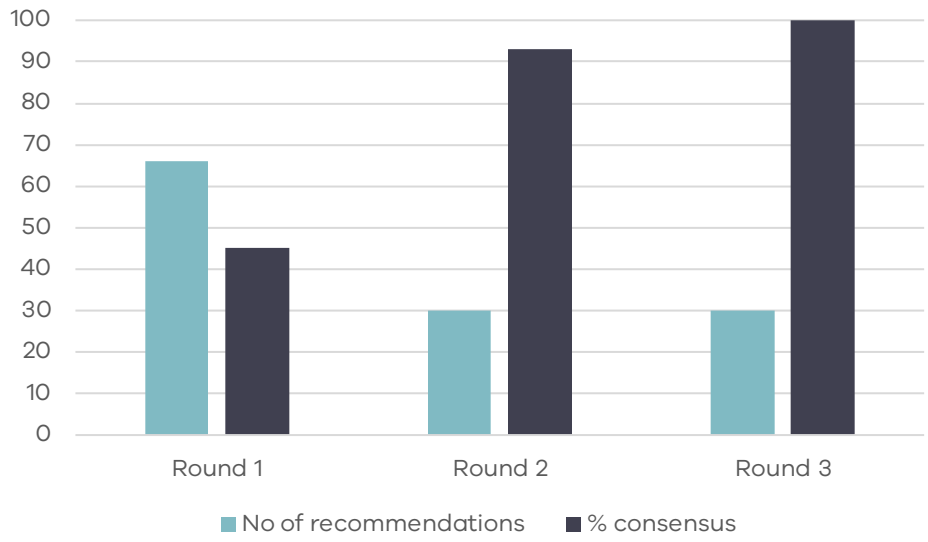
In the first round, members were emailed the 66 recommendations as statements, arranged under nine subject headings in the form of a survey. Members were asked to response with 'yes', 'requires modifications' or 'requires discussion' – 86 per cent responded to the survey and 45 per cent consensus was achieved on the 66 recommendations.

In the second round, the number of recommendations was reduced to 30. Members responded to another survey with 'agree' or 'requires modifications' – 90 per cent responded to the survey and 93 per cent consensus was achieved. However there were several comments made by members to improve the clarity and readability of the recommendations and these were incorporated into the next draft.

Although consensus had been achieved, the amended recommendations were emailed to the group for a third round of feedback. The introduction section had additional information included and there had been changes made to the recommendations following further legal advice. Members were only required to respond in the third round. One hundred per cent consensus was achieved on the recommendations.

SCV staff members were responsible for the guidance creation process and for preparing the guidance supplement. They did not have casting votes for the purposes of consensus building or decision making in the group.

Results of modified Delphi approach to achieving consensus



CONSULTATION

After the expert working group developed a draft document, the guidance was distributed for feedback to health services.

A final copy of the guidance was then produced, and attendees were given an additional two weeks to review.

CONSUMER HEALTH INFORMATION

Two consumers were involved in the expert working group and provided consumer insights for the guidance document, consumer education brochure and flowchart.

While the guidance document and flowchart were developed for a clinical audience the use of plain language and accessible formatting supports consumers to access the guidance as required.

The consumer brochure was developed for the person, their family and carers, to complement verbal discussions held. The expert working group developed the brochure during their meetings and provided feedback on the content, design and format following the final meeting until consensus was reached. The brochure was also reviewed by one of the larger health services involved in the project. The brochure was assessed for readability. The Flesch-Kincaid reading ease score is 67.3 and the Flesch-Kincaid grade level is 7.0 indicating the document is at the expected level of readability for consumers.

REVIEW AND UPDATES

The expert working group determined the guidance would be reviewed every two years, or more frequently if required, to reflect any changes in evidence and best practice.

Supporting health services to implement the guidance

IMPLEMENTATION

Implementing the recommendations requires organisations to engage relevant stakeholders, identify barriers and facilitators to implementation, communicate the recommendations widely and support healthcare staff to change behaviour. An evaluation of the implementation will enable organisations to measure the effectiveness of the changes they have made.

It may be useful for healthcare services to consider the following when implementing this guidance:

- Establish an aim which is specific, measurable, achievable, realistic and time defined.
- Determine who your executive sponsor is.
- Determine who will lead the implementation and who else will champion the change in practice.
- Determine the governance of implementation of the recommendations.
- Decide on your key stakeholders, including patients or residents, clinicians who make decisions about bed rails and people in your organisation involved in purchasing, assembling and maintaining bed rails.
- Select your measures to determine if your implementation has been successful.
- Decide what strategies you will use to implement the recommendations. This may involve changes at a clinical governance level such as development of a policy about bed rails and a strategy for communicating the recommendations. These ideas for change can be tested on a small scale initially and refined, before spreading the changes to other areas of the organisation.
- The Plan-Do-Study-Act (PDSA) cycle is useful for testing changes in one area, learning from the test, refining the changes and implementing the changes in other areas of your healthcare service (Langley et al, cited in Institute for Healthcare improvement, 2019).

Suggested activities to support implementation of the guidance at your health service include:

- Endorse the guidance for use in the health service.
- Educate staff regarding the new guidance and ongoing training opportunities.
- Use multiple communication means to communicate the new guidance to staff.
- Health services are encouraged to have a link to the guidance page on the SCV website in their local policies and education packages.
- Align clinical care with guidance recommendations.

MEASURING THE IMPACT OF OUR GUIDANCE

Auditable measures

Locally collected measures may help services to govern and monitor quality and safety in the use of bed rails. Examples of such measures are outlined in the table below.

Use of guidance in Victorian health services	Number of services who report using the guidance
Services will educate and support their staff about the guideline	% of prescribing clinicians who prescribe bed rails who are aware of the bed rails guidance Number of staff educated Feedback around staff support/debrief opportunities
Patients and their families will be supported when bed trails are suggested for use	Number of patients provided with written information about the use of bed rails
Guidance is available to health services	Number of downloads from SCV website

Governance

DISSEMINATION

The guidance has been disseminated via:

- the SCV Office of the Chiefs
- SCV clinical networks
- SCV social media channels and website
- consumer groups
- at relevant conferences
- public residential aged care facility Directors of Nursing
- Leading Age Services Australia (LASA)
- Australian Commission of Safety and Quality in Health Care

APPROVAL

The guidance was endorsed by the Older Person Care Clinical Network Governance Committee in November 2019.

Appendix 1: Reviewed evidence

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