



## **Implementation Guide:**

### **Goal 3: Reducing the Use of Daily Physical Restraints**

*This Implementation Guide provides efficient, consistent, evidence-based approaches to address inappropriate use of restraints in the nursing home.*

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## ADVANCING EXCELLENCE IN AMERICA'S NURSING HOMES

# **A Campaign to Improve Quality of Life for Residents and Staff**

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*Advancing Excellence in America's Nursing Homes* is a [national](#) campaign to encourage, assist and empower nursing homes to improve the quality of care and life for residents.

Comprised of long term care providers, medical professionals, consumers, employees, and state and federal agencies, *AE* is the largest and first coalition of its kind to measure quality by setting clinical and organizational goals for nursing homes.

The coalition stimulates quality improvements by providing nursing homes with free, current and practical evidence-based [resources](#), empowering residents and their families with education and helping participants reach their targets. Homes can compare their progress with state and national averages.

This Implementation Guide was prepared by volunteers and members of the Advancing Excellence Steering Committee.

Click [here](#) to see a list of coalition leaders.

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## Goal 3: Reducing the Use of Daily Physical Restraints

**NEW GOAL 3 Restraints:** Nursing home residents are independent to the best of their ability and rarely experience daily physical restraints.

The following objectives have been developed to provide national targets that will encompass all nursing homes, inclusive of those that are very high performers on a specific goal and those that may need significant improvement on a specific goal.

It is the intent of the Advancing Excellence campaign to encourage every individual nursing home to reach the highest performance levels possible.

**For Goal #2, it is our vision that ALL nursing homes will strive toward a completely restraint free environment.**

**Objectives** – By December 31, 2011:

A: The national average of daily use of physical restraints will be  $\leq 2\%$ .

B: 50% of NHs will report restraint rates less than 1%.





C: The average of the scores of the nursing homes exceeding the 2009Q1 90<sup>th</sup> percentile (n=1321) will be reduced from 16% to 8%.

D: By December 2011 there will be 1,600 fewer nursing home residents experiencing daily physical restraints per 100,000 residents. Applying this to the current physical restraints denominator of approximately 1.2 million results in 19,200 fewer residents with physical restraints.

E. Each State LANE will attain an average facility level improvement of one decile.

F. NH will set a specific target to improve restraint reduction by one decile rank over the next 24 month period.

### ICON KEY

	Recognition/Assessment
	Cause Identification
	Management
	Monitoring

**The icons in the box** to the left will be used throughout this guide to help identify those processes related to key evidence-based approaches.

## Approach to Implementation

A nursing home working to reduce the daily use of physical restraints should follow these steps.

### Recognition / Assessment



1. *Identify restraint use as an area for potential improvement in performance and practice.*
  - Based on nursing home quality improvement data, quality measures, survey results, review of actual resident cases, comparison to benchmarks, etc.
2. *Identify authoritative information available for the topic.*
  - Review references listed in the *Restraint Resources*, as well as reliable and evidence-based information about reducing restraint use from the literature and from relevant professional associations and organizations.
  - Identify ways to distinguish the reliability of information about restraint reduction (i.e., how to separate valid ideas about restraint use from myths and misconceptions about the topic).
  - Review regulatory standards to determine whether internal policies and procedures and performance meet or exceed the standards
3. *Identify current approaches to using restraints in the nursing home.*

For an overview of the process, see *Restraint Process Review Tool* and related *Restraint Flow Diagram*.

  - Are the nursing home's approaches consistent with the steps identified in the *Restraint Process Framework*?
  - Identify the nursing home's current approach to using restraints, and the basis for that approach.
  - Who in the nursing home decides on whether and how to use restraints, and what approaches do they use?
  - Is the Nursing Home consistently identifying the medical symptom for the reason behind the restraint use? The medical symptom leads the care pathway for diagnosis, treatment and monitoring.
4. *Identify areas for improvement in processes and practices.*

Using the information gathered in Steps 2 and 3 above, compare current with desirable approaches to decrease restraint use. Address the following:

  - Current nursing home policies / protocols are consistent with best practices.
  - Check whether desirable approaches are followed consistently.
  - Identify whether anyone has been reviewing and comparing current approaches to restraint use to best practices.

## Approach to Implementation (cont.)

- Have issues related to restraint use been identified previously? Were they followed up on? Has the nursing home previously evaluated its performance and taken steps to improve?

