Physical Restraints Critical Element Pathway

Facility Name: _____ Facility ID: _____ Date: _____

Surveyor Name: _____

Resident Name: _____ Resident ID: _____

Initial Admission Date: _____ Interviewable: ☐ Yes ☐ No Resident Room: _____

Care Area(s): _____

Use

Use this protocol for:

☐ A sampled resident who has MDS data that indicates a physical restraint is used; or

☐ Surveyor observation of a device or practice that may be physically restraining the resident.

The goal of using this CE is to determine, for a resident the surveyor has determined to be restrained, whether the restraint is in compliance with the regulations. To be in compliance, the restraint:

☐ Must be necessary to treat a medical symptom;

☐ Must not be used to discipline a resident or for staff convenience in the absence of a medical symptom;

☐ Must not be used because of family request in the absence of a medical symptom; and

☐ Must be the least restrictive device possible, in use for the least amount of time per day possible; and the facility must have an active plan in place to decrease usage or for eventual removal of the restraint.

NOTE: Physical restraint includes all devices and practices used by the facility that restrict freedom of movement or normal access to one's body. This includes side rails as well as facility practices such as tucking in bed sheets so tightly that the resident is unable to leave the bed. Do not rely on facility documentation alone to determine whether the device or practice is a restraint. It is a surveyor's determination whether the device or practice is restraining the resident, despite facility documentation to the contrary. If facility records state that the device (or practice) is not a restraint, but your investigation finds otherwise, the device or practice is a restraint. NOTE: If the device does not meet the definition of a physical restraint, discontinue completion of this CE. Remove the care area and replace the sampled resident with a more appropriate one (note that the device did not meet the definition of a physical restraint in the Reason for Removal window).

Would this care area have triggered without this resident?

- If the care area would have triggered without the resident, replace the one “inappropriate” resident with another who meets the criteria for QP089 – Potential Restraints (based on Resident Observation).
- If the care area would not have triggered without the resident, remove the care area for this one resident and continue with the other two sampled resident investigations.
    - If the remaining sampled residents’ devices prove to not meet the definition of a physical restraint, go through the decision process again, “would this care area have triggered without this resident?”
    - If the remaining sampled residents’ devices lead to noncompliance decisions, the team has the option to expand the sample as in any other care area investigation.

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Procedure
☐ Briefly review the assessment, care plan, and orders to identify facility interventions and to guide observations to be made. ☐ Corroborate observations by interview and record review.

Observations (if the resident is still in the facility)	
Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission. During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes. Determine: ☐ The type of restraint in place; ☐ The resident's reaction to the restraint; ☐ Whether the restraint is applied correctly; ☐ The services that are provided to meet resident needs while the restraint is not in place; and ☐ If the restraint affects position and body alignment, the resident is positioned appropriately. NOTE: A resident may have a device in place that the facility has stated can be removed by the resident. For safety reasons, do not ask the resident to release the device unless there is facility staff supervision.	**Notes:**

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Resident/Representative Interview	
Interview the resident, family, or responsible party to the degree possible to identify: ☐ The resident's/representative's involvement in the development of the care plan, goals, and if interventions reflect choices and preferences; ☐ The resident's/representative's awareness of care plan approaches; and ☐ Whether counseling on alternatives, consequences, and/or other interventions were offered prior to, or in addition to physical restraint use.	**Notes:**

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Staff Interviews	
Interview staff on various shifts to determine: ☐ Knowledge of specific interventions for the resident, including: ▪ The restraint(s) being used (and when use was initiated); ▪ How often and under what circumstances the restraint(s) is used; ▪ When, and for how long, the restraint is released; ▪ The potential risks of using the restraint; ▪ How the resident is monitored when the restraint is in use; and ▪ Interventions that are in place to minimize or eliminate the medical symptom or underlying problems causing the medical symptom. ☐ Knowledge of facility-specific guidelines/protocols; and ☐ Whether the nurse monitors for the implementation of the care plan, and the frequency of review and evaluation of changes in the effectiveness or resident response to the restraint. ▪ What the resident's functional ability is, such as bed mobility and ability to transfer between positions, to and from bed or chair, and to stand and toilet; and ▪ Any changes over the past year such as increased incontinence, decline in ADLs or ROM, increased confusion, agitation, and depression.	**Notes:**

