

Facility-Level Assessment of Essential Practices for Quality Care: Physical Restraints

Facility Name _____ Date _____

1.	Has a facility “reduce restraint” or a “no restraint” policy. ⁽¹⁾ (If “no”, see #1.2 on POA)	Yes	No
2.	Completes a comprehensive assessment for residents currently using restraints or being considered for restraints? ^(1,4,5) (If “no”, see #3.1 and 4.1 on POA)	Yes	No
3.	Refers to PT/OT for screening r/t self-care deficits or mobility impairment. ⁽³⁾ (If “no”, see #4.6 on POA)	Yes	No
4.	Always identifies a medical necessity that meets federal guidelines before a restraint is utilized. ^(1,2,4,5) (If “no”, see #5.3 on POA)	Yes	No
5.	Identifies environmental risk factors and considers modifications to promote safety and decrease restraint use. ^(2,5) (If “no”, see #1.4 on POA)	Yes	No
6.	Assesses and attempts to treat or rule out underlying medical conditions precipitating restraint use. ^(2,5) (If “no”, see #4.3 on POA)	Yes	No
7.	Has a process to ensure the development, implementation and re-evaluation of care plans for restraints. ^(2,4,5) (If “no”, see #5.1, & 5.8 & 5.11 on POA)	Yes	No
8.	Has a process that includes analyzing the current clinical practices for effectiveness and accuracy. (such as assessments, restraint alternatives, documentation & interventions). ⁽²⁾ (If “no”, see #2.4 on POA)	Yes	No
9.	Interdisciplinary team reassesses the resident for elimination or least restrictive alternative devices. ^(1,2,4,5) (If “no”, see #2.3 & #5.11 on POA)	Yes	No
10.	Interventions to prevent or reduce the use of a restraint are identified that are appropriate for the individual resident. ⁽²⁾ (If “no”, see #5.6 on POA)	Yes	No
11.	Evaluates the intervention’s effectiveness and the resident’s response. ^(2,5) (If “no”, see #5.7 on POA)	Yes	No
12.	The type of restraint and the reason it is used is stated on the assessment. ^(2,5) (If “no”, see #4.7 on POA)	Yes	No
13.	The assessment addresses time frames, situations, or conditions regarding application or removal of the restraint. ^(2,5) (If “no”, see #5.4 on POA)	Yes	No
14.	The restraint enhances the resident’s ability to be self-sufficient and the record reflects the time, duration, circumstances, and adverse effects (if any). ^(2,5) (If “no”, see #5.10 on POA)	Yes	No
15.	The restraint is consistently released as indicated in the plan of care and the resident is provided with activity (e.g. ROM, change of position or activity) as needed. ⁽²⁾ (If “no”, see #5.12 on POA)	Yes	No
16.	For the resident with a restraint, the plan of care reflects a problem requiring a restraint. ^(1,2,5) (If “no”, see #5.2 on POA)	Yes	No
17.	For the resident with a restraint, the plan of care indicates treatment for underlying medical conditions. ^(1,2,5) (If “no”, see #4.3 on POA)	Yes	No
18.	Nursing documentation is consistent and accurate across all shifts. ⁽⁴⁾ (If “no”, see #5.13 on POA)	Yes	No
19.	The facility conducts an orientation program for all new and existing caregivers and support staff regarding restraint elimination. ⁽¹⁾ (If “no”, see # 6.1 on POA)	Yes	No
20.	Residents and Family members/significant others are educated about the risks of restraints and the restraint elimination policy prior to the resident’s admission and ongoing during the resident’s stay. ^(1,2) (If “no”, see # 6.1 on POA)	Yes	No
21.	If a restraint risk is identified, the care plan includes interventions appropriate for each identified restraint risk (i.e. restorative care, toileting schedule, etc.)	Yes	No
An effective physical restraint reduction and elimination program requires a high percentage of essential systems to be in place. Below 90% should trigger action to improve.		* Total Percentage	%

*To calculate percentage: Divide the total number of ‘yes’s’ by 21 and multiply by 100.

References on back.

References:

1. JBI, 2002 Physical Restraint-Pt 2: Minimisation in Acute and Residential Care Facilities, Vol 6, Iss 4.
2. Regulatory guidance on F221, Physical Restraints, CMS Manual System Guidance to Surveyors for Long Term Care Facilities, Appendix PP at http://www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf.
3. Radziewicz, R. et.al, Use of Physical Restraints with Elderly Patients. Geriatric Nursing Resources for Care of Older Adults: Physical Restraints. http://consultgerirn.org/topics/physical_restraints/want_to_know_more_2009
4. BJMP, 2010;3 (1):302: Chemical and Physical Restraint Use in the Older Person, www.bjmp.org/content/chemical-and-physical-restraint-use-older-person
5. CMS RAI Manual, Version 3.0, August 2010; Chapter 4: CAA Process and Care Planning. Pg 4.1 – 4.4