### Cause Identification



5. *Identify the causes of barriers related to restraint reduction and appropriate use of restraints, including root causes of undesirable variations in performance.*
  - Identify issues and practices that are inhibiting attaining the goal of reducing restraint use.
  - Identify underlying causes (including root causes) of, and factors related to, undesirable and inappropriate restraint use in the nursing home.
  - Identify reasons given by those who do not adequately follow desirable approaches.

### Management



6. *Reinforce optimal practice and performance.*
  - Continually promote “doing the right thing in the right way.”
  - Follow the steps of the *Restraint Process Framework*, throughout the nursing home.
  - Identify and use tools and resources to help implement the steps and address related issues.
  - Based on information and data collected about the organization and the processes and results related to minimizing the use of restraints, reinforce systems and processes that are already optimal.
7. *Implement necessary changes.*
  - Address underlying causes (including root causes) of the challenges and obstacles to the nursing home’s capacity to reduce restraint use and use medically necessary restraints safely.
  - Implement pertinent generic and cause-specific interventions.
  - Address issues of individual performance and practice that could be improved in trying to reduce restraints and safer restraints use when medically necessary.
  - Refer to the *Restraint Resources* for resources and tools that can help to address this goal.

## Approach to Implementation (cont.)

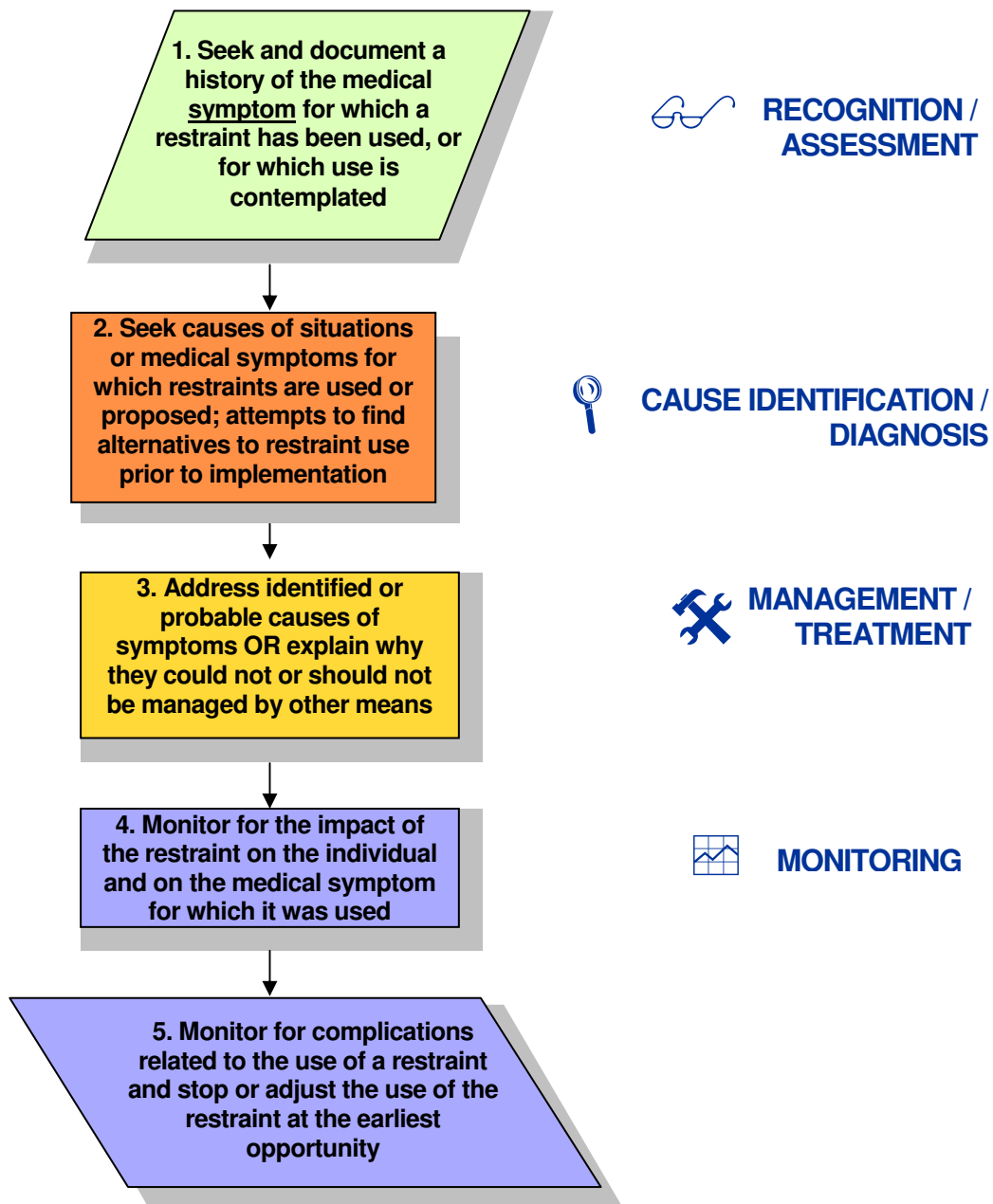
### Monitoring





#### 8. *Reevaluate performance, practices and results.*

- Reevaluate regularly and frequently for progress towards getting “the right thing done consistently in the right way.”
- Use the *Restraint Process Review Tool* to identify whether all key steps are being followed. If they are not being followed, implement a quality improvement process.
- Use the *Restraint Process Framework* and related references and resources from Steps 2-4 above, and repeat Steps 2-7 (Recognition / Assessment, Cause Identification, and Management) until processes and practices are optimal.
- Continue to collect data on results and processes.
- Evaluate whether changes in process and practice have helped attain desired results.
- Adjust approaches as necessary.
- Set increasingly higher goals to achieve a restraint free environment for residents.


## Flow Diagram - Restraint Process Framework



## RESTRAINT PROCESS FRAMEWORK

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
 <b>PROBLEM RECOGNITION / ASSESSMENT</b>		
<p>1. Seek and document a history of the symptom for which a restraint has been used, or for which use is contemplated.</p>	<ul style="list-style-type: none"> <li>- If staff are using or proposing to use a restraint for what appears to be a medically necessary reason, they define in detail the issue or problem for which a restraint is being used or is proposed.</li> <li>- For new admissions, the staff and practitioner review transfer documents, practitioner's orders, and the medical record to determine the reasons for any restraint use.</li> </ul>	<ul style="list-style-type: none"> <li>-A restraint is an intervention, not an illness; therefore, its use must be considered in relation to the condition or problem for which it is being used or proposed.</li> <li>-It is important to clearly define the medical symptom for any intervention, especially one which itself carries significant risks.</li> <li>-Because devices (bed rails, positioning devices for chairs, etc.) can be used for various purposes, it is important to distinguish their use to maximize or stabilize function or mobility versus their use to restrict function or mobility.</li> </ul>
