Resource Guide to Support Eradicating the Use of Unnecessary Physical Restraints
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Purpose

This guide is intended to assist Quality Improvement Organizations and nursing homes in eliminating unnecessary physical restraints by providing helpful resources.

This guide is not meant to be an exhaustive list of resources. With the discontinuation of MedQIC, there is not currently a central location for QIO materials to be posted on the internet. The NCC searched for existing resources from the QIO community, and some of those resources are listed here.
Introduction

CMS defines “physical restraints” in the State Operations Manual (SOM), Appendix PP as, “any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.”

A 2008 study, supported in part by the Agency for Healthcare Research and Quality, showed that the use of restraints on nursing home residents declined markedly from 44 percent of residents in 1989 to about 9 percent at the time of the study. For those remaining 9 percent, it was found that restraints substantially impair residents' health. Three months after being restrained, these residents had lower cognitive performance, lower ability to perform activities of daily living (ADLs) like dressing and bathing, and more walking dependence. Specifically, when a resident was restrained, one could expect 5 percent lower ADL performance, 10 percent more walking dependence, and 4 percent lower cognitive performance compared with no restraint use. In addition to creating adverse health consequences for residents, use of restraints may necessitate subsequent use of additional staff as a result of resident decline. It may then be more expensive to restrain residents than not restraining them in the first place. These findings also provide further justification for policymakers to implement restraint reduction policies and provide resources to promote restraint reduction.¹

For regulatory guidance on F221, Physical Restraints, refer to The CMS Manual System Guidance to Surveyors for Long Term Care Facilities, Appendix PP.

¹ Research Activities, March 2009: Elderly/Long-Term Care: Use of physical restraints in nursing homes creates substantial adverse consequences for residents
Definitions

**Physical Restraint**- any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.

“**Freedom of Movement**”- any change in place or position for the body or any part of the body that the person is physically able to control. ([CMS Memo](#))

“**Remove Easily**” - the manual method, device, material, or equipment can be removed intentionally by the resident in the same manner as it was applied by the staff (e.g. side rails are put down, not climbed over; buckles are intentionally unbuckled; ties or knots are intentionally untied; etc.) considering the resident’s physical condition and ability to accomplish objective (e.g., transfer to a chair, get to the bathroom in time). ([CMS memo](#))

“**Medical Symptom**”- an indication or characteristic of a physical or psychological condition ([CMS memo](#))

**Fall**- refers to unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred (State Operations Manual, Appendix PP).

“**Assistance Device**” or “**Assistive Device**” - any item (e.g., fixtures such as handrails, grab bars, and devices/equipment such as transfer lifts, canes, and wheelchairs, etc.) that is used by, or in the care of a resident to promote, supplement, or enhance the resident’s function and/or safety (State Operations Manual, Appendix PP).
Reducing/Eliminating Physical Restraints

While physical restraints were once regarded as necessary for the safety of some residents, research has proven that restraints increase the likelihood of injury and may cause serious health problems such as:

- Poor circulation
- Constipation
- Incontinence
- Weak muscles and bones
- Pressure ulcers
- Poor appetite
- Infections

Benefits of eliminating restraints have been well documented and include improvement in quality of life, greater autonomy, reduction in the use of anti-psychotic medications, less skin breakdown and a reduction in the seriousness of injuries due to falls. (Physical Restraints in Nursing Homes)

Resources to aid in the reduction or elimination of physical restraints:

- **Fact Sheet: Reducing Restraint Use** (Advancing Excellence Campaign in America’s Nursing Homes)
- **Interventions Table: Physical Restraints** (Colorado Foundation for Medical Care)
- **Webinar: Reducing Restraints Safely** (Advancing Excellence in America’s Nursing Homes Campaign)
- **Implementation Guide: Goal 3: Reducing the Use of Daily Physical Restraints** (Advancing Excellence in America’s Nursing Homes Campaign)
- **PowerPoint: Reducing Restraints Safely** (Advancing Excellence in America’s Nursing Homes Campaign)
- **Tool for Tracking Physical Restraints** (Advancing Excellence in America’s Nursing Homes Campaign)
- Clarification of terms Used in the Definition of Physical Restraints as Applied to the Requirements for Long Term Care Facilities (CMS memo 2007)
- **Process for Reducing Physical Restraint in Long Term Care** (MASSPRO)
- **Restraints: Self Assessment Tool** (Oklahoma Foundation for Medical Quality)
Reducing/Eliminating Physical Restraints (continued)

