



Quality Measure Tip Sheet: Restraints—Long Stay

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Quality Measure Overview

- This measure reports the percent of long-stay nursing facility residents who are physically restrained on a **daily basis**.
- Physical restraints are any manual method or physical or mechanical device, material, or equipment that meets the definition of a physical restraint must have:
 - physician documentation of a medical symptom that supports the use of the restraint
 - a physician's order for the type of restraint and parameters of use
 - a care plan and a process in place for systematic and gradual restraint reduction (and/or elimination, if possible), as appropriate
- Numerator: Long-stay residents with a selected target assessment that indicates daily physical restraints, where: 1. Trunk restraint used in bed (P0100B = [2]), or 2. Limb restraint used in bed (P0100C = [2]), or 3. Trunk restraint used in chair or out of bed (P0100E = [2]), or 4. Limb restraint used in chair or out of bed (P0100F = [2]), or 5. Chair prevents rising used in chair or out of bed (P0100G) = [2]).
- Denominator: All long-stay residents with a target assessment, except those with exclusions.
- Exclusions Resident is not in numerator and any of the following is true: 1. (P0100B = [-]), or 2. (P0100C = [-]), or 3. (P0100E = [-]), or 4. (P0100F = [-]), or 5. (P0100G = [-]).

Consider These Questions ...

- Will the device place the resident at risk for incontinence and/or constipation and, if so, how will this be managed?
- Will the device result in impaired mobility or ambulation and, if so, how will this be managed?
- Will the device result in reduced social contact and/or isolation and, if so, how will this be managed?
- Will the device result in depression and/or loss of self-esteem and, if so, how will this be managed?
- Will the device cause contractures and/or muscle wasting and, if so, how will these be managed?
- Does the device place the resident at risk for skin impairment, edema, dehydration, entrapment, and/or potential strangulation and, if so, how will these concerns be mitigated?
- Have the least restrictive methods been employed prior to applying a restraint?
- Has therapy worked with the resident prior to applying a restraint?
- Has consent been obtained for the use of the restraint, and has the resident/family been educated on risk factors?
- Have staff members attempted to properly identify the resident's needs and the medical symptom(s) requiring address?

MDS Coding Requirements

In the Minimum Data Set (MDS), refer to section P:

- Identify all physical restraints that were used at any time (day or night) during the 7-day look-back period.
- Exclude from this 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(s).
- Do not consider as a restraint a locked or secured unit or building in which the resident has the freedom to move about the locked/secured unit or building.



For guidance on quality measures, reach out to Health Services Advisory Group (HSAG).

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