 <b>CAUSE IDENTIFICATION / DIAGNOSIS</b>		
<p>2. Seek causes of situations or problems for which restraints are used or proposed.</p>	<ul style="list-style-type: none"> <li>- The staff and practitioner identify likely cause(s) of falling, behavioral symptoms that put the resident or other residents at risk of injury, or another medical symptom for which a restraint is being used or proposed. Ongoing care planning activities <b>MUST</b> be in place to continually re-evaluate the continued need for and use of the restraint.</li> <li>- At the earliest indication there is no longer a need for the restraint, the staff should obtain an order to discontinue the restraint and ensure the restraint is removed. This action should also be documented in the care plan.</li> </ul>	<p>-All symptoms have underlying causes. Any symptom or condition for which a restraint might be considered may have self-limited or treatable underlying causes, such as adverse medication consequences or fluid and electrolyte imbalance. It is important in this step for the team to identify both the medical symptom as well as the related medical diagnosis. The differentiation between the symptom and the diagnosis is key to the restraint use and documentation supporting its use.</p>


## RESTRAINT PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>CAUSE IDENTIFICATION / DIAGNOSIS (cont.)</b>		
	<ul style="list-style-type: none"> <li>- For example, follow a recognized protocol or guideline to identify and manage causes of problematic behavior (such as adverse consequences related to medications or fluid and electrolyte imbalance).</li> <li>- If a restraint is initiated without knowing the cause of the underlying problem, the staff and practitioners pursue an appropriate assessment of the cause and alternative approaches to its management.</li> </ul>	<ul style="list-style-type: none"> <li>- Identifying and addressing risk factors and underlying causes can address a problem without a high-risk, nonspecific intervention such as a restraint.</li> </ul>
<b> MANAGEMENT / TREATMENT</b>		
<p>3. Address identified or probable causes of symptoms OR explain why they could not or should not be managed by other means.</p>	<ul style="list-style-type: none"> <li>- The staff and practitioner consider and manage, to the extent possible, underlying causes of the symptoms and risks.</li> <li>- The staff and practitioner try other appropriate symptomatic and cause-specific interventions to address symptoms and risks, before initiating a restraint.</li> <li>- The staff and practitioner identify and document the basis for deciding that a restraint is needed to manage a risk or situation, either instead of or in addition to other approaches.</li> </ul>	<ul style="list-style-type: none"> <li>- Often, risk factors and underlying cause (physical, environmental, psychological, etc.) of symptoms can be addressed, at least partially, resulting in a less severe or frequent symptom, reducing the frequency or severity of a problem, thereby making restraint use unnecessary. For example, changing or stopping a medication that causes dizziness, lethargy, or confusion to reduce falling or agitated behavior.</li> </ul>

