

CHAPTER 6K

PERCENT OF RESIDENTS WHO WERE PHYSICALLY RESTRAINED

QM Description

This measure reflects the percent of residents in the nursing home who were physically restrained daily during the 7-day assessment period.

Rationale for Restraint QM

Research shows that the belief that restraints ensure safety is often unfounded. In practice, restraints have many negative side effects and risks that, in some cases, far outweigh any possible benefit that can be derived from their use. Restraints not only may not prevent falls, but can cause greater harm including strangulation, loss of muscle tone, decreased bone density (with greater susceptibility for fractures), pressure sores, decreased mobility, depression, agitation, loss of dignity, incontinence, constipation, and in some cases, resident death. Benefits of refraining from the use of physical restraints have been well-documented in long-term care literature; they include improvement in residents' quality of life, greater autonomy, use of fewer anti-psychotic medications, less skin breakdown, and fewer serious injuries due to falls. CMS remains committed to protecting the health and safety of nursing home residents and to preserve the resident's right to be free from the inappropriate use of restraints. Additional information related to the use of physical restraints, as well as quality improvement strategies, can be found on the Medicare Quality Improvement Community Web site at www.MedQIC.org.

NOTE: This measure does not include the use of bed or side rails.

MDS 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.

RISK ADJUSTMENT STRATEGIES USED

Exclusion....Yes Stratification....No Regression....No

EXCLUSIONS

Residents satisfying the following conditions are excluded:

- ◆ 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.

COVARIATES USED IN REGRESSION

No covariates are used in the restraint quality measure.

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).

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.

MDS RAI Coding Instructions

SECTION P: SPECIAL TREATMENTS AND PROCEDURES

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CH 3: MDS Items [P]

P4. Physical Restraints (7-day look back)

Intent: To record the frequency, over the last seven days, with which the resident was restrained by any of the devices listed below at any time during the day or night. The intent is to evaluate as part of the assessment process whether or not a device meets the definition of a physical restraint, and then to code only those devices categorized in section P4 that have the effect of restraining the resident.

Definition: Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

- a. **Full Bed Rails** - Full rails may be one or more rails along both sides of the resident's bed that block three-quarters to the whole length of the mattress from top to bottom. This definition also includes beds with one side placed against the wall (prohibiting the resident from entering and exiting on that side) and the other side blocked by a full rail (one or more rails). Include in this category veil screens (used in pediatric units) and enclosed bed systems.
- b. **Other Types of Bed Rails Used** - Any combination of partial rails (e.g., 1/4, 1/3, 1/2, 3/4, etc.) or combination of partial and full rails not covered by the above "full bed rail" category (e.g., one-side half rail, one-side full rail, two-sided half rails, etc.)
- c. **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).
- d. **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). Include in this category mittens.
- e. **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. Include in this category enclosed framed wheeled walkers with or without a posterior seat and lap cushions that a resident cannot easily remove.

Process: Check the resident's clinical records. Consult nursing staff. Observe the resident. To determine whether or not an item is a physical restraint, the assessor should evaluate whether or not the resident can easily remove the device, material or equipment. If the resident cannot easily remove the item, continue with the assessment to determine whether or not the device meets the other provisions in the definition of a physical restraint. The assessor should not focus on the intent or reason behind the use of the device, but on the effect the device

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has on the resident. Does the device, material, or equipment meet the definition of a physical restraint? If yes, code the item in the appropriate category.

Coding: For each device type, enter:

0. Not used in last 7 days
1. Used, but used less than daily in last 7 days
2. Used on a daily basis in last 7 days

Because the coding categories are limited, we have given some direction on which category to code particular devices. While the device may not be completely representative of the category description, follow the coding instruction as given. There may be devices that we have not given coding instructions for and there is not a category that is representative of the device. For those devices, do not code at this time, but note that in subsequent versions of the MDS, CMS will include an "other" category that would be an appropriate place to code these devices. **NOTE:** Any device, material or equipment that meets the definition of a physical restraint must have: a medical symptom that warrants the use of the restraint; a physician's order for use; and must be care planned whether or not there is a category to code the physical restraint on the MDS.

Exclude from this P4 section items that are typically used in the provision of medical care, such as catheters, drainage tubes, casts, traction, leg, arm, neck or back braces, abdominal binders and bandages that are serving in their usual capacity to meet medical need.

- Clarifications:**
- ◆ Residents who are cognitively impaired are at a higher risk of entrapment and injury or death caused by restraints. It is vital that restraints used on this population be carefully considered and monitored. In some cases, the risk of using the device may be greater than the risk of not using the device.
 - ◆ Should enclosed framed wheeled walkers, with or without a posterior seat, such as the Merry Walker® Ambulation Device and other devices like it, be coded in section P4e: "Chair prevents rising?"

As will be set forth in the guidance to surveyors, the Merry Walker® Ambulation Device and similar devices should not be categorically classified as a restraint. The following coding information provides further detailed guidance on how to code utilization of the device that might for a particular resident be considered a restraint. If these devices assist ambulation for a particular resident, they should be coded as a cane/walker/crutch at Item G5a, whether or not they are coded as a restraint.

(1) Coding When Not a Restraint

If a resident is able to easily open the front gate and exit the device, the device should **not** be coded as a restraint for this particular resident. It would be coded at Item G5a as a Cane/walker/crutch.

