

ASSESSING PHYSICAL RESTRAINT REDUCTION POLICIES AND PROCEDURES

This assessment sheet may be utilized for two purposes:

1. to review current Physical Restraint Policies / Procedures in place
2. to assist in the development of an effective Physical Restraint Reduction Program

AREA	COMPONENTS	YES	NO
ORGANIZATIONAL COMMITMENT	Does your policy include a statement regarding your facility's commitment to restraint reduction and a restraint-free environment?		
	Have you identified and adopted specific clinical guidelines for screening, assessing, use of restraints, reassessing, documentation and interventions?		
	Does your policy include components of the restraint reduction program such as:		
	Fall risk assessment		
	Restraint Review Committee		
ASSESSMENT / REASSESSMENT	Does your policy include components of the restraint reduction program such as:		
	Fall risk assessment		
	Restraint Review Committee		
	Incidents w/ falls review process		
	Care Planning requirements		
	Have you adopted an appropriate "assessment" tools containing all of the necessary elements such as:		
	Medical Necessity justification		
	Safety awareness / Mental Status		
	Ambulation / Elimination Status		
	Medications / Systolic Blood Pressure		
	History of Falls		
	Infections		
	Nutritional Status / Dehydration		
	Pain		
	Sleep patterns		
Predisposing Diseases			
Environmental Factors			
CARE PLANNING	If restraint must be utilized, is documentation present regarding all possible interventions attempted and resident's response		
	Is a reassessment of all restraint use done periodically (frequent schedule) to assure that the resident is achieving the highest level of functioning in the least restrictive environment?		
	Are your adopted/approved assessment tools being used exclusively and completely for your assessment documentation?		
	Does your facility have a policy and procedure defining when a comprehensive reassessment for fall-risk will be completed? (A complete reassessment should be performed following a fall-related incident.)		
	Is your policy specific to a reassessment schedule at regular intervals?		
CARE PLANNING	Does your Restraint Reduction policy designate the responsibility and accountability for care plan development, implementation and oversight?		
	Does your care planning process include the education of the resident and family related to the following areas of restraint reduction..?		
	Goal of restraint elimination		
	Types of restraints		
	Adverse effects (include provisions to support prevention of complications)		
Regulations regarding restraint use			

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CARE PLANNING (continued)	Does the care planning process specify the development of individualized interventions and goals related to providing the highest functional status in the least restrictive environment?		
	Does the care planning process require relevant disciplines involved in the facilitation of the care plan to document interventions attempted and the results?		
	Does the planning process outline when a reassessment of the resident's restraint status will be completed?		
	Does your facility's policy address a protocol for communication of reporting of restraint use to the designated MDS personnel to ensure correct coding?		
MONITORING	Is there a formalized "Restraint Review Committee" established to meet regularly and individually review resident-specific restraint use?		
	Are all incidents involving "falls" reviewed specifically for fall-risk interventions to avoid inappropriate restraint use for "safety"?		
	Do you track the results of your restraint reduction program in the medical record in a consistent and clear area/manner?		
EDUCATION TO STAFF & RESIDENT FAMILIES	Are current staff provided with ongoing education on the principles of restraint reduction and fall prevention?		
	Is the restraint reduction and fall risk education "discipline-specific" and provided at the appropriate "level" for the learner/department?		
	Is there a designated clinical "expert" available at the facility to answer questions from all staff about restraint reduction and fall risk assessment?		
	Does education take into consideration the personal, ethnic, cultural and religious beliefs surrounding restraint reduction?		
	Does staff education include training on documentation methods related to restraints (i.e. type of restraint, time of day, location, duration, circumstances, elimination attempts, etc.)?		
PROGRAM REVIEW / AUDIT	Chart Audits (for proper documentation of program points and MDS support)		
	Competencies (including facility philosophy, process, interventions, support programs)		
	Committee Function (proper frequency, attendees, record of follow-through)		
	Program Updates / Revisions		