### RESTRAINT PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>MANAGEMENT / TREATMENT (cont.)</b>		
	<ul style="list-style-type: none"> <li>- If a restraint is used, the staff identifies how a selected medical device is relevant to a specific medical symptom for that individual. The staff fully assesses the need for the device and ensures that the use of the device will not be a greater risk than the original medical symptom.</li> <li>- The facility will create an individualized care plan specific to the manufacturer guidelines. The manufacturer's guidelines should drive the risk versus benefit analysis as well as the type of monitoring required.</li> </ul>	<ul style="list-style-type: none"> <li>- Nursing home regulations prohibit restraint use for discipline or convenience. IF any restraint is needed, it should be the least restrictive restraint for the shortest period of time AND should not create a greater risk for injury than the original medical symptom.</li> <li>- With frail and chronically ill individuals, appropriate treatment of symptoms may result in improvement that is adequate for function and improved quality of life, despite not being totally symptom free.</li> <li>- The partial reduction of symptoms by other measures does not necessarily imply that those measures have failed, and that a restraint is needed.</li> <li>- Restraints should generally be used <i>only as a temporary measure</i> to treat medical symptoms, and <i>only if the benefits outweigh the risks and there is not another safer or less restrictive alternative</i>.</li> <li>- Some devices may facilitate function or enhance safe movement and no other safer, less restrictive, or lower risk alternative exists: for example, a) a device that promotes mobility by limiting unsafe movement that cannot otherwise</li> </ul>

**RESTRAINT PROCESS FRAMEWORK (cont.)**

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>MANAGEMENT / TREATMENT (cont.)</b>		
		<p>be redirected or improved, or b) a positioning device that allows someone to sit without sliding onto the floor or slumping into an uncomfortable position as long as there is no increased risk in using the device. In this case, explicit directions should be in the care plan.</p>
<b> MONITORING</b>		
<p>4. Monitor for the impact of the restraint on the individual and on the medical symptom for which it was used.</p>	<ul style="list-style-type: none"> <li>- For any restraint use, staff re-evaluates the status of the underlying medical symptom, until the medical symptom has resolved or it is concluded that it will not resolve rapidly.</li> <li>- For any restraint use, the staff need to monitor use according to the manufacturer's recommendations. Most devices are very clear about how the device should be used and what is can or cannot do.</li> <li>- For prolonged restraint use, staff document at least quarterly and with any change in condition as to why the device is still indicated as an intervention, indicate any other approaches that have been tried, and evaluate why other interventions have not or cannot address the medical symptom.</li> <li>- The staff and practitioner reconsider at the earliest opportunity whether the medical symptom for which a restraint is being used is</li> </ul>	<ul style="list-style-type: none"> <li>- A restraint is an intervention; therefore, care planning and monitoring should relate primarily to the problem or situation plus the complications noted by the manufacturer guidelines for which the device is being used; i.e., there should be a care plan for fall risk, problematic behavior, etc. that addresses the use of the restraint, not just a care plan focusing on the restraint itself.</li> <li>- The problem or condition for which a device is used may resolve or decrease with time or treatment of the underlying cause.</li> <li>- Sometimes, the only way to know if an intervention is no longer needed is to reduce or stop it, at least temporarily.</li> <li>- The continuation or recurrence of</li> </ul>

