

Do you need help untying the mystery of your Physical Restraint Quality Measure?



What is the definition of a 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 (State Operations Manual, Appendix PP).

What types of physical restraints are counted in your Quality Measure?

P0100B – Trunk restraint used in bed
P0100C – Limb restraint used in bed
P0100E – Trunk restraint used in chair or out of bed
P0100F – Limb restraints used in chair or out of bed
P0100G – Chair prevents rising

MDS 3.0 Definitions...

Trunk restraints include any device or equipment or material that the resident cannot easily remove such as, but not limited to, vest or waist restraints or belts used in a wheelchair.

Limb restraints include any device or equipment or material that the resident cannot easily remove, that restricts movement of any part of an upper extremity (i.e., hand, arm, wrist) or lower extremity (i.e., foot, leg). Included in this category are mittens.

MDS 3.0 Definitions (continued...)

Chairs that prevent rising include any type of chair with a locked lap board, that places the resident in a recumbent position that restricts rising, or a chair that is soft and low to the floor. Included here are chairs that have a cushion placed in the seat that prohibit the resident from rising.

For residents who have the ability to transfer from other chairs, but cannot transfer from a geriatric chair, the geriatric chair would be considered a restraint to that individual, and should be coded as P0100G–Chair Prevents Rising.

For residents who have **no ability to transfer independently**, the geriatric chair **does not meet** the definition of a restraint, and should not be coded at P0100 G–Chair Prevents Rising.

Geriatric chairs used for residents who are immobile. **For residents who have no voluntary or involuntary movement**, the geriatric chair does not meet the definition of a restraint.

Enclosed-frame wheeled walkers, with or without a posterior seat, and other devices like it should not automatically be classified as a restraint. **These types of walkers are only classified as a restraint if the resident cannot exit the gate.** When deemed a restraint, these walkers should be coded at P0100G–Chair Prevents Rising.

All information in this handout was taken directly from CMS's RAI Version 3.0 Manual.

Which MDSs are included in your Physical Restraint QM?

Any annual, quarterly, significant change, or significant correction MDS 3.0 assessments during the selected quarter (3-month period) are included in your Physical Restraint QM.

Since this measure is considered a “long stay” measure, the population included in the calculation (both numerator and denominator) are residents who have been in your facility for over 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero.

What is the specific “code” on the MDS 3.0 that places a resident in the numerator of the Physical Restraint QM?

Residents are counted if any of the following items are coded as “2”, meaning that the restraint was used **daily** during ALL 7 days prior to the assessment: P0100.B- Trunk restraint used in bed, P0100.C-Limb restraint used in bed, P0100.E- Trunk restraint used in chair or out of bed, P0100.F-Limb restraint used in chair or out of bed, or P0100.G-Chair prevents rising.

The key word here is “DAILY”. If the 7 day look-back period contains any day where the defined physical restraints (trunk, limb, chair prevents rising) **WERE NOT** used, the code would be “1” – indicating “used less than daily”.

Only a code of “2” (Used Daily) is included in the Physical Restraint QM.



What residents are counted in the denominator of your Physical Restraint QM?

Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The population includes all long-stay residents who had an annual, quarterly, significant change, or significant correction MDS 3.0 assessment during the selected quarter.



When a restraint is applied, what are your facility’s responsibilities?

Any device, material, or equipment that meets the definition of a physical restraint must have:

- **physician documentation of a medical symptom** that supports the use of the restraint,
- **a physician’s order for the type of restraint and parameters of use,** and
- **a care plan and a process in place for systematic and gradual restraint reduction (and/or elimination, if possible), as appropriate.**

The resident’s subjective symptoms may not be used as the sole basis for using a restraint. In addition, the resident’s medical symptoms/diagnoses should not be viewed in isolation; rather, the medical symptoms identified should become the context in which to determine the most appropriate method of treatment related to the resident’s condition, circumstances, and environment, and not a way to justify restraint use.