

# Data Tracking Tool

## Quality Counts: Restraint Reduction in Nursing Homes

Facility: \_\_\_\_\_

Week covered: \_\_\_\_\_

**Instructions:** Generate a list of residents who will be reviewed in the care planning meeting each week. Complete this form as you proceed through the assessment and care planning process. If the resident is not using a restraint (P4c, P4d, or P4e = 0), the remaining questions do not need to be answered. Use additional copies of this form if needed to include all residents on list.

Resident Name or Initials	Resident ID #	Check this box if new admission, readmission or any PPS MDS	Check this box if annual, quarterly or significant change MDS (Long-term resident)	Is the resident physically restrained daily (P4c, P4d, or P4e = 2)	Is there a completed comprehensive assessment prior to restraint use within the current MDS assessment period?		Are restraints addressed in the care plan for the resident?		Are alternatives to restraints attempted & documented in the resident's care plan?		Is a medical necessity for the restraint use listed in the resident's care plan?		Are Application and Release Time frames adhered to?		Is there a timely reassessment for elimination of restraints?	
					Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Are there any new hires this week? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Is there documentation of new hires receiving effective Restraint Protocol Training? <input type="checkbox"/> Yes <input type="checkbox"/> No																



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