### RESTRAINT PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>MONITORING (cont.)</b>		
<p>5. The staff monitor for complications related to the use of a restraint and stop or adjust the use of the restraint accordingly.</p>	<ul style="list-style-type: none"> <li>- significant enough to warrant continued use of a restraint. The staff and practitioner evaluate for progression of symptoms after a restraint is tapered or stopped, and consider other approaches if symptoms remain or return.</li> <li>- Staff takes measures to try to minimize restraint-related complications, monitor closely for their occurrence, and stop or adjust restraint use if they occur.</li> <li>- The nursing home monitors the appropriate application and use of restraints, as part of their quality improvement activities to include tracking and trending of usage and discussion of factors that might decrease the use of restraints.</li> </ul>	<p>symptoms are often unpredictable. If attempted restraint reduction is part of a plan that includes monitoring for progression of symptoms, the decision to try to reduce restraint use is reasonable even if symptoms continue or return.</p> <ul style="list-style-type: none"> <li>- Restraints may cause complications, which cannot always be predicted and may occur with any treatment or intervention, even when used correctly and monitored carefully.</li> <li>- Ongoing monitoring for complications may help minimize the seriousness of any that occur.</li> <li>- The use of restraints should be minimized, and should be consistent with good clinical practices and legal and regulatory requirements.</li> </ul>


## RESTRAINT PROCESS REVIEW TOOL

Abstraction Date:					
Nursing home Name:		Nursing home Address:			
<b>🔗 RECOGNITION/ASSESSMENT</b>					
			<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.	Was an initial history of medical symptom(s) for which the restraint was used (or for which restraint use if being contemplated) obtained?				
2.	Was there an assessment within 48 hours of admission to determine if a physical restraint that was being used what the least restrictive device to treat the resident's medical symptoms?				
<b>🔍 CAUSE IDENTIFICATION</b>					
			<b>YES</b>	<b>NO</b>	<b>N/A</b>
3.	Did the staff seek and document causes of medical conditions (physical or psychological) or other problems (resident condition, circumstances and environment) for which restraints are being used or proposed?				
4.	Did the staff and practitioners follow a recognized protocol or guideline to address underlying medical conditions (e.g. adverse medication reactions, behavior problems) that led to restraint use (or for which restraint use is being contemplated)?				
5.	Did the staff and practitioner use and document individualized alternative approaches including pertinent cause-specific interventions to address the medical condition or problem before using a restraint?				
<b>🔧 TREATMENT/MANAGEMENT</b>					
			<b>YES</b>	<b>NO</b>	<b>N/A</b>
6.	Did the staff and practitioner try to address causes of medical symptoms that led to the use of restraints, or explain why no other approach was feasible?				
7.	If a restraint was used, has an individualized plan of care been implemented, which includes input of the resident and/or family to meet the resident's needs while the restraint is in use?				
8.	Was there a practitioner's order and valid medical justification for the use of a physical restraint?				
9.	Did the staff and/or practitioner review with the resident and/or family, the potential risks and benefits of restraints and possible alternatives?				
<b>👁️ MONITORING</b>					
			<b>YES</b>	<b>NO</b>	<b>N/A</b>
10.	Did the staff and practitioner monitor and document the impact of any restraints on the resident and on the identified problem or causes for which they were used?				
11.	Has the staff, with input from the practitioner, periodically reevaluate the resident's situation to reduce or eliminate the physical restraint?				
12.	Did the staff monitor and document prevention of and/or complications related to the use of restraints and stop or adjust the use of the restraint accordingly?				

**FOR ANY "NO" ANSWERS, FACILITY MUST REVIEW TO DETERMINE WHY THE ACTIVITY WAS NOT DONE. IN SOME CASES, THIS MIGHT TRIGGER A ROOT CAUSE ANALYSIS AND IN OTHER'S IT MAY MEAN A REVISION OF THE POLICY AND PROCEDURES OR REQUIRE EDUCATION OF STAFF. AS PART OF THE QI PROCESS, FACILITIES MUST CONTINUE TO IMPROVE EACH AREA UNTIL THE PROCESS BECOMES INTEGRATED INTO THE DAILY ROUTINE AND THERE IS PERFORMANCE GOALS ARE CONSISTENTLY ACHIEVED.**

