

HSAG Physical Restraint Collaborative
Learning Session 1:
The Physical Restraint Quality Measure

The Physical Restraint Quality Measure (QM)

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Information for Health Care Improvement



How the Physical Restraint QM is calculated from the MDS 2.0

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Health Services Advisory Group

***Side Rails are not included in
the calculation of this this QM!***

***Side Rails, however, can still
be a restraint, an enabler, or a
restraint and enabler!***

MDS 2.0 Assessments Used

Target Assessment:

OBRA Full (AA8a = 01, 02, 03, or 04) or
Quarterly Assessment (AA8a = 05 or 10).
Latest assessment with assessment reference
date (A3a) within the 3-month target period.
Note that admission assessments (AA8a = 01)
are excluded from measure calculations.

QM Specifications

Numerator:

Residents who were physically restrained daily (P4c or P4d or P4e = 2) on the target assessment.

Denominator:

All residents with a valid target assessment after exclusions are applied.

QM Specifications (cont'd)

Exclusions:

- The target assessment is an admission (AA8a = 01) assessment.
- The QM did not trigger (resident is not included in the QM numerator) AND P4c or P4d or P4e is missing on the target assessment.

MDS Elements Related to QM

Devices and Restraints Used In the Last 7 Days:

P4c Trunk Restraint – Includes any device or equipment or material that the resident cannot easily remove (e.g., vest or waist restraint, belts used in wheelchairs).

P4d Limb Restraint – Includes any device or equipment or material that the resident cannot easily remove, that restricts movement of any part of an upper extremity (i.e., hand, arm) or lower extremity (i.e., foot, leg).

MDS Elements Related to QM (cont'd)

P4e Chair Prevents Rising:

Any type of chair with locked lap board or chair that places resident in a recumbent position that restricts rising or a chair that is soft and low to the floor.

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Resident _____		Numeric Identifier _____	
5. PREFERENCES CHANGE IN DAILY ROUTINE <small>Code for resident preferences in daily routines</small> 0. No change 1. Slight change 2. Major change a. Type of activities in which resident is currently involved b. Extent of resident involvement in activities		4. DEVICES AND RESTRAINTS <small>(Use the following codes for last 7 days.)</small> 0. Not used 1. Used less than daily 2. Used daily Bed rails a. — Full bed rails on all open sides of bed b. — Other types of side rails used (e.g., half rail, one side) c. Trunk restraint d. Limb restraint e. Chair prevents rising	
SECTION O. MEDICATIONS			
1. NUMBER OF MEDICATIONS <small>(Record the number of different medications used in the last 7 days; enter 0 if none used)</small>		5. HOSPITAL STAY(S) <small>Record number of times resident was admitted to hospital with an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no hospital admissions)</small>	
2. NEW MEDICATIONS <small>(Resident currently receiving medications that were initiated during the last 90 days)</small> 0. No 1. Yes		6. EMERGENCY ROOM (ER) VISIT(S) <small>Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no ER visits)</small>	
3. INJECTIONS <small>(Record the number of DAYS injections of any type received during the last 7 days; enter 0 if none used)</small>		7. PHYSICIAN VISITS <small>In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) examined the resident? (Enter 0 if none)</small>	
4. DAYS RECEIVED THE FOLLOWING MEDICATION a. Antipsychotic b. Anxiolytic c. Antidepressant d. Hypnotic e. Diuretic		8. PHYSICIAN ORDERS <small>In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter 0 if none)</small>	
SECTION P. SPECIAL TREATMENTS AND PROCEDURES			
1. SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS a. SPECIAL CARE—Check treatments or programs received during the last 14 days TREATMENTS Chemotherapy Dialysis IV medication Intake/output Monitoring acute medical condition Ostomy care Oxygen therapy Radiation Suctioning Tracheostomy care Transfusions PROGRAMS Ventilator or respirator Alcohol/drug treatment program Alzheimer's/dementia special care unit Hospice care Pediatric unit Respite care Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs) NONE OF ABOVE		9. ABNORMAL LAB VALUES Has the resident had any abnormal lab values during the last 90 days (or since admission)? 0. No 1. Yes	
SECTION Q. DISCHARGE POTENTIAL AND OVERALL STATUS			
		1. DISCHARGE POTENTIAL a. Resident expresses/indicates preference to return to the community 0. No 1. Yes b. Resident has a support person who is positive towards discharge 0. No 1. Yes c. Stay projected to be of a short duration—discharge projected within 90 days (do not include expected discharge due to death) 0. No 1. Within 30 days 2. Within 31-90 days 3. Discharge status uncertain	
		2. OVERALL CHANGE IN CARE NEEDS Resident's overall self-sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days) 0. No change 1. Improved—recused fewer 2. Deteriorated—requires	

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Questions?

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