

Physical Restraints and Pressure Ulcers

Regulations & Beyond

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Physical Restraints and Pressure Ulcers

California status:

- Physical Restraints
- Pressure Ulcers





Overview

- CA remains an outlier
- Physical Restraints and Pressure Ulcers
Impact...
- Quality of care
- Quality of life
- Resident rights



Objective

- Understand key components of regulatory compliance for physical restraints and pressure ulcer quality measures





Surveying for Compliance

- Outcomes
- Federal regulations
- Interpretive guidelines and protocols



Surveying for Compliance

- Offsite: history, QM/QI reports, complaints, and other sources
- Onsite: observation, interview, and record review
- Outcome and resident focused





Surveying for Compliance

- Non-compliance
- Negative outcomes, lack of improvement, failure to meet needs...
- Avoidable or unavoidable



Critical Components

- Assessment and risk identification
- Plan of care – individualized, addresses risk(s), causes, meets standard of practice
- Consistent implementation
- Monitor - ongoing
- Reassess, revise



Physical Restraints

42 CFR 483.13(a) F221

- "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***."



Key Definitions

- Physical restraint (may include certain care practices)
- Restricts freedom of movement
- Ability to remove easily
- Convenience
- Discipline
- Medical symptom(s)



Pressure Sores

42 CFR 483.25(c) F 314

- Based on the comprehensive assessment of a resident, the facility must ensure that:
 - A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable;
 - A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing



Avoidable versus Unavoidable

- **Avoidable** – Pressure ulcer developed and facility failed to do one or more:
 - Evaluate clinical condition &/or risk factors
 - Defined/implemented interventions CONSISTENT with resident needs, goals.
(recognized standards of practice)
 - Monitor and evaluate impact of interventions
 - Revise interventions appropriately
- **Unavoidable** – Facility meets all four criteria



Assessments and Tools

- MDS 2.0 mandatory

Others

- Skin assessment
- Risk assessments
- Wound assessments



Protocols

- F314 Pressure ulcer protocol
- F309 General protocol for non-pressure related ulcers





Potential Website Resources

Exhibits & Appendices to SOM

- <http://www.cms.hhs.gov/Manuals/IOM/ist.asp>

CMS S&C Letters

- <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage>

CMS Surveyor & Provider training

- <http://surveyortraining.cms.hhs.gov>



Potential Website Resources

- Licensing & Certification

<http://www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx>

- CMS MDS 2.0 manuals, updates & forms

http://www.cms.hhs.gov/nursinghomequalityinits/20_NHQIMDS20.asp

Summary

- Systems and consistency
- Standards of practice
- Documentation
- Staff training and resources
- Communication and feedback
- Quality Assurance and Improvement
- Resident and family involvement



Questions???



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