

Physical Restraints: Systems Review Checklists

Name of Facility: _____

This series of checklists is designed to assess processes related to physical restraint management in nursing homes. The checklists are intended to help facilities look more critically at current care practices and identify areas that need improvement.

Checklists cover the following areas:

- Organizational Commitment to Physical Restraint Reduction
- Assessing Physical Restraints
- MDS Coding for Physical Restraints
- Developing Care Plans for Physical Restraints
- Staff Training & Education for Physical Restraints
- Reducing/Eliminating Physical Restraints

Organizational Commitment to Physical Restraint Reduction

Does this facility have a process to evaluate its organizational commitment to physical restraint reduction/elimination?

_____ No. If no, this is an area for improvement.

_____ This is an area we are working on.

_____ Yes. Continue on with checklist.

	Yes	No	Person Responsible	Comments
1. Have key staff members been identified to form an interdisciplinary restraint reduction/elimination team?				
2. Has your facility implemented a "no-restraint" policy?				
3. Does your process include analyzing current clinical practices such as assessments, restraint alternatives, documentation, and interventions?				
4. Do you provide education for staff, family, and resident on the dangers of physical restraints and implementing less restrictive alternatives?				
5. Do you attempt to assess and treat underlying conditions that might precipitate the use of physical restraints?				
6. Does your process consider environmental modification to promote safety and decrease use of restraints?				
7. Does your facility celebrate restraint reduction/elimination success stories and reward caregivers and family members for positive attitudes and assistance in creating a restraint-free environment?				
8. Does your facility support and provide appropriate resources for reduction/elimination of physical restraints (e.g., adequate staffing, educational opportunities, functional communication systems, tools and assessments, environmental enhancements)?				
9. Does your facility evaluate its own process, review outcome measures, and revise as needed?				

Assessing Physical Restraints

Does this facility complete a comprehensive assessment for residents currently using physical restraints or being considered for physical restraints?

_____ No. If no, this is an area for improvement.

_____ This is an area we are working on.

_____ Yes. Continue on with checklist.

	Yes	No	Person Responsible	Comments
1. Is there a system to perform basic assessments (including medical history review and physical examination to rule out acute illness) for residents who are currently restrained or who have an incident or event requiring assessment for restraint?				
2. Does the assessment reflect a multidisciplinary approach?				
3. Is the involvement of the resident and/or legal guardian (if the resident chooses to have them involved) documented in the assessment?				
4. Does the assessment include obtaining information from resident, family, or caregivers regarding the resident's previous life experiences, interests, and social patterns in order to provide and individualized approach and intervention to restraint-free care?				
5. Is there documentation of a precipitating event causing or triggering the resident's current situation?				
6. If an event (falls, behaviors) is triggering the assessment, does the assessment state what happened, who was present, where the event took place, and what time of day it happened?				
7. Does the facility assess and treat underlying medical condition precipitating the use of physical restraints?				
8. Are the following factors considered in the assessment of underlying medical issues precipitating the use of physical restraints?				
a. gait				
b. cognition				
c. environment				
d. medications				

	Yes	No	Person Responsible	Comments
e. cardiovascular insufficiency				
f. infections				
g. hyperglycemia/hypoglycemia				
h. dehydration				
i. sleep				
j. pain				
k. wandering				
9. If a restraint is currently being used, is the type of restraint and reason used stated on the assessment?				
10. If a restraint is currently being used, does the assessment document time frames, situations, or conditions regarding application or removal of physical restraint?				
11. Does the assessment include the following information regarding the intervention provided?				
a. person/discipline responsible for implementation and monitoring the intervention				
b. action plan or future trials of alternative interventions				
c. improvement of function				
d. permit or prevent the resident access to their body				
e. least restrictive option				
f. provide the highest level of function				
g. documentation to support that the intervention succeeded or failed and why				
h. alternative interventions				
i. outcomes of trial alternative interventions				
j. identification of potential problems or risk factors for restraint removal				

MDS Coding for Physical Restraints

Does this facility have a process to code physical restraints on the MDS?

