



Nursing Home Quality Initiative

FAST FACTS: PHYSICAL RESTRAINTS *Reduction/Elimination*

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**FACILITY
COMMITMENT TO
RESTRAINT
REDUCTION/
ELIMINATION**

The success of a physical restraint reduction/elimination program is dependent upon the support of the administrator, director of nursing, family, and health team members ([Sullivan-Marx, 2001](#)). According to [Williams and Finch](#) (1997), this may be the single most important element of a successful restraint reduction/elimination program. In order to show commitment to a restraint reduction/elimination philosophy a facility should:

- Formulate and commit to paper, their philosophy regarding restraint reduction/elimination
- Show visible management support of restraint reduction/elimination
- Establish (or revise) and implement policies and procedures that support the philosophy (e.g. ensure resident needs are being met prior to initiation of restraints; investigation of underlying behavior/cognition that may lead to restraint initiation; investigation of restraint alternatives, if restraint must be used – least restrictive device employed)
- Disclose the philosophy to family and residents during pre-admission and admission discussions, including the dangers and negative outcomes of physical restraint use and how the facility determines less restrictive alternatives
- Utilize the philosophy when interviewing and hiring new staff; and when providing ongoing education to current staff

**KEY STEPS FOR
REDUCING/
ELIMINATING
RESTRAINTS**

The State Operations Manual ([SOM, 2006](#)) states that “for those residents whose care plans indicate the need for restraints, that the facility engage in a systematic and gradual process toward reducing restraints.” Below are key steps for approaching restraint reduction/elimination:

- Identify key participants in an interdisciplinary workgroup for restraint reduction/elimination (e.g. social services, resident, family member, nurse’s aide, charge nurse, maintenance department)
- Educate staff, family and residents regarding the balance between increased independence and freedom of movement with the risks of that freedom and the desire of the facility to adopt care practices that minimize risk (e.g. fall prevention programs, restorative/rehabilitation exercises, etc.)
- Institute a policy that states restraints will not be used until the interdisciplinary team has completed their assessments of potential causative factors of the resident’s behavior, physical decline (e.g. decreased bed mobility and transfer ability, unsteady gait), etc. that might precipitate restraint use



KEY STEPS FOR

- Provide staff with appropriate resources, assistive devices, staffing, continuing

REDUCING/
ELIMINATING
RESTRAINTS
(CONT.)

- education, etc. to provide alternatives to restraint use
- Establish a schedule for assessment/re-assessment and care planning of current restraints (e.g. weekly, monthly, quarterly, change of status) to determine continued need or potential for reduction/elimination

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. (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.

Sullivan-Marx EM. Achieving Restraint-Free Care of Acutely Confused Older Adults. *Journal of Gerontological Nursing*. 2001; 27(4):56-61.

Williams CC, Finch CE. Physical Restraints: Not Fit for Woman, Man, or Beast. *Journal of the American Geriatrics Society*. 1997; 45:773-775.
