

Checklist: Organizational Commitment to Physical Restraint Reduction/Elimination

Does your facility have a process to evaluate its organizational commitment to physical restraint reduction/elimination? _____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement

Worksheets to guide your team in implementing a process for evaluating the organizational commitment to physical restraint reduction/elimination.

_____ **This is an area we are working on.** Our target date for revising our process for evaluating the organizational commitment to physical restraint reduction/elimination is _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's process for evaluating the organizational commitment to physical restraint reduction/elimination include the following components?

	Yes	No	Person Responsible:	Comment:
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 residents on the dangers of physical restraints and implementing less restrictive alternatives?				
5. Do you attempt to assess and treat underlying conditions precipitating the use of physical restraints?				

Checklist: Organizational Commitment to Physical Restraint Elimination (cont.)

	Yes	No	Person Responsible:	Comment:
6. Does your process consider environmental modifications to promote safety and decrease use of restraints?				

7. Does your facility celebrate restraint reduction/elimination success stories, reward caregivers and family member for positive attitudes and assistance in creating a restraint free environment?				
8. Does your facility support and provide appropriate resources for the reduction/elimination of physical restraints such as adequate staffing, educational opportunities, functional communication systems, tools and assessments, and environmental enhancements?				
9. Does your facility evaluate its own process, review outcome measures, and revise as needed?				

If any of the above elements in your process for evaluating the organizational commitment to physical restraint reduction/elimination are missing:

- Choose *one* element to focus your quality improvement effort first.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Assessing Physical Restraints

Does your 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. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for physical restraint assessment.

_____ **This is an area we are working on.** Our target date for revising our process for assessment of physical restraints is _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's assessment for physical restraints include the following components?

	Yes	No	Person Responsible:	Comment:
--	-----	----	---------------------	----------

1. Is there a system to perform basic assessments, including medical history review and physical examination, to rule out acute illness for residents currently using restraint devices, being considered for device, or had 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 an individualized approach and intervention to restraint-free care?				

Checklist: Assessing Physical Restraints (cont.) Checklist: Assessing Physical Restraints (cont.)

	Yes	No	Person Responsible:	Comment:
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 the day it happened?				
7. Does the facility assess and treat underlying medical conditions 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:				
Gait?				
Cognition?				
Communication?				
Environment?				
Medications?				
Cardiovascular Insufficiency?				

Infections?				
Hyperglycemia/Hypoglycemia				
Dehydration?				
Sleep?				
Pain?				
Wandering?				
9. If a restraint is currently being used, is the type of restraint and reason used stated on the assessment?				

	Yes	No	Person Responsible:	Comment:
10. If a restraint is currently being used, are time frames, situations, or conditions documented in the assessment regarding application or removal of the physical restraint?				
11. Does the assessment include the following information regarding the intervention provided:				
Person/discipline responsible for implementing and monitoring the intervention?				
Action plan or future trials of alternate interventions?				
Improvement of function?				
Permit or prevent the resident to access their body?				
Least restrictive option?				
Provide the highest level of function?				
Documentation to support that the intervention succeeded or failed and why?				
Alternate interventions?				
Outcomes of trial of alternate interventions?				
Identification of potential problems or risk factors of restraint removal?				

If any of the above elements in your process for physical restraint assessment are missing:

- Choose *one* element to focus your quality improvement effort first.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: MDS Coding for Physical Restraints

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

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for coding physical restraints.

_____ **This is an area we are working on.** Our target date for revising our process for MDS coding of physical restraints is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's process for coding the MDS include the following components?

	Yes	No	Person Responsible:	Comment:
1. Is there a process to ensure 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 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?				

If any of the above elements in your process for MDS coding of physical restraints are missing:

- . • Choose *one* element to focus your quality improvement effort first.
- . • Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Developing Care Plans for Physical Restraints

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

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for developing care plans for physical restraints.

_____ **This is an area we are working on.** Our target date for revising our process for developing physical restraint care plans is _____. If needed, use the Quality Improvement Worksheets to guide your improvement process. _____ **Yes.** Please continue to the questions below.

Does your facility's process for care planning physical restraints include the following components?

	Yes	No	Person Responsible:	Comment:
1. Does the resident's care plan reflect a problem requiring a physical restraint if the resident is currently restrained?				
2. Has medical necessity been established if the resident is using a physical restraint?				
3. Are time frame, situations, or conditions documented in the care plan regarding application or removal of the physical restraint?				
4. Is there evidence to support involvement (if the resident wishes) of the resident and/or legal guardian 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?				