A CAMPAIGN TO IMPROVE QUALITY OF LIFE FOR RESIDENTS AND STAFF  
**RESTRAINT RESOURCES**

RESOURCE	LOCATION	CONTACT INFORMATION
<b>Recommended Clinical Practice Guidelines</b>		
Clinical Guidance For the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings	<a href="#">Untie the Elderly – Kendall Corporation</a>	Assistant to the Director for Outreach 1107 E. Baltimore Pike Kennett Square, PA 19348 Phone: (610) 388-5580
Hospital Bed System and Dimensional Assessment Guidance to Reduce Entrapment	<a href="#">US Food and Drug Administration</a>	Center for Devices and Radiologic Health 5600 Fishers Lane Rockville, MD 20857-0001 Phone: (888) 463-6332
<b>Clinical Tools</b>		
Physical Restraint Alternatives and Restraint Device/Enabler Flow Chart	<a href="#">QualityNet Tools</a>	QualityNet (formerly MedQIC) is an Internet resource. Questions related to Nursing Home content can be directed to: Kristina Milinkovich, MPA Stratis Health 2901 Metro Drive, Suite 400 Bloomington, MN 55425 <a href="mailto:kmilinkovich@stratishealth.org">kmilinkovich@stratishealth.org</a> 952-853-1817
Communicating With Physicians About Physical Restraints	<a href="#">QualityNet Communicating with Physicians</a>	
<b>Quality Improvement Tools</b>		
Framework for Reducing Physical Restraints in Nursing Homes	<a href="#">QualityNet Framework</a>	
Essential Systems for Quality Care	<a href="#">QualityNet Essential Systems</a>	
Facility Assessment Checklists	<a href="#">QualityNet Facility Assessment</a>	
Restraint Alternatives Guide	<a href="#">QualityNet Restraint Alternatives</a>	

RESOURCE	LOCATION	CONTACT INFORMATION
<b>Quality Improvement Tools (cont.)</b>		
Restraint Reduction Assessment and Alternatives Help Guide	<a href="#">QualityNet Restraint Reduction Assessment</a>	QualityNet (formerly MedQIC) is an Internet resource. Questions related to Nursing Home content can be directed to: Kristina Milinkovich, MPA Stratis Health 2901 Metro Drive, Suite 400 Bloomington, MN 55425 <a href="mailto:kmilinkovich@stratishealth.org">kmilinkovich@stratishealth.org</a> 952-853-1817
Falls Management Program	<a href="#">QualityNet Falls Management</a>	
<b>Informational Resources</b>		
Physical Restraint Overview, Fast Facts, and Other Resources	<a href="#">QualityNet Fast Facts</a>	Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244 Phone: (877) 267-2323
Physical Restraints and Delirium WebEx	<a href="#">QualityNet Webex</a>	
MDS 2.0 Resident Assessment Protocol for Physical Restraints	<a href="#">CMS - MDS 2.0 for Nursing Homes - Appendix C (pp. 198-202)</a>	Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244 Phone: (877) 267-2323
Federal Regulation Related to Physical Restraints	<a href="#">State Operations Manual Appendix PP (pp.54-60)</a>	
CMS Memo from June 22, 2007	 SCLetter 6-22-07 restraints final.pdf	Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244 Phone: (877) 267-2323
<b>Quality Measure Information</b>		
Physical Restraint Quality Measure	<a href="#">QualityNet Measures Overview</a>	See above for MedQIC Contact Information

**RESTRAINT RESOURCES (cont.)**

RESOURCE	LOCATION	CONTACT INFORMATION
<b>Specialty Organizations and Links (cont.)</b>		
Fall Prevention and Restraint Reduction Assessment Form	<a href="http://www.qualitynet.org/dcs/ContentServer?pagename=Medqic/MQPage/Homepage">http://www.qualitynet.org/dcs/ContentServer?pagename=Medqic/MQPage/Homepage</a>	QualityNet (formerly MedQIC) is an Internet resource. Questions related to Nursing Home content can be directed to: Kristina Milinkovich, MPA Stratis Health 2901 Metro Drive, Suite 400 Bloomington, MN 55425 <a href="mailto:kmilinkovich@stratishealth.org">kmilinkovich@stratishealth.org</a> 952-853-1817
Untie the Elderly	<a href="#">Kendall Corporation</a>	Assistant to the Director of Outreach 1107 E. Baltimore Pike Kennett Square, PA 19348 Phone: (610) 388-3380
<b>Resources for Consumers</b>		
The Arkansas Restraint Education Brochure		<a href="http://www.afmc.org/HTML/programs/qi_tools/restraint_tool.aspx">http://www.afmc.org/HTML/programs/qi_tools/restraint_tool.aspx</a>
The Missouri QIO Restraint Education Brochure	<a href="http://www.primaris.org/professionals/qi_nh_restraints.asp?SETTING=Nursing%20Home&amp;TOPIC=Restraints+and+Falls">http://www.primaris.org/professionals/qi_nh_restraints.asp?SETTING=Nursing%20Home&amp;TOPIC=Restraints+and+Falls</a>	