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Assessment	
☐ Review the MDS, assessments, physician orders, therapy and nursing notes and other progress notes that may have assessment information related to use of the restraint. ☐ Determine whether the assessment information accurately and comprehensively reflects the status of the resident for: ▪ Specific medical symptom(s) for which the restraint is used, and a determination if the cause(s) of the medical symptom(s)s can be eliminated or reduced; ▪ Functional ability, including strength and balance (such as bed mobility and ability to transfer between positions, to and from bed or chair, and to stand and toilet); ▪ Risk/benefit—the team's determination that the risks of using the restraint are less than the risks of not using it; ▪ Other interventions to utilize instead of, and prior to, applying the restraint(s); and ▪ Potential complications or side effects of the use of the restraint such as increased incontinence, decline in ADLs or ROM, increased confusion, agitation and depression. ☐ Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that: 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting" 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan.	**Notes:**

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Assessment	
If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate **F274, Resident Assessment When Required**. If a comprehensive assessment was not conducted, also cite F272. **1. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's medical symptom that warrants the use of the restraint and the impact upon the resident's function, mood, and cognition?** ☐ Yes ☐ **No** **F272** ☐ **NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS** *NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing.* *The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14–day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under **F281, Professional Standards of Quality**.*	

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Care Planning	
If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 "NA, the comprehensive assessment was not completed". ☐ Determine whether the facility developed a care plan that was consistent with the resident's specific conditions, risks, needs, behaviors, preferences, current standards of practice, and included measurable objectives and timetables, with specific interventions/services for use of the restraint. ☐ If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the care givers and staff should be familiar with the protocol requirements. If care plan interventions that address aspects of the use of the restraint are integrated within the overall care plan, the interventions do not need to be repeated. ☐ Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan includes at least the following: ▪ The type of device to be used and under what circumstances the device is to be used; ▪ How often and under what circumstances the restraint(s) is used; ▪ How the resident is monitored when the restraint is in use; ▪ Measurable goals for the use of the restraint; ▪ Under what circumstances the restraint is released (such as for activities, for repositioning and toileting); ▪ Interventions to minimize potential functional decline due to use of the restraint and to assist the resident in reaching his/her highest level of physical and psychosocial well-being; and	**Notes:**

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Care Planning	
▪ Staff members' responsibilities in caring for the resident while the restraint is in use. ☐ If the resident refuses or resists staff interventions to treat medical symptoms with use of the restraint, determine whether the care plan reflects efforts to seek alternatives to address the needs identified in the assessment. ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care. **2. Did the facility develop a plan of care with measurable goals and interventions to address the appropriate use of the restraint, in accordance with the assessment, resident's wishes, and current standards of practice?** ☐ Yes ☐ **No F279** ☐ **NA, the comprehensive assessment was not completed** *The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the CAAS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under* ***F281, Professional Standards of Quality****.*	

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Care Plan Implementation by Qualified Persons	
Observe care and interview staff over several shifts and determine whether: ☐ Care is being provided by qualified staff, and/or ☐ The care plan is adequately and/or correctly implemented. **3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care?** ☐ Yes ☐ **No** **F282** ☐ **NA, no provision in the written plan of care for the concern being evaluated** *NOTE: If there is a failure to provide necessary care and services, the related care issue should also be cited when there is actual or potential outcome.*	**Notes:**

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Care Plan Revision	
If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed". ☐ Determine whether the staff have been monitoring the resident's response to restraint use, related to the identified medical symptoms and have evaluated and revised the care plan based on the resident's response, outcomes, and needs. Review the record and interview staff for information and/or evidence that: ▪ Staff evaluate the outcomes of the plan (the effect of care plan goals and interventions); ▪ The effects of the use of the restraint are identified and the care plan is revised/updated accordingly with more appropriate goals or interventions, based on a determination of causal or contributing/risk factors (e.g., negative reactions to the restraint such as struggling to take it off, repeatedly asking for help getting it off) functional decline, development or worsening of behavioral symptoms, development or worsening of incontinence, acute health problem, or change in condition; ▪ Staff respond in a manner to find a solution to problems related to restraint use such as the restraint making the resident more agitated, restless, or depressed; and ▪ The resident and/or the responsible person is involved in the review and revision of the plan. ☐ Determine whether the care plan was periodically reviewed and revised as necessary to ensure that the physical device was effectively treating the resident's medical symptoms.	**Notes:**

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Care Plan Revision	
4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident? ☐ Yes ☐ **No** **F280** ☐ **NA, the comprehensive assessment was not completed OR the care plan was not developed**	

