

Stage II – Critical Elements for the Use of Physical Restraints

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____
Care Area(s): _____

Use

Use this protocol for:

- A sampled resident who has MDS data that indicates a physical restraint is used; or
- Surveyor observation of a device or practice that may be physically restraining the resident.

The goal of using this CE is to determine, for a resident the surveyor has determined to be restrained, whether the restraint is in compliance with the regulations. To be in compliance, the restraint:

- Must be necessary to treat a medical symptom;
- Must not be used to discipline a resident or for staff convenience in the absence of a medical symptom;
- Must not be used because of family request in the absence of a medical symptom; and
- Must be the least restrictive device possible, in use for the least amount of time per day possible; and the facility must have an active plan in place to decrease usage or for eventual removal of the restraint.

NOTE: Physical restraint includes all devices and practices used by the facility that restrict freedom of movement or normal access to one's body. This includes side rails as well as facility practices such as tucking in bed sheets so tightly that the resident is unable to leave the bed.

NOTE: Do not rely on facility documentation alone to determine whether the device or practice is a restraint. It is a surveyor's determination whether the device or practice is restraining the resident, despite facility documentation to the contrary. If facility records state that the device (or practice) is not a restraint, but your investigation finds otherwise, the device or practice is a restraint.

NOTE: If the device does not meet the definition of a physical restraint, discontinue completion of this CE.

Procedure

- Briefly review the assessment, care plan and orders to identify facility interventions and to guide observations to be made.
- Corroborate observations by interview and record review.

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Observations (if the resident is still in the facility)	
<p>Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission. During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes. Determine:</p> <ul style="list-style-type: none"><input type="checkbox"/> The type of restraint in place;<input type="checkbox"/> The resident's reaction to the restraint;<input type="checkbox"/> Whether the restraint is applied correctly;<input type="checkbox"/> The services that are provided to meet resident needs while the restraint is not in place; and<input type="checkbox"/> If the restraint affects position and body alignment, the resident is positioned appropriately. <p>NOTE: A resident may have a device in place that the facility has stated can be removed by the resident. For safety reasons, do not ask the resident to release the device unless there is facility staff supervision.</p>	<p>Notes:</p>

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Resident/Representative Interview	
<p>Interview the resident, family or responsible party to the degree possible to identify:</p> <ul style="list-style-type: none"><input type="checkbox"/> The resident's/representative's involvement in the development of the care plan, goals, and if interventions reflect choices and preferences;<input type="checkbox"/> The resident's/representative's awareness of care plan approaches; and<input type="checkbox"/> Whether counseling on alternatives, consequences, and/or other interventions were offered prior to, or in addition to physical restraint use.	<p>Notes:</p>
Staff Interviews	
<p>Interview staff on various shifts to determine:</p> <ul style="list-style-type: none"><input type="checkbox"/> Knowledge of specific interventions for the resident, including:<ul style="list-style-type: none">▪ The restraint(s) being used (and when use was initiated);▪ How often and under what circumstances the restraint(s) is used;▪ When, and for how long, the restraint is released;▪ The potential risks of using the restraint;▪ How the resident is monitored when the restraint is in use; and▪ Interventions that are in place to minimize or eliminate the medical symptom or underlying problems causing the medical symptom.<input type="checkbox"/> Knowledge of facility-specific guidelines/protocols; and<input type="checkbox"/> Whether the nurse monitors for the implementation of the care plan, and the frequency of review and evaluation of changes in the effectiveness or resident response to the restraint.	<p>Notes:</p>

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Staff Interviews

<ul style="list-style-type: none"> ▪ What the resident’s functional ability is such as bed mobility and ability to transfer between positions, to and from bed or chair, and to stand and toilet; and ▪ Any changes over the past year such as increased incontinence, decline in ADLs or ROM, increased confusion, agitation, and depression. 	
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Assessment

