LeadingAge Illinois & Iowa

Long-Stay Restraints Quality Assurance Guidance

Overview

The use of physical restraints without an appropriate medical symptom is considered abuse under the federal regulations for nursing home providers. Physical restraints may be used when a medical symptom is present that warrants their use and all other less restrictive measures have been attempted.

Nursing homes should use this tool in conjunction with the Long-Stay Physical Restraint Quality Assurance Worksheet to aid in compliance regulations and quality assurance processes. These tools are best used by clinical representation of the Quality Assurance and Process Improvement (QAPI) team. Monitoring frequencies may vary depending on the topic, the identified error percentage, and action plan.

Monitoring Guidance

A1-B1. The numerator will be the number of residents that don't have an assessment completed to identify if a device is a physical restraint.

The denominator will be the number of residents who currently have a device that may be considered a physical restraint. This may include, but is not limited to, cushions, wheelchairs, trays, belts, limb devices, bed rails, among many others that may limit the resident's ability to move.

A3. Enter the number of residents from B2 that are considered a physical restraint based on the assessment results.

A5. The number of residents from A4 that don't have a medical symptom identified for the use of physical restraint. The regulation requires that all residents using a physical restraint have a medical symptom identified for the use, or the use of a physical restraint is considered non-compliant.

A7. Enter the number of residents from A4 that don't have an informed consent for the use of the physical restraint. Prior to using a physical restraint, the resident or their representative must be awarded the opportunity to make an informed decision based on the medical symptom, the benefits of use as well as the risks posed by the physical restraint. This informed consent must be included in the resident's record.

A9. Enter the number of residents from A4 that don't have the physical restraint included in their care plan. According to the F604 regulation, the care plan must include (at a minimum):

- The type of restraint
- The medical symptom
- The length of time the restraint is to be used to treat the medical symptom
- Who may apply the restraint

- Where and how the restraint is to be applied
- The time and frequency the restraint should be released
- Who may determine when the medical symptom has resolved in order to discontinue the restraint
- Specific instructions on direct monitoring and supervision provided during the use of the restraint.
- How the resident may request staff assistance and how needs will be met during the use of the restraint
- The frequency of re-evaluating the need for the restraint.

A11. Enter the number of residents from A4 that don't have a physician's order for the use of the physical restraint. To be compliant, the physical restraint must have a physician's order for the specific type of restraint used and indicate the medical symptom.

A13 – Enter the number of residents from A4 that don't have a restraint flowsheet or other appropriate documentation that indicates when the restraint was applied, frequency of observation/supervision while applied, when the restraint was removed, the care provided during the time the restraint was removed.