

Restraints

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Objectives

At the completion of this workshop attendees will be able to:

- Describe the parameters of a restraint
- Discuss frequency of assessment and informed consent
- Define a medical symptom and the determination of the need for a restraint
- Identify alternative interventions
- Discuss considerations for a treatment plan and the process toward restraint reduction

Restraints

- F 221: The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.
 - Use F 221 for Physical Restraints
 - Use F 222 for Chemical Restraints

F 221: Definitions

- Physical: defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual can not remove easily which restricts freedom of movement or normal access to one's body.
- Start here in determining if it is a restraint. If it meets the definition, code it, complete the RAP to define and explain its use and affect.

Assessment and Care Plan

- The assessment tells the reviewer how the restraint is being used, if it is an enabler or a restraint.
- The assessment tells the reviewer about possibilities of a systematic reduction
- The Care Plan outlines how it is used and how reduction is carried out.

Definitions

- Chemical: defined as any drug that is used for discipline or convenience and not required to treat medical symptoms.
- Discipline: is defined as any action taken by the facility for the purpose of punishing or penalizing residents
- Convenience: is defined as any action taken by the facility to control a resident's behavior or manage a resident's behavior with a lesser amount of effort by the facility and not in the resident's best interest.

Definitions continued.....

- Medical Symptoms: defined as an indication or characteristic of a physical or psychological condition.

Physical Restraints

- Physical restraints: include but are not limited to leg restraints, arm restraints, hand mitts, soft ties or vest, lap cushions and lap trays the resident cannot remove easily.
- Also included:
 - 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 thereby restricting a resident's movement.

Physical Restraints continued....

- Using devices in conjunction with a chair such as trays, tables, bars or belts, that the resident can not 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 out of the chair or voluntarily getting out of bed.

Side Rails

Side rails can sometimes restrain residents

While coded in two places on the MDS, do not trigger as a restraint, but sometimes is considered as a restraints.

You must assess for the use of the side rails

Reduction must be systematic and gradual.

Side Rails

- The same device may have the effect of restraining one individual but not another depending on the individual's condition and circumstances.
- Partial rails may assist one resident to enter and exit the bed independently while acting as a restraint for another.

Physical Restraints

- Orthotic body devices may be used solely for therapeutic purposes to improve the overall functional capacity of the resident.
- An enclosed framed wheeled walker, with or without a posterior seat would not meet the definition of a restraint if the resident could easily open the front gate and exit the device, if the resident cannot open the front gate due to cognitive or physical limitations this would meet the definition of a restraint.

Physical Restraints

- Self Release Devices: same thought process, if the resident cannot release the device due to cognitive or physical limitations then the self release is considered a restraint and should be coded as such.
- The resident will be asked for a demonstration, and if a return demonstration is not completed, then the facility staff will be asked to assist in asking the resident for a return demonstration.

Medical Symptoms

The facility must determine:

- The presence of a specific medical symptom that would require the use of restraints.
- How the use of the restraint would treat the medical symptom, protect the resident's safety and assist the resident in attaining or maintaining their highest practicable level of physical and psychosocial well being.

Medical Symptoms

- Medical symptoms must be documented in the resident's medical record, along with ongoing assessments and care plans.
- There must be a physician's order reflecting the presence of a medical symptom.
- The facility is ultimately responsible for the appropriateness of the determination of the need for the restraint.
- The physician's order alone is not sufficient to warrant the use of a restraint.

Medical Symptoms

- The care plan should address the use of the restraint as a problem, not as an intervention.
- The assessment and then the care plan should show how the facility is engaging in a systematic and gradual process toward reducing restraints.
- This systematic process would also apply to recently admitted residents for whom restraints were used in the previous setting.

Consideration of the Tx Plan

- The facility must fully explain to the resident (if capable) and/or the responsible person the potential risks and benefits of the restraint use, including the medical symptoms that is being treated.
- Alternatives to restraint usage should be considered and discussed with the resident (if capable) and/or the responsible party.

Treatment Plan

- In the case of a resident who is incapable of making a decision, the legal surrogate or representative may not give permission to use restraints for the sake of discipline or staff convenience or when the restraint is not necessary to treat the resident's medical symptoms.
- The facility may not use restraints based solely on the legal surrogates or representative's request or approval.

Assessment and Care Planning

- Sometimes restraints may be appropriate after appropriate assessment and care planning.
- The assessment and care planning is an ongoing process.

Care Plan Interventions

- Providing restorative care
- Providing devices that increase's the resident's mobility in bed.
- Placing the bed closer to the floor, and surrounding the bed with a soft mat.
- Equipping the resident with a device that monitors attempts to rise.
- Providing frequent monitoring by staff.

Interventions continued

- Furnishing visual and verbal reminders to use the call bells. (for resident's who understand)
- Providing exercise and therapeutic interventions that may assist the resident in achieving proper body position, balance and alignment without the potential negative effects associated with restraint use.

Systematic Process for removal

- Was a systematic process of evaluation and care planning used prior to the restraint usage?
- Has potential for decline been addressed?
- Was the care plan consistently implemented?

Questions surveyors ask!

Does the resident need to be restrained? If so...

- What is the medical symptom that led to the use of the restraint?
- Can the cause of the medical symptom be eliminated or reduced?
- If the cause cannot be eliminated or reduced then has the facility attempted use alternatives in order to avoid a decline?

Questions

- If alternatives have been tried and not successful does the facility use the least restrictive restraint for the least amount of time?
- Does the facility monitor and adjust care to reduce negative outcomes while continuing to find a less restrictive alternative?
- Was informed choice provided to the resident and or legal representative?

Questions

- Was the RAP used to evaluate the appropriateness of the restraint?
- Has the facility re-evaluated the need for the restraint?
- Has the facility made efforts to eliminate its use and maintained residents' strengths and mobility?
- Has the facility tried alternatives, if they were not successful does the facility have the least restrictive in place?

Questions Surveyors Ask

- If the restraint is not to treat medical symptoms we cite at F 221
- If the restraint is needed, but least restrictive alternatives have not been used, or if the restraint has not been assessed we cite at F 272 or F 276 if it is a quarterly.
- We also expect to see the restraint addressed on the care plan, preferably as a problem.
- The care plan should address least restrictive alternatives and a time frame.