<ul style="list-style-type: none"> <input type="checkbox"/> Review the MDS, assessments, physician orders, therapy and nursing notes and other progress notes that may have assessment information related to use of the restraint. <input type="checkbox"/> Determine whether the assessment information accurately and comprehensively reflects the status of the resident for: <ul style="list-style-type: none"> ▪ Specific medical symptom(s) for which the restraint is used, and a determination if the cause(s) of the medical symptom(s)s can be eliminated or reduced; ▪ Functional ability, including strength and balance (such as bed mobility and ability to transfer between positions, to and from bed or chair, and to stand and toilet); ▪ Risk/benefit—the team’s determination that the risks of using the restraint are less than the risks of not using it; ▪ Other interventions to utilize instead of and prior to applying the restraint(s); and ▪ Potential complications or side effects of the use of the restraint such as increased incontinence, decline in ADLs or ROM, increased confusion, agitation and depression. 	<p>Notes:</p>
<p>1. Did the facility assess adequately to determine the medical symptom that warrants the use of the restraint(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No F272</p>	

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Assessment	
<p><i>The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident’s needs should be addressed under F281.</i></p> <p><i>NOTE: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive review only if it was completed with the RAPS.</i></p>	
Care Planning	
<p><input type="checkbox"/> Determine whether the facility developed a care plan that was consistent with the resident’s specific conditions, risks, needs, behaviors, and preferences and current standards of practice, and included measurable objectives and timetables, with specific interventions/services for use of the restraint.</p> <p><input type="checkbox"/> If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the care givers and staff should be familiar with the protocol requirements. If care plan interventions that address aspects of the use of the restraint are integrated within the overall care plan, the interventions do not need to be repeated.</p> <p><input type="checkbox"/> Review the care plan to determine whether the plan is based upon the goals, needs and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan includes at least the following:</p> <ul style="list-style-type: none"> ▪ The type of device to be used and under what circumstances the device is to be used; ▪ How often and under what circumstances the restraint(s) is used; ▪ How the resident is monitored when the restraint is in use; 	<p>Notes:</p>

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Care Planning

- Measurable goals for the use of the restraint;
- Under what circumstances the restraint is released (such as for activities, for repositioning and toileting);
- Interventions to minimize potential functional decline due to use of the restraint and to assist the resident in reaching his/her highest level of physical and psychosocial well-being; and
- Staff members' responsibilities in caring for the resident while the restraint is in use.

If the resident refuses or resists staff interventions to treat medical symptoms with use of the restraint, determine whether the care plan reflects efforts to seek alternatives to address the needs identified in the assessment.

If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

2. Did the facility develop a care plan that provides for the appropriate use of the restraint? Yes No F279

The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under F281.

Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under F271.

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Care and Services Meet Professional Standards

Conduct observations and interviews throughout stage II using the observation and interview probes identified above. Observe care and interview staff over several shifts to ensure consistent application of interventions that reflect current standards of practice such as:

- The type of restraint chosen reflects accepted clinical practice standards; and
- The strategies for restraint reduction (programs of activities, strength training, gait training, use of pillows/cushions, non-slip seat pads, environmental safety, etc.) reflect accepted clinical practice.

Interviews with health care practitioners and professionals: If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment and evaluation of the resident's medical symptoms that are being treated with the restraint. If there is a medical question concerning the identification of a medical symptom, contact the physician if he/she is the most appropriate person to interview. If the attending physician is unavailable, interview the medical director, as appropriate. Depending on the issue, ask about:

- How it was determined that chosen interventions were appropriate;
- Risks identified for which there were no interventions;
- Changes in condition that may justify additional or different interventions; or
- How staff validated the effectiveness of current interventions.
- How they maintain safety for the resident when they are out of the restraint; and
- What is their procedure for assessment and gradual discontinuation of a restraint.

