QUALITY MEASURE TIP SHEET:
Restraints—Long Stay

Quality Measure Overview

This measure reports the percentage of long-stay residents who are physically restrained on a daily basis over a seven-day look-back, during the day or night.

- Physical restraints are any manual, physical, mechanical devices, materials, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily and which restrict freedom of movement or normal access to one’s own body.
- Bed rails may or may not constitute restraints, but will not result in triggering the quality measure.
- Federal regulations and the Centers for Medicare & Medicaid Services guidelines do not prohibit the use of physical restraints, except when they are imposed for discipline or convenience and are not required to treat the resident’s medical symptoms.
- Position change alarms will be scrutinized in the new survey process.

MDS Coding Requirements

In the Minimum Data Set (MDS):

- Document physical restraints.
- Code any position change alarms (audible or inaudible) used during the seven-day look-back in PO200 and determine whether those position change alarms are being used as restraints
- Indicate if a bed rail, trunk restraint, limb restraint, or other device is not used, used daily, or used less than daily.

Ask 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?

FOR GUIDANCE ON QUALITY MEASURES, PLEASE REACH OUT TO A TELLIGEN NURSING HOME QUALITY IMPROVEMENT FACILITATOR