

# Systems Investigative Audit: Restraints

## Purpose:

To evaluate the decision-making process and adequacy of the facility's process in the prevention or reduction of restraint use.

- NOTE: The following audit criteria are broad and are based on having a policy in place that mandates avoidance of restraints, trials of all possible alternative interventions before restraint is applied, and require use of the least restrictive device.
- Select a current clinical practice guideline (CPG) or utilize the Facility Assessment Checklists tool for Restraints to guide a more detailed facility audit.

## Criteria:

1. Resident was screened within 48 hours of admission for potential of having a restraining device used, e.g., fall risk assessment, behaviors that may precipitate use of a restraint, resistance to tubes or other medical treatments, wandering/elopement risk.
2. All possible alternatives to restraints were attempted and degree of effectiveness or failure documented before a restraining device was applied.
  - Documentation identifies precipitating events causing or triggering restraint use.
  - Documentation reflects attempts to treat underlying conditions precipitating the use of restraints.
  - A physician's order, with statement of medical reason and circumstances/time for use, was obtained before the restraint was applied.
  - Documentation identifies why the device selected was the least restrictive method to treat the medical symptom.
3. If restraint was in use on admission, an assessment was done within 24 hours to determine reason and validity for use.
  - Alternative interventions were identified and attempted in an effort to remove or reduce the time of restraint use.
4. An appropriate care plan was put into place within the first 24 hours after application of a restraint that addresses time frames, situations or conditions for application, or removal of the restraint.
  - Care plan includes plan for implementation of alternatives to the restraint or measures to reduce the amount of time the restraint is used.
  - Care plan addresses restraint release and activity to be provided (e.g., ROM, ambulation) at regular intervals (e.g., every 30-60 minutes if in wheelchair).
5. Assessments/reassessment were done at least weekly to determine possible physical decline related to immobility resulting from the restraint and potential for restraint removal/reduction.
6. Care plan interventions were implemented as indicated.
7. Care plan was consistently evaluated and revised, based on current resident assessed needs.
8. An appropriate system for communicating to all direct-care staff risk factors of restraint use, interventions for specific needs, and changes in the plan of care was in place.
9. Responsibility and accountability was assigned for each phase of the restraint prevention/reduction process.
  - Those designated as responsible and accountable for monitoring the potential for restraint use or adverse outcomes of a restraint in use carried out their responsibilities in a timely manner.
10. Policy and protocols are updated and communicated to all staff according to current CPGs.
11. The QA/CQI committee had processes in place to track and identify patterns and to determine the root cause of issues precipitating restraint use. Identified solutions were system-oriented.
  - Content of staff education was determined by competency evaluations and identified areas of weakness.
12. If either resident self-determination or family demand was a contributing factor in restraint use, reasonable counsel, education, and alternatives were provided.
10. Policy and protocols are updated and communicated to all staff according to current clinical practice guidelines.
11. The QA/CQI committee had processes in place to track and identify patterns and to determine the root cause of skin breakdown events.
  - Identified solutions were system-oriented.
  - Content of staff education was determined by competency evaluations and identified areas of weakness.
12. If resident self-determination was a contributing factor in pressure ulcer development, reasonable counsel, education and alternatives were provided.

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Reviewer: \_\_\_\_\_

Date of review: \_\_\_\_\_

	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Comments
1. Admission risk assessment completed within 48 hours							
2. Documentation reflects all alternatives attempted prior to restraint application							
3. Assessment completed and attempts made to remove restraint present on admission							
4. Care plan in place within 24 hours of restraint use. All elements addressed							
5. Assessments and reassessments done at least weekly							
6. Interventions are implemented as indicated							
7. Care plan shows evidence of timely revisions based on assessed resident needs							
8. Staff demonstrates awareness/understanding of care plan content							
9. Accountability is evidenced by those responsible for monitoring, assessment and follow-up							
10. Documentation indicates that resident/family education with alternatives was provided							
<b>The following audits are focused on the QA/CQI and system processes</b>							
11. QA/CQI meeting minutes show the meeting focuses on root-cause analyses							
12. Comparison of Restraint P&P with current CPGs ascertains P&P are current							
13. Documentation review indicates that restraint use is consistent with Restraint P&P							

Document available at [www.primaris.org](http://www.primaris.org)

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