

Physical Restraints Critical Element Pathway

Use this pathway:

- When a resident's clinical record reflects the use of a physical restraint;
- If the survey team observes a position change alarm or device or practice that restricts or potentially restricts a resident's freedom of movement;
- If the resident or other individuals report that a restraint is being used on the resident; or
- If an allegation of inappropriate use of a physical restraint is received.

NOTE: For concerns related to involuntary seclusion, see the Investigative Protocol under Tag F603.

Review the following in Advance to Guide Observations and Interviews:

- ☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, E – Behavior, G – Functional Status, J – Health Conditions (falls), and P – Restraints and Alarms.
- ☐ Practitioner's orders (e.g., medical symptom being treated, type of restraint, frequency of releasing the restraint).
- ☐ Care plan (e.g., medical symptoms justifying use of restraint, type of restraint used, frequency, duration, circumstances for when it is to be used, interventions to address potential or actual complications from restraint use such as increased incontinence, decline in ADLs or ROM, increased confusion, agitation, or depression).

Observations:

- ☐ If use of a device is indicated in the care plan, how are care-planned interventions implemented?
- ☐ Is the resident's movement restricted? If so, describe.
- ☐ When was the method used, by whom, and how did staff communicate or respond to the resident during the time of observations? Examples include:
 - Placing a chair or bed close enough to a wall that the resident is prevented from rising out of the chair or voluntarily getting out of bed;
 - Tucking in or fastening a sheet, fabric, or clothing tightly so that a resident's freedom of movement is restricted;
 - Placing a resident in a chair, such as a beanbag or recliner, that prevents a resident from rising independently;
 - Using devices in conjunction with a chair, such as trays, tables, cushions, bars or belts, that the resident cannot remove and/or that prevent the resident from rising; or
- ☐ Is the restraint used for discipline or results in convenience for staff? Examples include:
 - In response to a resident's wandering behavior, staff become frustrated and restrain a resident to a wheelchair;
 - When a resident is confused and becomes combative when care is provided and staff hold the resident's arms and legs down to complete the care (NOTE: This example differs from an emergency situation where staff briefly hold a resident for the sole purpose of providing necessary immediate medical care ordered by a practitioner); or
 - Staff place a resident in a bean bag chair, in the absence of a medical symptom, and the resident is unable to get out of it, which is potentially more convenient for staff.
- ☐ Are there any physical or psychosocial reactions to the use of any devices/practices? Examples include:

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- ☐ Holding down a resident in response to a behavioral symptom or during the provision of care.
- ☐ How does the resident request staff assistance (e.g., access to the call light, calling out to staff for help, grabbing at staff walking by)? How does staff respond to the resident?
- ☐ How often are staff monitoring the resident?
- ☐ How often is the resident taken to the bathroom, ambulated, or provided exercises or range of motion?
- ☐ When the restraint is released, who released the restraint, for how long, and how often?
- ☐ Is there a position change alarm in use? If so, why? What is the impact to the resident? For example, is the resident hesitant or afraid to move to avoid setting off the alarm?
- ☐ Attempts to release/remove a device (e.g., pulling, picking, twisting);
- ☐ Verbalizing anger/anxiety due to restricted movement;
- ☐ Calling out for help to take a device off;
- ☐ Fear of moving since it could trigger the sound of a position change alarm; or
- ☐ Attempting to stand up out of a chair (e.g., bean bag, recliner)?
- ☐ If staff said the resident can remove the restraint, request that staff ask the resident to demonstrate how he/she releases the restraint without staff providing specific instructions for the removal.
- ☐ During high activity times in the facility (e.g., getting ready in the morning, meal times, bathing), how do staff respond to residents who are wandering or confused?

Resident, Resident Representative, or Family Interview: When conducting interviews, describe the device/practice instead of using the term “restraint” since the interviewee may not recognize that a restraint was/is being used. Note: A resident may have a restraint in place that the facility has stated can be removed by the resident. For safety reasons, do not request that the resident remove the restraint, but rather, request that staff ask the resident to demonstrate how he/she releases the restraint without staff providing specific instructions for the removal.

- ☐ Can you explain why you have the device?
- ☐ Who requested the device and why?
- ☐ Prior to the use of the device, did staff provide you with information regarding:
 - ☐ Why the device would be used;
 - ☐ The risks and benefits;
 - ☐ The effects of the device on your mobility, other activities of daily living, involvement in activities and meals; and
 - ☐ When and for how long the device would be used?
- ☐ What was tried before the device was used (e.g., less restrictive alternatives)?
- ☐ How were you involved in the development of the care plan for the use of the device? Does the care plan reflect your choices and preferences?
- ☐ How do you contact staff when you need assistance when the device is used? How does staff respond to requests?
- ☐ If there is a position change alarm in use, can you explain why the alarm is in use? How does it make you feel? Does the use of the alarm change how you move? If so, describe.
- ☐ Have you had any problems when the device is being used? If so, please describe.
- ☐ For the resident representative, if a physical restraint was used when imminent danger was present, when did staff notify you? What did staff tell you about the use of the restraint (e.g., type/method)? Did staff explain when the restraint would be discontinued? If not, did staff explain why the restraint continues to be used?

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Staff Interviews (Nursing Aides, Nurses, DON, as appropriate): When conducting interviews, describe the device/practice instead of using the term “restraint” since the interviewee may not recognize that a restraint was/is being used.

