

## Griffin Staff Reflect on SOMA Study: Enclosure Offers Desirable Option—“Restriction vs. Restraint”

Dr. Isaac Spiteri unhesitatingly favors the use of patient enclosures. The SOMA enclosure represents “restriction vs. restraint”—an important distinction. “There’s a significant difference, he says, in how patients respond to the enclosure. It’s a much less overt form of control and I prefer how they react to the restriction of the enclosure vs. the use of physical restraints.”

Nurses, Residents and relatives of SOMA study patients shared candid comments about the use of the SOMA system in the Griffin Hospital (Derby, CT) in-process S-E-C-U-R-E study. The study aims at measuring the effectiveness of safe enclosures (SOMA) vs. traditional forms of physical restraint, posey vests and wrist (2-point) and ankle (4-point) restraints on a variety of indices. Feedback was specific, constructive and positive. Clinical staffers—representing both nurses and physicians—were unanimous in confirming their belief that the SOMA enclosure is the most desirable restraint option for appropriate cases.

Those patients, they said, with a confirmed psych history, exhibiting confusion, delirium or disorientation—or who have general cognitive impairment or baseline dementia are a comfortable fit with the enclosure. Other patient profiles include those on anticoagulants who might otherwise be considered fall injury risks. They were clear, however, in suggesting that patients with IVs, tubes (respiratory or dialysis) and/or foley catheters—and who exhibit any inclination to pull at their lines—are not good candidates for the enclosure.

Audrey Nolan, a nurse with prior enclosure experience was unabashedly supportive of what she described as “a more humane alternative than physical restraint.” She spoke of a 65-year-old patient who arrived at the hospital very agitated and wouldn’t eat. When placed in the enclosure, he calmed noticeably and began to accept meals. In fact, she said, he would often ask to get back into the enclosure after family visiting hours. “We left one side open much of the

time and he never felt inclined to climb out, she said. He felt safe and secure inside.”

Three residents participating in the study all felt that for particular patient profiles, they preferred the enclosure to physical restraints—that it would be, for them, a first option. They would not be inclined, however, to place highly agitated patients in the enclosure for safety and control reasons. It is particularly effective, they agreed, with elderly patients exhibiting confusion or disorientation. One resident spoke of a patient in his late 80s with dementia who had been restless and agitated in wrist restraints. He was continually trying to get free until placed in the enclosure. Within a short time, he calmed noticeably and made no attempt to leave the enclosure.

When asked whether any of the patients exhibited claustrophobia, the physicians said they didn’t sense or observe any patient confinement issues. Nurse Sandy Stephens, was particularly succinct in saying that the

enclosure was “a lot better than giving people chemicals or tying them down.”

Patient families had to pre-approve the use of the enclosure should the patient be selected in the randomized study. In interviews with two spouses of study patients, a 73-year-old and an 81-year-old—both with Alzheimer’s, the spouses related that they felt their husbands were comfortable and concern about falling was

diminished. Neither patient, they said, felt confined or restricted and they viewed it as an overall positive experience. One said her husband was initially placed in a Posey vest and wrist restraints because he was agitated. When moved to the SOMA enclosure, he didn’t feel confined and his agitation subsided.

Nurses interviewed revealed that some of their nursing staff counterparts still carry a bias toward the use of physical restraints. While purely speculative, Vivax believes that bias may be a reflection of control and safety concerns—and fully understand that an unrestricted, highly agitated patient in a SOMA enclosure could be physically threatening to the nursing staff. Clearly, under such circumstances, Vivax wouldn’t hesitate to recommend other restraint options. It’s not an every case solution.

**The SOMA enclosure represents “restriction not restraint”—an important distinction. “There’s a significant difference in how patients respond to the enclosure. It’s a much less overt form of control and I prefer how they react to the restriction of the enclosure vs. the use of physical restraints.”**

**Dr. Isaac Spiteri**