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.

- If the informed consent includes a time limitation for approval, once 50% of the approved time has lapsed but not less than 5 days before it expires, the resident or their responsible party must be notified of the actual effectiveness of the restraint in treating the medical symptom and any actual negative impacts before obtaining additional time on the informed consent.

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.
- A schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of the less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental, or psychosocial well-being.

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. If the physical restraint is used for emergency circumstances, it may be used briefly before obtaining a physician's order. However, the physician must be contacted immediately for orders once the treatment has been completed. If the attending physician is unavailable, the advisory physician or medical director must be contacted. If they are unavailable, a supervisory nurse may approve the use in writing. If a supervisory nurse approves the use, a confirmatory telephone order must be obtained as soon as possible but not later than 8 hours.

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. If the resident primarily uses sign language as their means for communicating and the physical restraint includes limiting movement of their hands, the restraint must be removed for brief periods at least every hour, unless doing so would result in physical harm to themselves or others.

A15 – Enter the number of residents from A4 that don't have documentation of occupational or physical therapy consultation prior to the physical restraint being used. This must also include a trial of less restrictive measures.

A17 – Enter the number of staff that are expected to apply the physical restraint that don't have documented training and competency evaluation. The training must include the specific type of restraint being used for each resident with a restraint.

A19 – Enter the number of residents from A4 that don't have documentation of being notified of their right to have a person or organization be notified of the use of the physical restraint. This includes the Guardianship and Advocacy Commission.

A21 – Enter the number of residents who elected to have the person or organization notified of the physical restraint that don't have documentation it was completed within 24 hours. This documentation must be included in the notification:

- The reason the restraint was needed.
- The type of restraint used.
- The interventions used or considered prior to the use of the restraint and the impact of the interventions.
- The length of time the restraint was to be applied.
- The name and title of the person who should be contacted at the nursing home for further information.