- Making the Right Choice: Information for People Living In Nursing Homes & Their Families (Stratis Health)
- Geriatric Nursing resources to minimize the use of physical restraints (Hartford Institute for Geriatric Nursing)
- Nursing Home Physical Restraint Change Package (Developed by the Patient Safety QIO Support Center)
- Breaking the Ties that Bind: How to Keep your Resident Safe without Restraints New Mexico Physical Restraint Collaborative Framework (New Mexico Medical Review Association)
- Restraints: Facility Systems Assessment Checklist (Primaris)
- For regulatory guidance on F221, Physical Restraints, refer to The CMS Manual System Guidance to Surveyors for Long Term Care Facilities, Appendix PP
- CMS RAI MDS 3.0 Manual Appendix C: Care Area Assessments Resources #18-Physical Restraints
- Wheelchair seating assessment (Primaris)
- Signs Your Quality Efforts for Restraint Reduction May Not Be Working (Delmarva)
- A Family’s Guide to Bed Safety Brochure (Oklahoma Foundation for Medical Quality)
- Untie the Elderly (Kendall Outreach Organization)
Tracking physical restraints

- CMS YouTube Video: Section P, Restraints
- MDS RAI Users Manual
Fall Prevention

Physical restraints are sometimes used as a measure to ensure safety by preventing falls. However, research has found that restraints do not prevent falls. In fact, studies show that physical restraints cause more injuries to nursing home residents. Further, Tinetti et al found that restrained residents were three times more likely to be injured during a fall or related incident than were unrestrained residents \(^2\).

Resources to aid in fall prevention without the use of physical restraints:

- Prevent Falls/Injury: Alternatives to Physical Restraints (Hartford Institute for Geriatric Nursing)
- Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons
- Nursing Standard of Practice Protocol: Falls
- Guideline (CPG): Falls and Fall Risk (American Medical Directors Association)
- Morse Fall Scale
- Fall Risk Assessment (Primaris)
- CMS RAI MDS 3.0 Manual Appendix C: Care Area Assessments Resources #11-Falls

\(^2\) Mechanical Restraint Use and Fall-related Injuries among Residents of Skilled Nursing Facilities
Physical Restraint Education

Eliminating physical restraints requires support from nursing home staff, residents, and families.

Physical Restraint education should include:

- The impact of physical restraints
- Resident’s rights and resident autonomy
- Myths and misconception about the use of restraints
- Legal and legislative aspects of physical restraints
- Dangers and adverse outcomes as a result of physical restraints
- Reasons for and management of specific behavioral problems (agitation, wandering, treatment interference, risk of falling and positioning problems)
- Restraint alternatives

Resources to aid in physical restraint education:

- Fact Sheet for consumers (Advancing Excellence in America’s Nursing Homes Campaign)
- Fact Sheet for Nursing Home Staff Members (Advancing Excellence in America’s Nursing Homes Campaign)
- Making the Right Choice: Information for People Living In Nursing Homes & Their Families (Stratis Health)
- Staff Attitudinal Survey (Primaris)
- Preventing Falls in Older Adults: A Comprehensive Training Manual (Rhode Island Long Term Care Coordinating Council)
- Jeopardy Game-Restraints (Kansas Foundation for Medical Care)

Individualized Care

Data analysis has shown that there is a relationship between person-directed care and quality of care outcomes. The Pioneer Network found that from 2007 to 2009, the culture change adopter homes had a lower percentage of physically restrained residents than the national average. (PioneerNetwork: Positive Outcomes of Culture Change)

Resources to aid in the provision of individualized care:

- Positive Outcomes of Culture Change — The Case for Adoption (Pioneer Network)
- Investing in Culture Change
- Change Ideas for Consistent Assignment (QSource)
- Implementation Guide: Goal2: Improving Consistent Assignment of Nursing Home Staff (Advancing Excellence in America’s Nursing Home Campaign)
- Tool for Calculating Consistent Assignment (Advancing Excellence in America’s Nursing Home Campaign)
- Increasing Use of Consistent Assignment (Advancing Excellence in America’s Nursing Home Campaign)
- Why is Consistent Assignment Important? (Advancing Excellence in America’s Nursing Home Campaign)
- Implementation Guide: Reducing Staff Turnover (Advancing Excellence in America’s Nursing Home Campaign)
- Interventions Table: Staff Retention (Advancing Excellence in America’s Nursing Home Campaign)
- Tool for Calculating Staff Turnover (Advancing Excellence in America’s Nursing Home Campaign)
- Webinar: Staff Stability: Learn to Manage your Resources and Improve Staff Retention (Advancing Excellence in America’s Nursing Home Campaign)
Additional Resources

- Agency for Healthcare Research and Quality
- Advancing Excellence in America’s Nursing Homes
- American Medical Directors Association
- Fall Prevention Center of Excellence
- Hartford Institute for Geriatric Nursing
- National Council on Aging
- The American Geriatrics Society
- PioneerNetwork: Culture Change in Long-Term Care