Provision of Care and Services	
Determine whether staff have: ☐ Recognized and assessed factors affecting the resident's need for a restraint to treat the resident's medical symptoms; ☐ Defined and implemented pertinent interventions consistent with resident conditions, goals, and recognized standards of practice related to restraint use and treatment of medical symptoms; ☐ Provided the least restrictive restraint for the least time possible; ☐ Developed and implemented a plan for reduction in usage or eventual discontinuance of the restraint; ☐ Monitored and evaluated the resident's response to interventions; and ☐ Revised the approaches as appropriate. **5. Was the resident free from the inappropriate use of physical restraints?** ☐ Yes ☐ **No** **F221**	**Notes:**

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
During the investigation of care and services provided to meet the needs of the resident, the surveyor may have identified concerns with related structure, process and/or outcome requirements, such as the examples listed below. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance. ☐ **Notification of Change** — Determine whether staff: ▪ Consulted with the physician regarding significant changes in the resident's condition, including the need to alter treatment significantly or failure of the treatment plan; and ▪ Notified the resident's representative (if possible) of significant changes in the resident's condition. ☐ **Choices (Self-Determination and Participation)** — Determine whether the facility has provided the resident with the right to approve, reject, and make choices about the restraint type and restraint reduction plan. ☐ **F246, Accommodation of Needs** — Determine whether the facility has adapted the resident's physical environment as appropriate to make restraint use unnecessary (such as low bed with cushioning on the floor), bed positioning devices such as a trapeze, etc.) ☐ **Activities** — Determine whether the facility provided for an ongoing program of activities in accordance with the comprehensive assessment, reflecting physical, cognitive and/or emotional health needs. ☐ **F278, Accuracy of Assessments —** Determine whether staff that are qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline conducted an accurate assessment.	**Notes:**

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
☐ **F281, Professional Standards of Quality** — Conduct observations and interviews throughout stage 2 using the observation and interview probes identified above. Observe care and interview staff over several shifts to ensure consistent application of interventions that reflect current standards of practice such as: ▪ The type of restraint chosen reflects accepted clinical practice standards; and ▪ The strategies for restraint reduction (programs of activities, strength training, gait training, use of pillows/cushions, non-slip seat pads, environmental safety, etc.) reflect accepted clinical practice. ▪ If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment and evaluation of the resident's medical symptoms that are being treated with the restraint. If there is a medical question concerning the identification of a medical symptom, contact the physician if he/she is the most appropriate person to interview. If the attending physician is unavailable, interview the medical director, as appropriate. Depending on the issue, ask about: - How it was determined that chosen interventions were appropriate; - Risks identified for which there were no interventions; - Changes in condition that may justify additional or different interventions; - How staff validated the effectiveness of current interventions; - How they maintain safety for the resident when they are out	

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
of the restraint; and - What is their procedure for assessment and gradual discontinuation of a restraint. ☐ **Accidents** — Determine whether the restraint use has caused or is likely to cause a resident fall or other accident, either due to the resident's response to the restraint or due to misapplication of the restraint by staff. ☐ **Sufficient Nursing Staff** — Determine whether the facility had qualified staff in sufficient numbers to provide necessary care and services, based upon the comprehensive assessment and care plan, to ensure that each resident receives necessary care and services and that a restraint is not being used due to lack of sufficient staff. ☐ **F385, Physician Supervision** — Determine whether the physician has assessed, evaluated, ordered and revised orders, as appropriate, consistent with the medical symptom being treated. ☐ **Rehabilitation** — Determine whether the facility provides or obtains required therapies such as physical or occupational therapy, based on the comprehensive assessment and care plan, to ensure that residents receive rehabilitative services to address problems related to muscle strength, balance, a need for assistive devices, and other services to maintain or increase physical performance. ☐ **F498, Proficiency of Nurse Aides** — Determine whether nurse aides demonstrate competency in the application of the restraint.	

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
☐ **F501, Medical Director** — Determine whether the medical director: ▪ Assisted the facility in the development and implementation of policies and procedures for the appropriate assessment, application, evaluation, discontinuation of a restraint used to treat a medical symptom, based on current standards; and ▪ Interacts with the physician supervising the care of the resident if requested by the facility to intervene on behalf of the resident. ☐ **F514, Clinical Records -** Determine whether the clinical records: ▪ Accurately and completely document the resident's status, the care and services provided in accordance with current professional standards and practices; and ▪ Provide a basis for determining and managing the resident's progress, including response to treatment, change in condition, and changes in treatment.	