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| <ul style="list-style-type: none"><input type="checkbox"/> Why is this device being used for this resident?<input type="checkbox"/> Have you had any training on the use of device?<input type="checkbox"/> How has the use of this device impacted how you provide care to this resident?<input type="checkbox"/> When did the use of the device begin?<input type="checkbox"/> What is the rationale (i.e., medical symptoms) for selecting this device?<input type="checkbox"/> What are the risks and benefits of using the device for this resident?<input type="checkbox"/> What measures were attempted before the device was started?<input type="checkbox"/> How often is the device applied, for how long, and under what circumstances is it to be used?<input type="checkbox"/> How often is the device removed?<input type="checkbox"/> How do you respond to the resident’s request to remove the device?<input type="checkbox"/> If you observe the resident trying to remove the device, verbalizing anger/anxiety, calling out for help to take the device off, pulling, picking, or twisting at the device; ask staff: How often does this occur? Has this been reported and to whom? Were care plan changes made and implemented?<input type="checkbox"/> How do you monitor the resident when the device is used?<input type="checkbox"/> What is the resident’s functional ability (e.g., bed mobility and transfer ability to and from bed or chair, and to stand and toilet)? | <ul style="list-style-type: none"><input type="checkbox"/> Has the resident had any physical or psychosocial changes related to the use of the device? If so, describe.<input type="checkbox"/> Are you assigned to provide care for other residents that use devices/restraints? Describe how you manage your time to meet the residents’ needs. Describe any training you’ve received in how to provide care for a resident with behavioral concerns?<input type="checkbox"/> What are the facility’s protocols for the use of the restraint/device (e.g., restraint policy)?<input type="checkbox"/> If there is a personal alarm or position change alarm in use, why is the alarm used? What is the impact to the resident? For example, is the resident hesitant or afraid to move to avoid setting off the alarm? |
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For **licensed staff**, ask:

- ☐ How do you supervise staff to assure that the device is applied correctly and released, as ordered?
- ☐ If the resident had any physical or psychosocial changes related to the use of the device, how were care-planned interventions revised to address the changes? Was the attending practitioner notified of changes? What was the response?
- ☐ How often do you evaluate and assess the resident to determine the ongoing need for the use of the restraint for the treatment of the medical symptoms?
- ☐ What is the plan for reducing the use of the device, including ongoing assessment of the resident, revising the plan as necessary, and attempting other interventions to minimize or eliminate the use of the restraint? What was the resident’s response to other interventions?
- ☐ How are staff assigned to monitor, care for, and be familiar with residents’ behaviors (e.g., the number, location, and consistency of staff assigned across different shifts/units)?

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Record Review (Review the resident's record to determine):

- ☐ What is the specific medical symptom justifying the use of the restraint or device that restricts the resident's movement (physically or psychosocially).
- ☐ If the assessment identified whether the medical symptom could be eliminated or reduced, without the use of the device.
- ☐ What risks and benefits, if any, were identified for the use of the device.
- ☐ What interventions, including less restrictive alternatives, were attempted and whether the interventions were successful in meeting the resident's assessed needs.
- ☐ What information was provided and when to the resident or representative regarding the identification of a medical symptom requiring the use of the device, the risks and/or benefits, the least restrictive interventions, and when and for how long the device was going to be used.
- ☐ Whether the resident/resident representative was involved in the development of the care plan related to the use of the device in accordance with his/her preferences and choices.
- ☐ What is the resident's current functional ability including strength and balance such as bed mobility, ability to transfer between bed or chair, and to stand or go to the bathroom.
- ☐ Whether there was a decline in physical or psychosocial functioning that may be related to the use of device (e.g., decline in ROM, pain, hydration, weight loss, continence status, muscle strength or balance, confusion, withdrawal, agitation, or depression) and if so, whether the care planned interventions were revised and implemented to address the decline.
- ☐ Whether the resident had any injuries, or potential injuries, that occurred during the use of the device and if so, the facility's response.
- ☐ Whether there was a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan) and if so, if and when the MDS significant change comprehensive assessment was conducted.
- ☐ Who provides monitoring for the use of the device and how monitoring is provided for the implementation of interventions, such as when and how often the device is released and assistance provided for going to the bathroom, ambulation, and ROM.
- ☐ What ongoing assessment and evaluation for the treatment of the medical symptom was conducted related to the use of the device.
- ☐ What interventions have been attempted and evaluated to minimize/eliminate the use of the device and address the medical symptom/underlying problems causing the medical symptom.
- ☐ Whether there is any indication that the device is used for the purpose of discipline or staff convenience.
- ☐ If concerns are identified, review the facility policy related to the use of restraints or the device.
- ☐ If a position change alarm is in use, what is the rationale for its use, and impact on the resident.

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Critical Element Decisions:

1) Did the facility ensure all of the following:

- Ensure that the resident is free from physical restraints imposed for discipline or staff convenience;
- Identify the medical symptom being treated when using a device or a facility practice that meets the definition of physical restraint;
- Define and implement interventions according to standards of practice during the use of a physical restraint that is used for treatment of a medical symptom;
- Provide the least restrictive restraint for the least time possible;
- Provide ongoing monitoring and evaluation for the continued use of a physical restraint to treat a medical symptom; and
- Develop and implement interventions for reducing or eventually discontinuing the use of the restraint when no longer required to treat a resident's medical symptoms?

If No, cite F604

2) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?

If No, cite F655

NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

3) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?

If No, cite F636

NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

4) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?

If No, cite F637

NA, the initial comprehensive assessment had not yet been completed therefore a significant change in status assessment is not required OR the resident did not have a significant change in status.

5) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?

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If No, cite F641

- 6) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?

If No, cite F656

NA, the comprehensive assessment was not completed.

- 7) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary, to meet the resident's needs?

If No, cite F657

NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA), and Tasks (Task) to consider: Dignity (CA), Right to be Informed F552, Right to Participate In Care F553, Accident Hazards (CA), Bed Rails F700, Behavioral-Emotional Status (CA), Unnecessary/Psychotropic Medications (CA), Sufficient and Competent Staffing, Medical Director F841, Resident Records F842, QAA/QAPI (Task).