Notes:

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Care and Services Meet Professional Standards	
<p>3. Did the facility implement practices that meet professional standards of quality? <input type="checkbox"/> Yes <input type="checkbox"/> No F281</p>	
<p><i>NOTE: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.</i></p>	
Care Plan Revision	
<p><input type="checkbox"/> Determine whether the staff have been monitoring the resident's response to restraint use, related to the identified medical symptoms and have evaluated and revised the care plan based on the resident's response, outcomes, and needs. Review the record and interview staff for information and/or evidence that:</p> <ul style="list-style-type: none"> ▪ Staff evaluate the outcomes of the plan (the effect of care plan goals and interventions); ▪ The effects of the use of the restraint are identified and the care plan is revised/updated accordingly with more appropriate goals or interventions, based on a determination of causal or contributing/risk factors (e.g., negative reactions to the restraint such as struggling to take it off, repeatedly asking for help getting it off) functional decline, development or worsening of behavioral symptoms, development or worsening of incontinence, acute health problem, or change in condition; ▪ Staff respond in a manner to find a solution to problems related to restraint use such as the restraint making the resident more agitated, restless or depressed; and ▪ The resident and/or the responsible person is involved in the review and revision of the plan. <p><input type="checkbox"/> Determine whether the care plan was periodically reviewed and revised as necessary to ensure that the physical device was effectively treating the resident's medical symptoms.</p>	<p>Notes:</p>

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Care Plan Revision	
<p>4. Did the facility revise the plan of care as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No F280</p>	

Provision of Care and Services	
<p>Criteria for Compliance: The facility is in compliance with F221, Restraints, if staff have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognized and assessed factors affecting the resident’s need for a restraint to treat the resident’s medical symptoms; <input type="checkbox"/> Defined and implemented pertinent interventions consistent with resident conditions, goals, and recognized standards of practice related to restraint use and treatment of medical symptoms; <input type="checkbox"/> Provided the least restrictive restraint for the least time possible; <input type="checkbox"/> Developed and implemented a plan for reduction in usage or eventual discontinuance of the restraint; <input type="checkbox"/> Monitored and evaluated the resident’s response to interventions; and <input type="checkbox"/> Revised the approaches as appropriate. <p>If not, cite F221.</p> <p>5. Was the resident free from the inappropriate use of physical restraints? <input type="checkbox"/> Yes <input type="checkbox"/> No F221</p>	<p>Notes:</p>

Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care	
<p>During the investigation, the surveyor may have identified concerns with related outcome, process and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):</p>	<p>Notes:</p>

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Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

- F242, Self-determination and Participation** — Determine whether the facility has provided the resident with the right to approve, reject and make choices about the restraint type and restraint reduction plan.
- F246, Accommodation of Needs** — Determine whether the facility has adapted the resident’s physical environment as appropriate to make restraint use unnecessary (such as low bed with cushioning on the floor), bed positioning devices such as a trapeze, etc.)
- F248, Activities** — Determine whether the facility provided for an ongoing program of activities in accordance with the comprehensive assessment, reflecting physical, cognitive and/or emotional health needs.
- F323, Accidents** — Determine whether the restraint use has caused or is likely to cause a resident fall or other accident, either due to the resident’s response to the restraint or due to misapplication of the restraint by staff.
- F353, Sufficient Staff** — Determine whether the facility had qualified staff in sufficient numbers to provide necessary care and services, based upon the comprehensive assessment and care plan, to ensure that each resident receives necessary care and services and that a restraint is not being used due to lack of sufficient staff.
- F385, Physician Supervision** — Determine whether the physician has assessed, evaluated, ordered and revised orders as appropriate consistent with the medical symptom being treated.
- F406, Specialized Rehabilitative Services** — Determine whether the facility provides or obtains required therapies such as physical or occupational therapy, based on the comprehensive assessment and care plan, to ensure that residents receive rehabilitative services to address problems related to muscle strength, balance, a need for assistive devices, and other services to maintain or increase physical performance.

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Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

- F498, Proficiency of Nurse Aides** — Determine whether nurse aides demonstrate competency in the application of the restraint.
- F501, Medical Director** — Determine whether the medical director:
 - Assisted the facility in the development and implementation of policies and procedures for the appropriate assessment, application, evaluation, discontinuation of a restraint used to treat a medical symptom, based on current standards; and
 - Interacts with the physician supervising the care of the resident if requested by the facility to intervene on behalf of the resident.

If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.