

## Restraints: Self Assessment Tool

### Purpose:

- To identify what processes of care your facility has in place
- To identify what areas need improvement

### Topics included in the self-assessment for physical restraints:

- A. Organizational commitment and team work
- B. Staff training and education
- C. MDS coding
- D. Assessment
- E. Care plan development
- F. Monitoring implementation and resident response

### Directions:

- The self-assessment should be completed by the director of nursing (DON), quality improvement director, or other management staff.
- Use your facility policies, procedures and general practices to answer questions under topics A and B.
- Review the medical records of 5 residents who have been restrained daily during the last 7 days to answer questions under topics C, D, E, and F.
- Consult with other staff as needed.
- Check the appropriate boxes **Yes** or **No** and add comments to clarify answers.
- Please answer all questions honestly, as the first step in quality improvement is assessing current practices in order to identify opportunities for improvement.



## A. Organizational Commitment and Team Work

	Yes	No	Comment
1. Have key staff members been identified to form an interdisciplinary restraint elimination team?			
2. Does the team meet regularly to discuss all residents currently in restraints and those at risk for restraint?			
3. Is there a system for tracking and identifying residents for assessment and reassessment by the interdisciplinary team?			
3. Are policies and procedures updated to reflect a restraint-free environment?			
4. Does your facility maintain stable administrative and clinical leadership committed to the elimination of restraints?			
5. Does your process include analyzing current clinical practices such as assessments, restraint alternatives, documentation, and interventions?			
6. Does your facility monitor side rail use and provide ½ length when side rails are needed?			

<b><i>Organizational Commitment And Team Work, continued</i></b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
7. Do you provide education for family, and residents on:			
<ul style="list-style-type: none"> <li>• The dangers of physical restraints</li> </ul>			
<ul style="list-style-type: none"> <li>• Implementing less restrictive and non-restraint alternatives</li> </ul>			
<ul style="list-style-type: none"> <li>• Federal regulations on physical restraints</li> </ul>			
<ul style="list-style-type: none"> <li>• Person-centered care</li> </ul>			
8. Does your facility celebrate restraint reduction/elimination success stories, and reward staff and family members for positive attitudes and assistance in creating a restraint- free environment?			
9. Does your facility provide appropriate resources for the elimination of physical restraints such as:			
<ul style="list-style-type: none"> <li>• Adequate staffing</li> </ul>			
<ul style="list-style-type: none"> <li>• Continuing education</li> </ul>			
<ul style="list-style-type: none"> <li>• Functional communication systems &amp; tools</li> </ul>			
<ul style="list-style-type: none"> <li>• Environmental modifications and equipment</li> </ul>			
<ul style="list-style-type: none"> <li>• Structured activities for cognitively intact and cognitively impaired residents?</li> </ul>			

## B. Staff Training & Education

	Yes	No	Comment
1. Does your facility provide information regarding restraint elimination and facility policies for:			
<ul style="list-style-type: none"> <li>All new staff</li> </ul>			
<ul style="list-style-type: none"> <li>All primary care providers</li> </ul>			
2. Does your facility provide annual staff in-services on restraint elimination?			
3. Do the educational materials or in-services address:			
<ul style="list-style-type: none"> <li>Purpose of interdisciplinary restraint elimination team</li> </ul>			
<ul style="list-style-type: none"> <li>Facility's philosophy and goals regarding restraint elimination</li> </ul>			
<ul style="list-style-type: none"> <li>Individual expectations, roles, and responsibilities of each caregiver</li> </ul>			
<ul style="list-style-type: none"> <li>Process of referral to the restraint team if restraints are being considered</li> </ul>			
<ul style="list-style-type: none"> <li>Parameters of emergency restraint use: time frame, application, physician's orders, consent, etc</li> </ul>			
<ul style="list-style-type: none"> <li>Regulations regarding restraint use</li> </ul>			
<ul style="list-style-type: none"> <li>Adverse effects of physical restraints</li> </ul>			
4. Is there documentation that reflects staff training and understanding of roles and responsibilities of restraint elimination programs (such as pre- and post testing)?			

### C. MDS Coding

Select the charts of 5 residents who have been restrained daily during the last 7 days. For each resident, read the chart and care plan to answer all questions. Check **Yes** or **No** or write **NA** in either box if the question is not applicable.

	<i>Chart 1</i>		<i>Chart 2</i>		<i>Chart 3</i>		<i>Chart 4</i>		<i>Chart 5</i>	
	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
1. Was the MDS 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 and 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?										

## D. Assessment

Select the charts of 5 residents who have been restrained daily during the last 7 days. For each resident, read the chart and care plan to answer all questions. Check **Yes** or **No** or write **NA** in either box if the question is not applicable.

	<i>Chart 1</i>		<i>Chart 2</i>		<i>Chart 3</i>		<i>Chart 4</i>		<i>Chart 5</i>	
	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
1. Is there an interdisciplinary assessment to address underlying clinical problems to include:										
• Medication use										
• Gait and mobility problems										
• Cardiovascular insufficiency										
• Infection										
• Hyperglycemia/hypoglycemia										
• Pain										
• Sleep patterns										
• Mental status and cognition										
2. Is there information from resident and family regarding the resident's personal and social history:										
• Previous life experiences										
• Interests										
• Social patterns										
3. Is there evidence of reassessment at least monthly until the resident is achieving the highest level of functioning in the least restrictive environment?										
4. Does assessment include side rail use and bed safety?										

## E. Care Plan Development

Select the charts of 5 residents who have been restrained daily during the last 7 days. For each resident, read the chart and care plan to answer all questions. Check **Yes** or **No** or write **NA** in either box if the question is not applicable.

	<i>Chart 1</i>		<i>Chart 2</i>		<i>Chart 3</i>		<i>Chart 4</i>		<i>Chart 5</i>	
	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
1. Does the care plan reflect an underlying condition or event, requiring a physical restraint?										
2. Has medical necessity been established?										
3. Does the care plan include the following:										
• Type of restraint										
• Person responsible for implementing and monitoring restraint application										
• Action plan or future trials of alternate interventions and least restrictive options										
• Outcomes of trials of alternate interventions										
• Interventions for highest level of functioning and improvement in function										
• Identification of potential problems or risk associated with restraint removal										
4. Is there evidence to support involvement (if the resident wishes) of the resident and/or legal guardian with formulating the care plan?										

## F. Monitoring Implementation and Resident Response

Select the charts of 5 residents who have been restrained daily during the last 7 days. For each resident, read the chart and care plan to answer all questions. Check **Yes** or **No** or write **NA** in either box if the question is not applicable.

	<i>Chart 1</i>		<i>Chart 2</i>		<i>Chart 3</i>		<i>Chart 4</i>		<i>Chart 5</i>	
	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
1. Is there evidence that the plan of care has been implemented? (For example, ensure least restrictive environment, monitoring the resident, provision of proper hydration and ADL needs, access to call light, education, and environmental adaptations.)										
2. Is there evidence to support prevention of complications such as contractures, skin breakdown, and incontinence?										
3. Is there evidence that the plan of care has been updated or revised based on resident response and staff feedback?										



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