



# Quality Measure Tip Sheet: Restraints – Long Stay

## Quality Measure Overview

Numerator:

- 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 that restrict freedom of movement or normal access to one's own body.
  - Bed rails may constitute as restraints, but will not result in triggering the measure.
- Measure will trigger if, on resident's most recent target assessment, any of the following questions (**P0100B, P0100C, P0100E, P0100F or P0100G**) are answered **with a 2** (used daily).
- Federal regulations and 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. Carefully review pages P-5 through P-8 of the *Resident Assessment Instrument 3.0 User's Manual*. Document other methods that were attempted and their outcomes.

Denominator:

- Determine the denominator by including all long-stay residents with a target assessment.

Exclusions:

Resident is not in numerator and any of the following is true:

- Trunk restraint used in bed (P0100B = [-]) or
- Limb restraint used in bed (P0100C = [-]) or
- Trunk restraint used in chair or out of bed (P0100E = [-]) or
- Limb restraint used in chair or out of bed (P0100F = [-]) or
- Chair prevents rising used in chair or out of bed (P0100G = [-])

## MDS Coding Requirements

In the Minimum Data Set (MDS):

- Document physical restraints.
- Indicate if a bed rail, trunk restraint, limb restraint or other device is not utilized, 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?
- Have staff members attempted to properly identify the resident's needs and the medical symptom(s) requiring address?

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