Checklist: Developing Care Plans for Physical Restraints (cont.)

	Yes	No	Person Responsible:	Comment:
--	-----	----	---------------------	----------

7. Does the care plan include a plan for implementation of alternatives to restraints?				
8. 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.				
9. Is there evidence to support prevention of complications such as contractures, skin breakdown, and incontinence?				
10. Is there evidence that the plan of care has been updated or revised if needed?				

If any of the above elements in your process for developing physical restraint care plans are missing:

- Choose *one* element to focus your quality improvement effort first.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Reducing/Eliminating Physical Restraints

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

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for reducing/eliminating physical restraints.

_____ **This is an area we are working on.** Our target date for revising our process for physical restraint reduction/elimination is _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does the process for physical restraint reduction/elimination include the following components?

	Yes	No	Person Responsible:	Comment:
--	-----	----	---------------------	----------

1. Does your facility have an interdisciplinary team that includes members of all shifts, nursing assistants, and individuals with knowledge regarding regulations of restraint use?				
2. Does the interdisciplinary team have a system for tracking and identifying residents appropriate for assessment or reassessment by the interdisciplinary restraint team?				
3. Does the system identify:				
What type of restraint is used?				
During what time of the day?				
Where the resident is restrained?				
For how long?				
Under what circumstance?				
Who implemented the restraint?				
4. Does the interdisciplinary team determine reason and precipitating factors for restraint application?				
5. Does your process include assessment and treatment of underlying conditions?				

Checklist: Reducing/Eliminating Physical Restraints (cont.)

	Yes	No	Person Responsible:	Comment:
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 alternate devices?				
8. Does the interdisciplinary team provide continual reassessment and revisions to plan of care until the restraint is safely eliminated?				

If any of the above elements in your process for reducing/eliminating physical restraints are missing:

- Choose *one* element to focus your quality improvement effort first.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Staff Training & Education for Physical Restraints

Does your 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. Use this checklist and the Quality Improvement Worksheets to improve your process for education and training for restraint reduction/elimination.

_____ **This is an area we are working on.** Our target date for revising our process for educating staff regarding restraint reduction/elimination is _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's education program for restraint reduction/elimination include the following components?

	Yes	No	Person Responsible:	Comment:
1. Does your facility conduct orientation program for all new and existing caregivers, physicians, and family members/significant others regarding restraint reduction/elimination?				
2. Does your facility provide ongoing inservices?				
3. Do the educational materials address:				
Purpose of interdisciplinary restraint reduction/elimination team?				
Facility's philosophy and goals regarding restraint reduction/elimination?				
Individual expectations, roles, and responsibilities of each caregiver?				
Process of referral to the restraint team if restraints are being considered?				
Parameters of emergency restraint use: time frame, application, physician's orders, consent, etc?				
Documentation of programs?				
Regulations regarding restraint use?				
Adverse effects of physical restraints?				

Checklist: Staff Training & Education for Physical Restraints (cont.)

	Yes	No	Person Responsible:	Comment:
--	-----	----	---------------------	----------

4. Is the education provided at the appropriate level for the learner? (e.g. CNA vs. 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)				

If any of the above elements in your process for staff education for physical restraints are missing:

- . • Choose *one* element to focus your quality improvement effort first.
- . • Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Physical Restraints: Facility Assessment Checklists

This is a series of self-assessment checklists for nursing home staff to use to assess processes related to physical restraints management in the facility, in order to identify areas that need improvement. You will find the checklists most useful if you need to look at your current practice more critically. **It is very important that you read each document carefully and answer honestly to obtain the most accurate assessment of your current care process. Directions**

- . • These checklists are designed for the Director of Nursing (DON)/Director of Nursing Services (DNS), Quality Improvement Director, Therapy and/or Restorative personnel.
- . • Consult with appropriate staff in answering certain questions.

Use these checklists as the starting point for a quality improvement project guided by the Quality Improvement Worksheets. When answering questions on the checklists, if you are not sure or answer "no" to one of the questions, see the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

Included

Checklists on the following physical restraint-related topics are included:

- . • Organizational commitment
- . • Assessment
- . • MDS coding
- . • Care plans
- . • Eliminating physical restraints
- . • Staff training & education