_____ No. If no, this is an area for improvement.

_____ This is an area we are working on.

_____ Yes. Continue on with checklist.

	Yes	No	Person Responsible	Comments
1. Is there a process to ensure that the MDS is completed in a timely manner?				
2. Does the coding of item P4 accurately reflect the frequency, over the last seven days, with which the resident was restrained?				
3. Does interdisciplinary documentation support the coding of item P4?				
4. Was nursing documentation consistent across all shifts for the seven-day review period?				
5. Does observation of the resident across shifts match the coding?				
6. Was information gathered from multiple sources prior to coding item P4 (i.e., interviews/discussion with the resident and direct care staff on all three shifts, including weekends; review of documentation used to communicate with staff across shifts)?				
7. If use of devices and restraints varied from shift to shift, does the MDS capture the differences?				

Developing Care Plans for Physical Restraints

Does this facility have a process to develop and implement care plans for physical restraints?

_____ No. If no, this is an area for improvement.

_____ This is an area we are working on.

_____ Yes. Continue on with checklist.

	Yes	No	Person Responsible	Comments
1. If the resident is currently restrained, does the resident's care plan reflect a problem requiring a physical restraint?				
2. If the resident is currently restrained, has medical necessity been established?				
3. Does the care plan document time frame, situations, or conditions regarding application or removal of the physical restraint?				
4. Is there evidence to support involvement of the resident and /or legal guardian (if the resident wishes) with formulating the care plan?				
5. Are approaches for physical restraint elimination identified on the care plan?				
6. Does the care plan have a goal related to providing the highest functional status with the least restrictive environment?				
7. Does the care plan include a plan for implementation of alternatives to restraints?				
8. Is there evidence that the care plan has been implemented (e.g., ensure least restrictive environment, monitor the resident, provide proper hydration and ADL needs, ensure access to call light, conduct education, and manage incontinence)?				
9. Is there evidence of measures to prevent complications such as contractures, skin breakdown, and incontinence?				
10. Is there evidence that the care plan has been updated or revised if needed?				

Staff Training & Education for Physical Restraints

Does this facility have an initial and ongoing education on physical restraint reduction/elimination for all relevant caregiving staff?

_____ No. If no, this is an area for improvement.

_____ This is an area we are working on.

_____ Yes. Continue on with checklist.

	Yes	No	Person Responsible	Comments
1. Does your facility conduct an orientation program for all new and existing caregivers, physicians, and family members/significant others regarding restraint reduction/elimination?				
2. Does your facility provide ongoing in-services?				
3. Do the educational materials address the following issues?				
a. purpose of interdisciplinary restraint reduction/elimination team				
b. facility's philosophy and goals regarding restraint reduction/elimination				
c. individual expectations, roles, and responsibilities of each caregiver				
d. process of referral to the restraint team if restraints are being considered				
e. parameters of emergency restraint use: time frame, application, physician's orders, consent, etc.				
f. documentation of programs				
g. regulations regarding restraint use				
h. adverse effects of physical restraints?				
4. Is education provided at the appropriate level for the learner (e.g., CNA and RN)?				
5. Is there documentation that reflects staff training and understanding of roles and responsibilities of physical restraint reduction/elimination programs?				
6. Are educational tools available (e.g. videos, handouts, literature)?				

Reducing/Eliminating Physical Restraints

Does this facility have a process for reducing/eliminating physical restraints?

_____ No. If no, this is an area for improvement.

_____ This is an area we are working on.

_____ Yes. Continue on with checklist.

	Yes	No	Person Responsible	Comments
1. Does our facility have an interdisciplinary team that includes members of all shifts, nursing assistants, and individuals with knowledge regarding regulation of restraint use?				
2. Does the interdisciplinary team have a system for tracking and identifying residents appropriate for assessment or reassessment by interdisciplinary restraint team?				
3. Does the system capture the following information?				
a. type of restraint used				
b. time of the day when it is used				
c. where the resident is restrained (e.g., in bed, wheelchair, geri-chair)				
d. for how long				
e. under what circumstances				
f. who initiated use of the restraint				
4. Does the interdisciplinary team review factors contributing to the need for restraint application?				
5. Does your process include assessment and treatment of underlying conditions?				
6. Does your process include evaluation of the effectiveness of interventions and the resident's response?				
7. Does the interdisciplinary team reassess for elimination or least restrictive alternative device?				
8. Does the interdisciplinary team provide continual reassessment and revisions to plan of care until the restraint is safely eliminated?				