

## Audiovisual Reviews – “I Think We're Going to Make It” Produced by Richard Neufel, MD

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Kennedy, L. (1992). I think we're going to make it, (movie review). *The Gerontologist*, 32 (6) p. 863-864.

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### **Article:**

*I Think We're Going to Make It*, 5-part series, 1/2" videocassette/39 min/color/1991. Producer, Richard Neufeld, MD. Distributor, The Jewish Home and Hospital for Aged, 120 W. 106th St., New York, NY 10025. 212/ 870-4856. Sale \$50, no rental.

This five-segment video depicts a multidisciplinary approach to the planning, implementation, and evaluation of a restraint-free environment for the frail elderly. In each of the segments, the special needs of the vulnerable older adult for safety and comfort are presented, leaving the audience with an appreciation for the team effort necessary for the delivery of care to the geriatric population. The strength of the video lies in its realistic portrayal of Concerned family members, a caring staff, and once-distraught but now restraint-free older adults. Although all members of a multidisciplinary team would benefit from viewing the entire video, it could be stopped after each segment for group discussion.

The first segment, "I Think We're Going to Make It," opens with scenarios of family members, all levels of health care personnel, and older adults giving their perspective about the use of restraints. Family members express their ambiguity in having a restraint-free environment. Is comfort and freedom of movement more important than safety? The possibility of an increase in the incidence of falls is disconcerting to family members. The nursing assistants and the long-time companions of the residents emphasize their need for enhancing the quality of life through the elimination of unnecessary restraints. A general consensus among the other health care professionals interviewed is that peace of mind can be achieved for establishing a restraint-free environment. The first segment closes with the members of the multidisciplinary team — a geriatrician, registered nurses, therapists, a social worker, and nursing assistants offering their recommendations for initiating plans to use alternative equipment such as deep-seated chairs and special alarms to eliminate the use of restraints. A gradual yet deliberate approach to achieving a restraint-free environment is stressed.

In the second segment, "A Multidisciplinary Team Evaluation," the team meets in conference to discuss specific plans for an alert older woman in a wheelchair. The geriatrician, who is the team coordinator, includes the resident in the care planning. The staff, however, does not always direct the conversation to the resident. It is apparent to the viewers that, although the resident is reluctant to try a new routine, the team is committed to making a concerted effort to improve her sitting position and strives toward assisted ambulation. Six weeks later, the resident returns to the team conference; her progress is enunciated by all of the members. Although once skeptical of rehabilitation efforts, the resident appears to be adjusting to her freedom.

The team focus is again emphasized in the third segment, also entitled "A Multidisciplinary Team Evaluation." Another common use of restraints is for confused, agitated residents who are tube-fed. Feeding tubes are often removed by such residents, causing staff to apply wrist restraints. In the video recommendations are sought from the nursing assistants on ways to avoid wrist restraints. This segment ends again a few months after the initial team meeting, showing the resident both restraint-free and with the feeding tube removed. By removing the restraints, the resident required more staff attention which, in turn, promoted her rehabilitation.

The recommendations of the physical therapist and rehabilitation nurses are delineated in the fourth segment, "Environmental Factors in Bed Mobility Evaluation." Very practical, yet often overlooked, interventions such as the firmness of the mattress or the height of the bed are discussed.

In the final segment, "Modifying Chairs with Adaptive Devices," the occupational therapist demonstrates an assessment of a resident's posture. A wedge cushion was used to correct for severe curvature of the spine or paralysis caused by a stroke. The resident appears to be more alert and comfortable following this simple, yet often overlooked, intervention.

*I Think We're Going To Make It* is a motivational video, with real-life situations portrayed by dedicated health care professionals. One could sense the frustration on the part of the families, the health care personnel, and the residents over the issue of restraints. Considering the current OBRA regulations on the use of restraints in long-term care, this timely video in its entirety would provide a valuable learning experience for all levels of health care personnel in both acute and long term care facilities. Students of nursing and physical and occupational therapy could also benefit from viewing this video. Once a facility has achieved a restraint-free environment, *I Think We're Going to Make It* could be used to stimulate discussion in an orientation program for personnel who will be working with the elderly for the first time.