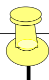


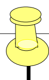
Nursing Home Quality Initiative

FAST FACTS: PHYSICAL RESTRAINTS

Overview

JUNE 2006

PREVALENCE	Daily physical restraint usage is one of the quality measures being reported on Nursing Home Compare. The quality measure (QM) data are calculated based on the Minimum Data Set (MDS), an assessment mandated for each resident in a Medicare- and/or Medicaid-certified facility. These data show that the national percentage of physical restraints in nursing homes declined from 9.7% to 7% since June 2002. (DHHS, 2004). However, the use of physical restraints in the nursing home is still a problem, and there is still a need for continued quality improvement and efforts to reduce or eliminate restraints. Over four thousand nursing homes each quarter now report a daily physical restraint QM prevalence of 0%. All ten of the top ten states have daily physical restraint QM prevalence rates less than 3%.
DEFINITION	The Centers for Medicare & Medicaid Services (CMS) defines a physical restraint as "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body." (42 CFR 483.13(a) When determining whether a device meets the definition of a physical restraint, the focus should be on the effect the device has on the resident, not the intent or reason behind the use of the device. Restraints may only be used to treat the resident's medical symptoms upon the written order of a physician, except in the case of emergencies. (SOM, 2006)
TYPES OF PHYSICAL RESTRAINTS	Types of physical restraints include, but are not limited to leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily. Also included as restraints are facility practices that meet the definition of a restraint such as: • Using side rails that keep a resident from voluntarily getting out of bed • Tucking in or using Velcro to hold a sheet, fabric, or clothing tightly so that a resident's movement is restricted • Using devices in conjunction with a chair, such as trays, tables, bars or belts, that the resident cannot remove easily, that prevent the resident from rising • Placing a resident in a chair that prevents a resident from rising • Placing a chair or bed so close to a wall that the wall prevents the resident from rising or voluntarily getting out of bed (SOM, 2006)
CONDITIONS ASSOCIATED WITH RESTRAINT USE	The Resident Assessment Instrument (RAI) Manual offers guidance for the review of conditions commonly associated with restraint use: • Problem Behavioral Symptoms • Risk of Falls • Conditions and Treatments (Resistance to Tubes or Mechanical Devices) • ADL Self-Performance • Confounding Problems Associated with Behavioral Symptoms (Delirium; Impaired Cognition; Impaired Communication; Unmet Psychosocial Needs; Sad or Anxious Mood; Resistance to Treatment, Medication, Nourishment;



CONDITIONS ASSOCIATED WITH RESTRAINT USE (CONT.)	Psychotropic Drug Side Effects; Behavior Management Program) A review of these conditions and/or other underlying needs, risks, or problems may reveal alternative methods of treatment that result in effective interventions to reduce or eliminate the use of physical restraints. (RAI, Appendix C, pp. 100-102)
RISKS ASSOCIATED WITH RESTRAINT USE	The use of restraints not only violates resident's rights to freedom and dignity, but has also been associated with higher rates of injury and injurious falls, precisely the condition that the restraints are designed to prevent. There are many negative effects and risks associated with restraint use that in some cases far outweigh any possible benefit of using them. Risks associated with using restraints are listed below: • Strangulation • Loss of muscle tone • Decreased bone density (with greater susceptibility for fractures) • Pressure sores • Decreased mobility • Depression • Agitation • Loss of dignity • Incontinence • Constipation • Death (RAI, Appendix C, p. 99)
BARRIERS TO RESTRAINT REDUCTION/ ELIMINATION	Some barriers to restraint reduction/elimination include: • Perception that physical restraints deter disruptive behaviors and wandering • Perception that physical restraints prevent falls • Perception that physical restraints are a safety device
FURTHER READING AND WEB RESOURCES	A more detailed overview of physical restraints can be obtained by contacting your state Quality Improvement Organization (QIO). Visit http://www.medqic.org/QIOListings Quality Measures Resource Manual, February 2006, Version 5.0. Physical Restraints – Available: http://www.medqic.org/Chapter6K Revised Long-Term Care Resident Assessment Instrument User's Manual, December 2002, Version 2.0, Revised March 2006. Available: http://www.cms.hhs.gov/RAI Centers for Medicare & Medicaid Services. State Operations Manual, Guidance to Surveyors for Long Term Care Facilities, Appendix PP, Rev. 15, Updated June, 2006. F221 Physical Restraints (pp 54-60). Available: http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf U.S. Department of Health and Human Services. Nursing home care improving in many areas new CMS data show, new steps initiated. December 2004. Available: http://www.hhs.gov/news/press/2004pres/20041222.html. U.S. Department of Health and Human Services. (2001, October) *42 Code of Federal Regulations, Part 483 Subpart B, Requirements for Long Term Care Facilities*, U.S. Government Printing Office and National Archives and Records Administration Office.

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