

## MDS Alert

### Resident Safety: Over Relying On Your Restraint QM/QI Isn't A Good Idea -- Here Are 4 Reasons Why

**This risk management snapshot is only part of the picture.**

Say your restraint quality measure/indicator looks pretty good or is on the decline. Before you breathe a sign of relief, read on.

The QM/QI can give you a "general indication as to how your practice compares to other facilities in the state and nation" in terms of physical restraint use, says **Steven Littlehale, MS, APRN, BC**, chief clinical officer for **LTCQ Inc.** in Lexington, MA.

But beware these four key reasons why counting on the restraint QM/QI alone as a risk management tool can lead you down a rosy path to inappropriate restraint use and F tags.

**1. The QI/QM does not include admission assessments**, Littlehale points out. That's a "good thing" from a survey standpoint in that you're "not held accountable for residents admitted with a restraint," he says. But the QM/QI won't flag residents who need attention to reduce or eliminate their restraints -- or address the underlying issue that led them to be restrained in the first place. For example, the facility's QM/QI report can identify 0 percent restraints, says Littlehale. But when you walk through the unit, you may see several restraints on newly admitted residents, he adds.

**2. The QI/QM only counts daily restraints**, notes **Liz Frost, RN**, director of nursing at **Hearthstone** nursing facility in Seattle. Thus, "a trunk restraint used six out of seven days [during the lookback] won't trigger the QM/QI," Littlehale cautions. That's "obviously misleading for your restraint reduction and risk management plan," he emphasizes.

**3. The indicator doesn't include bedrails that act as a restraint**. The QM/QI is triggered by residents who have a daily trunk or limb restraint or those in a chair that prevents them from rising. The omission of bedrails as restraints is "a bitter pill to swallow," says Littlehale, in that "a true restraint reduction program includes [bedrails] as a focus," he says.

"Bedrails provide caregivers and family members and residents a misleading sense of security. There are better, more respectful and safer ways to prevent residents from falling out of bed," Littlehale says.

**4. The restraint QM/QI won't give you credit for restraint reduction efforts in all cases**. The resident "may be using a less restrictive form of restraint -- or for much less time during the day even though it's still daily," observes **Nancy Augustine, MSN, RN**, also a consultant with LTCQ Inc.

#### Run Your Own Numbers

Regularly "collect, tabulate and review" the numbers of various types of restraints used in the facility "and their appropriateness," advises **Stephen Trosty, JD**, a risk management expert in East Lansing, MI. The facility should also have a "culture of safety" where staff feel comfortable reporting inappropriate use of restraints, adds Trosty.