(2) Coding When a Restraint

- (a) Only if the device has the effect of restricting the resident's freedom of movement, should the device be considered a restraint. If the resident's freedom of movement is restricted because the resident cannot open the front gate and exit the device (due to cognitive or physical limitations that prevents him or her from exiting the device), then the device should be coded as a restraint in Item P4 of the MDS.
- (b) The current version of the MDS (Version 2.0) does not contain a category for a restraint in which this device obviously falls. We understand that these devices do not prevent a resident from standing. Nevertheless, until CMS releases the next version of the MDS, when the device restricts freedom of movement, code the device at Item P4e, Chair prevents rising, with either a "1" (Used less than daily), or a "2" (Used daily). In subsequent versions of the MDS, CMS will include an "other" category, which would be an appropriate place to code this type of device.
- (c) Coding the device at Item P4e does not preclude the facility from also coding the device at Item G5a (Cane/walker/crutch) if the resident used the device to walk during the last 7 days.

Request for Restraints:

While a resident, family member, legal representative or surrogate may request that a restraint be used, the facility has the responsibility to evaluate the appropriateness of that request, as they would a request for any type of medical treatment. As with other medical treatments, such as the use of prescription drugs, a resident, family member, legal representative or surrogate has the right to refuse treatment, but not to demand its use when it is not deemed medically necessary. According to the Code of Federal Regulation (CFR) at 42 CFR 483.13(a), "The resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms." CMS expects that no resident will be restrained for discipline or convenience. Prior to employing any restraint, the nursing facility must perform a prescribed resident assessment to properly identify the resident's needs and the medical symptom the restraint is being employed to address. The guidelines in the State Operations Manual (SOM) state, "...the legal

surrogate or representative cannot 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. That is, the facility may not use restraints in violation of regulation solely based on a legal surrogate or representative's request or approval." The SOM goes on to state, "While Federal regulations affirm the resident's right to participate in care planning and to refuse treatment, the regulations do not create the right for a resident, legal surrogate or representative to demand that the facility use specific medical intervention or treatment that the facility deems inappropriate. Statutory requirements hold the facility ultimately accountable for the resident's care and safety, including clinical decisions."

Are Restraints Prohibited?

The regulations and CMS' guidelines do not prohibit the use of restraints in nursing facilities, except when they are imposed for discipline or convenience and not required to treat the resident's medical symptoms. The regulation states, "The resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms" (42 CFR 483.13(a)). Research and standards of practice show that the belief that restraints ensure safety is often unfounded. In practice, restraints have many negative side effects and risks that, in some cases, far outweigh any possible benefit that can be derived from their use. Prior to using any restraint, the facility must assess the resident to properly identify the resident's needs and the medical symptom that the restraint is being employed to address. If a restraint is needed to treat the resident's medical symptom, the facility is responsible to assess the appropriateness of that restraint. When the decision is made to use a restraint, CMS encourages, to the extent possible, gradual restraint reduction because there are many negative outcomes associated with restraint use. While a restraint-free environment is not a Federal requirement, the use of restraints should be the exception, not the rule.

Bed Rails Used as Positioning Devices:

In classifying any device as a restraint, the assessor must consider the effect the device has on the individual, not the purpose or intent of its use. It is possible for a device to improve the resident's mobility and also have the effect of restraining the individual. If the side rail has the effect of restraining the resident and meets the definition of a physical restraint for that individual, the facility is responsible to assess the appropriateness of that restraint. Prior to employing any restraint, the facility must assess the resident to properly identify the resident's needs and the medical symptom the restraint is being employed to address. When the facility decides that a restraint is needed to treat the resident's medical symptom, CMS encourages, to the extent possible, gradual restraint reduction because of the many negative outcomes associated with restraint use. While

bed rails may serve more than one function, the assessor should code Items P4a or P4b when the bed rails meet the definition of a restraint. When a bed rail is *both* a restraint *and* a transfer or mobility aid, it should be coded at Item P4 (a or b, as appropriate) *and* at Item G6b (Bedrails used for mobility or transfer).

Devices Used with Residents Who Are Immobile:

Side Rails - Physical restraints are defined as “any manual method, physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily that restricts freedom of movement or normal access to one’s body.” If the resident is immobile and can not voluntarily get out of bed due to a physical limitation and not due to a restraining device or because proper assistive devices were not present, the bed rails do not meet the definition of a restraint.

For residents who have no voluntary movement, the staff needs to determine if there is any appropriate use of bed rails. Bed rails may create a visual barrier and deter physical contact from others. Some residents have no ability to carry out voluntary movements, yet they exhibit involuntary movements. Involuntary movements, resident weight, and gravity’s effects may lead to the resident’s body shifting towards the edge of the bed. For this type of resident, clinical evaluation of alternatives (e.g., a concave mattress to keep the resident from going over the edge of the bed), coupled with frequent monitoring of the resident’s position, should be considered. While the bed rails may not constitute a restraint, they may affect the resident’s quality of life and create an accident hazard.

Geriatric Chairs - For a resident who has no voluntary or involuntary movement, the geriatric chair does not meet the definition of a restraint and should not be coded at Item P4e. If the resident has the ability to transfer from other chairs, but cannot transfer from a geriatric chair, a geriatric chair is a restraint to that individual, and should be coded at Item P4e. If the resident has no ability to transfer independently, then the geriatric chair does not meet the definition of a restraint, and should not be coded at Item P4e.

P5. Hospital Stay(s) (90-day look back)

Intent: To record how many times the resident was admitted to the hospital with an overnight stay in the last 90 days or since the last assessment if less than 90 days [regardless of payment status for these days either by the hospital or by the nursing facility]. If the resident is a new admission to the facility, this item includes admissions during the period prior to admission.